



FOOD ESTABLISHMENT INSPECTION REPORT

Richdale Foods
114 Main St.
Blackstone, Massachusetts 01504
Permit Holder: Same

<u>Inspection Number</u>	<u>Date</u>	<u>Time In/Out</u>	<u>Inspection Type</u>	<u>Client Type</u>	<u>Inspector</u>
B72D1	9/10/25	1:14 PM 1:34 PM	Routine	Retail Market	D.James
<u>Permit Number</u>	<u>Risk</u>	<u>Variance</u>	<u>Estab.Type</u>	<u>Rating</u>	<u>Score</u>
	2		Retail Market	Excellent	96

Foodborne Illness Risk Factors and Public Health Interventions

IN = in compliance OUT= out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection **Repeat Violations Highlighted in Yellow**

Supervision					Protection from Contamination (Cont'd)				
IN	OUT	NA	NO	COS	IN	OUT	NA	NO	COS
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Employee Health					Time/Temperature Control for Safety				
IN	OUT	NA	NO	COS	IN	OUT	NA	NO	COS
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Good Hygienic Practices					Consumer Advisory				
IN	OUT	NA	NO	COS	IN	OUT	NA	NO	COS
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Preventing Contamination by Hands					Highly Susceptible Populations				
IN	OUT	NA	NO	COS	IN	OUT	NA	NO	COS
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Approved Source					Food/Color Additives and Toxic Substances				
IN	OUT	NA	NO	COS	IN	OUT	NA	NO	COS
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Conformance with Approved Procedures				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	IN	OUT	NA	NO	COS
					<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Repeat Violations Highlighted in Yellow

Good Retail Practices

Safe Food and Water					Proper Use of Utensils				
IN	OUT	NA	NO	COS	IN	OUT	NA	NO	COS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Food Temperature Control					Utensils, Equipment and Vending				
IN	OUT	NA	NO	COS	IN	OUT	NA	NO	COS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Food Identification					Physical Facilities				
IN	OUT	NA	NO	COS	IN	OUT	NA	NO	COS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prevention of Food Contamination					Physical Facilities				
IN	OUT	NA	NO	COS	IN	OUT	NA	NO	COS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Official Order for Correction: Based on an inspection today, the items marked "OUT" indicated violations of 105 CMR 590.000 and applicable sections of the FDA Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If you are subject to a notice of suspension, revocation, or non-renewal pursuant to 105 CMR 590.000 you may request a hearing before the board of health in accordance with 105 CMR 590.015(B).

D. James

Andy Patel - Expires
Certificate #:

Priority 0 Pf 0 Core 4 Risk Factor 0 Repeat Risk Factor 0

Follow Up Required: Y Follow Up Date:

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1:34 PM

Inspector
D.James

Inspection Report (Continued)

Repeat Violations Highlighted in Yellow

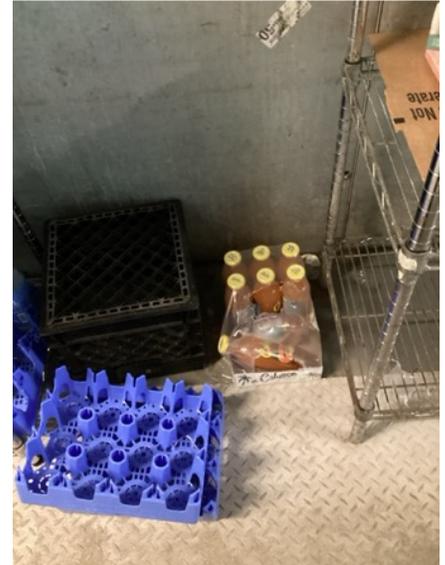
Prevention of Food Contamination

Cont. prevented during food prep., storage & display

39 3-305.11 Food Storage - Establishment -

C Juice observed stored directly on the floor.

Non-pressurized drinks must be stored at least 6 inches off of the floor. *Code: Food shall be protected from contamination by storing food: in a clean dry location; where it is not exposed to splash, dust, or other contamination; and at least 6 inches off the floor.*



In accordance with Section 8-405.11 this violation must be corrected within 90 days

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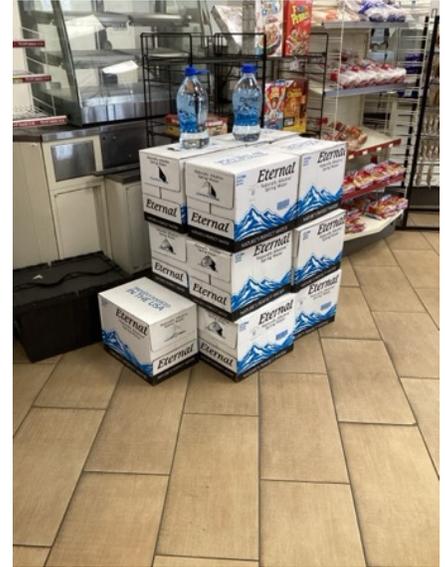
Inspection Report (Continued)

Repeat Violations Highlighted in Yellow

39 3-305.11 Food Storage - Establishment -

C Water observed stored directly on the floor.

Non-pressurized drinks must be stored at least 6 inches off of the floor. *Code: Food shall be protected from contamination by storing food: in a clean dry location; where it is not exposed to splash, dust, or other contamination; and at least 6 inches off the floor.*



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Utensils, Equipment and Vending

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Inspection Report (Continued)

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Nonfood contact surfaces clean

49 4-601.11 (C) Non- Food Contact Surfaces and Utensils Clean - Establishment -

C Walk-in cooler shelved observed soiled.

Nonfood contact surfaces must remain clean while in use.
Code: Nonfood contact surfaces of equipment shall be kept free of an accumulation of dust, dirt, food residue, and other debris.



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Physical Facilities

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Inspection Report (Continued)

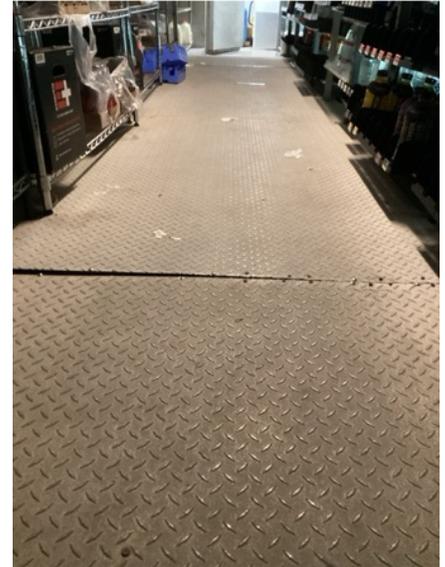
Repeat Violations Highlighted in Yellow

Physical Facilities installed, maintained & cleaned

55 6-501.11 Repairing - Establishment -

C Floor panel observed elevated.

Physical facilities must remain in good condition. *Code:*
The physical facilities shall be maintained in good repair.



In accordance with Section 8-405.11 this violation must be corrected within 90 days

List 1

IN= In Compliance OUT = Out of Compliance NA = Not Applicable NO= Not Observed

Managers Certification is up to date?	NA
Monthly service records available?	NA
Are employees wearing masks properly?	NA
Hand Sinks full stocked?	NA
Is there an Emp. Health Policy?	NA
Are SOP's in place for cleaning up vomit/diarrheal incidents?	NA
If applicable, are shellstock tags available?	NA
If applicable, is operation in compliance with HACCP plan?	NA
Irreversible Test strips/device available?	NA
Thermometer available for 3-bay sink?	NA
Notification posted for most recent inspection report?	OUT

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- | | |
|---|---|
| <div style="display: flex; align-items: center;"> <div style="width: 15px; height: 15px; background-color: #90EE90; margin-right: 5px;"></div> Most recent Inspection report available? </div> | <div style="background-color: #90EE90; padding: 2px 5px; border: 1px solid black;">IN</div> |
| <div style="display: flex; align-items: center;"> <div style="width: 15px; height: 15px; background-color: #ADD8E6; margin-right: 5px;"></div> Are pest control reports available and up to date? </div> | <div style="background-color: #ADD8E6; padding: 2px 5px; border: 1px solid black;">NA</div> |
| <div style="display: flex; align-items: center;"> <div style="width: 15px; height: 15px; background-color: #ADD8E6; margin-right: 5px;"></div> Add more or change these questions in Setup/ checklists! </div> | <div style="background-color: #ADD8E6; padding: 2px 5px; border: 1px solid black;">NA</div> |

Temperatures

Area	Equipment	Product	Notes	Temps
Establishment	Mini Freezer	Dip n dots	Holding	-21 °F
Establishment	Mini Freezer	Ice cream	Holding	-5 °F
Establishment	Open Air Cooler	Yogurt	Holding	37 °F
Establishment	Walk-in Cooler	Milk	Holding	38 °F
Establishment	Walk-in Cooler	Chocolate milk	Holding	39 °F
Establishment	3 Door Freezer	Burgers	Holding	-9 °F
Establishment	Back Freezer	Fries	Holding	13 °F

Temperatures in **RED** identify items in the temperature danger zone. See the report notes for specific details.