

Food Establishment Inspection Report – City/Town of Blackstone

Establishment: <u>Richdale Food Stop</u>	Date: <u>6-22-20</u>	Page 1 of <u>3</u>
Address: <u>114 MAIN STREET</u>	Time in:	Time out:
Telephone: <u>508 928 0988</u> Permit No.:	Number of Violated Provisions Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29):	
Owner: <u>Buz 2 Nub Khan</u>	Number of Repeat Violations Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29):	
Person-in-charge: <u>ANDY</u>		
Inspector: <u>William Fisher</u>		

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 R = repeat violation

Compliance Status		IN	OUT	N/A	N/O	COS	R
Supervision							
1	Person-in-charge present, demonstrates knowledge, and performs duties						
2	Certified Food Protection Manager						
Employee Health							
3	Management, food employee and conditional employee; knowledge, responsibilities and reporting						
4	Proper use of restriction and exclusion						
5	Procedures for responding to vomiting and diarrheal events						
Good Hygienic Practices							
6	Proper eating, tasting, drinking, or tobacco use						
7	No discharge from eyes, nose, and mouth						
Preventing Contamination by Hands							
8	Hands clean & properly washed						
9	No bare hand contact with ready-to-eat food						
10	Adequate handwashing sinks properly supplied and accessible						
Approved Source							
11	Food obtained from approved source						
12	Food received at proper temperature						
13	Food received in good condition, safe, & unadulterated						
14	Required records available: shellstock tags, parasite destruction						

Compliance Status		IN	OUT	N/A	N/O	COS	R
Protection from Contamination							
15	Food separated and protected						
16	Food-contact surfaces; cleaned & sanitized						
17	Proper disposition of returned, previously served, reconditioned & unsafe food						
Time/Temperature Control for Safety							
18	Proper cooking time & temperatures						
19	Proper reheating procedures for hot holding						
20	Proper cooling time and temperature						
21	Proper hot holding temperature						
22	Proper cold holding temperature						
23	Proper date marking and disposition						
24	Time as a Public Health Control						
Consumer Advisory							
25	Consumer advisory provided for raw / undercooked food						
Highly Susceptible Populations							
26	Pasteurized foods used; prohibited foods not offered						
Food/Color Additives and Toxic Substances							
27	Food additives: approved & properly used						
28	Toxic substances properly identified, stored & used						
Conformance with Approved Procedures							
29	Compliance with variance / specialized process / HACCP Plan						

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 2013 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).

Date of Reinspection: Discussion with Person-in-Charge:

Signature of Person-in-Charge: Andy Date: _____

Signature of Inspector: William Fisher Date: 6-22-20

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Establishment: Richdale Food Shop Date: 6-22-20 Page 2 of 3

GOOD RETAIL PRACTICES AND MASSACHUSETTS-ONLY SECTIONS

IN = in compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation

Compliance Status		IN	OUT	N/A	N/O	COS	R
Safe Food and Water							
30	Pasteurized eggs used where required						
31	Water & ice from approved source						
32	Variance obtained for specialized processing methods						
Food Temperature Control							
33	Proper cooling methods used; adequate equipment for temperature control						
34	Plant food properly cooked for hot holding						
35	Approved thawing methods used						
36	Thermometers provided & accurate						
Food Identification							
37	Food properly labeled; original container						
Prevention of Food Contamination							
38	Insects, rodents, & animals not present						
39	Contamination prevented during food preparation, storage and display						
40	Personal cleanliness						
41	Wiping cloths: properly used & stored						
42	Washing fruits & vegetables						
Proper Use of Utensils							
43	In-use utensils properly stored						
44	Utensils, equipment & linens: properly stored, dried, & handled						
45	Single-use / single-service articles: properly stored & used						
46	Gloves used properly						
Utensils, Equipment and Vending							
47	Food & non-food contact surfaces cleanable, properly designed, constructed & used						

Compliance Status		IN	OUT	N/A	N/O	COS	R
48	Warewashing facilities: installed, maintained, & used; test strips						
49	Non-food contact surfaces clean						
Physical Facilities							
50	Hot & cold water available; adequate pressure						
51	Plumbing installed; proper backflow devices						
52	Sewage & waste water properly disposed						
53	Toilet features: properly constructed, supplied, & cleaned						
54	Garbage & refuse properly disposed; facilities maintained						
55	Physical facilities installed, maintained, & clean						
56	Adequate ventilation & lighting; designated areas used						
Additional Requirements listed in 105 CMR 590.011							
M1	Anti-choking procedures in food service establishment						
M2	Food allergy awareness						
Review of Retail Operations listed in 105 CMR 590.010							
M3	Caterer						
M4	Mobile Food Operation						
M5	Temporary Food Establishment						
M6	Public Market; Farmers Market						
M7	Residential Kitchen; Bed-and-Breakfast Operation						
M8	Residential Kitchen: Cottage Food Operation						
M9	School Kitchen; USDA Nutrition Program						
M10	Leased Commercial Kitchen						
M11	Innovative Operation						
Local Requirements							
L1	Local law or regulation						
L2	Other						

Type of Operation(s): <input type="checkbox"/> Food Service Establishment <input type="checkbox"/> Retail Food Store <input type="checkbox"/> Residential: Cottage Foods <input type="checkbox"/> Residential; Bed & Breakfast <input type="checkbox"/> Mobile/Pushcart <input type="checkbox"/> Temporary Food Estab. <input type="checkbox"/> Other _____	Type of Inspection: <input type="checkbox"/> Routine <input type="checkbox"/> Re-inspection <input type="checkbox"/> Pre-operational <input type="checkbox"/> Illness investigation <input type="checkbox"/> General complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____	Other Information:
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Signature of Person-in-Charge: Andy Date: _____
 Signature of Inspector: William Fisher Date: 6-22-20

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Establishment: Richdale Food Shop

Date: 6-22-20 Page 3 of 3

Temperature Observations					
Item / Location	Temp (°F)	Item / Location	Temp (°F)	Item / Location	Temp (°F)
<u>Sandwich Refrig</u>	<u>51°</u>				

Observations and/or Corrective Actions

Violations cited in this report must be corrected within the time frames stated below or in Section 8-405.11 of the Food Code

Item Number	Section of Code	Description of Violation	Date to Correct By
<u>53</u>		<u>Need to throw out all sandwich & pre packaged food in open display refriger. unit</u> <u>Floor drain cleaned - Good</u> <u>snack products dates - Good</u> <u>Floor cleaned in walk in refrigerator - Good</u> <u>Double door refrigerator cleaned in back room - Good</u> <u>Fan Guards cleaned in walk in Refrig - Good</u>	
<u>10</u>		<u>no paper towels in Bathroom</u>	
<u>55</u>		<u>Ice machine on soda dispenser not cleaned properly. still off line</u> <u>ventilation system cleaned serviced - Good</u>	
<u>10</u>		<u>Spoke to District Mgr. about fixing handwash sink. and fix or replace open air refrigeration unit.</u>	

Signature of Person-in-Charge: Andy Date: _____
 Signature of Inspector: William J. [Signature] Date: 6-22-20

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Establishment: Richdale Food Stop

Date: 6-2

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Temperature Observations					
Item / Location	Temp (°F)	Item / Location	Temp (°F)	Item / Location	Temp (°F)
Under Counter Fridge	5°	Ice Fridge	9°	Large Fridge	9°
walk in Refriger	40°	Drink Refrig	38°		
		Sala Refrig	40°		

Observations and/or Corrective Actions

Violations cited in this report must be corrected within the time frames stated below or in Section 8-405.11 of the Food Code

Item Number	Section of Code	Description of Violation	Date to Correct By
55	floor mats	RUG MAT ON FLOOR IN FRONT MICROWAVE IS A TRIP HAZARD.	
55	pers. / bowl sink	CLEAN FLOOR DRAIN	
24	chex. expir.	THE PACKAGED FOODS OUTDATED 9 BOXES ENERGY BARS, PEANUT BUTTER CRUNCH ect. GO THROUGH ALL SNACK PRODUCTS REMOVE ANY EXPIRED	
55	walk in refrigerator	Clean The Floor in The walk in Refrigerator.	
55	freezer back	Clean The Refrigeration unit in The Backroom. Heavy MOLD. UNIT IS OFF LINE	
55	cooling fan clean.	Clean Fan Guards in walk in Refrigerator	
10	* * * plumbing	Handwash sink has NO WATER. Need to Fix Right Away.	
10	Paper towel	NO PAPER TOWELS IN BATHROOM	
55		Clean ventilation Grates in Ceiling & serviced Fix Handwash sink Right Away	
55		Sala Dispensing unit Take off Line and clean + Sanitize also Ice Machine. Replace Hoses and Clean Build up inside Machine. Sanitize Complete unit.	

Signature of Person-in-Charge: X Andy Date: _____
 Signature of Inspector: William [Signature] Date: 6-2-20

Food Establishment Inspection Report – City/Town of Blackstone

Establishment: Richdale Food Stop

Date: 6-2

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Temperature Observations					
Item / Location	Temp (°F)	Item / Location	Temp (°F)	Item / Location	Temp (°F)
Under Counter Freezer	5°	Ice Freezer	9°	Large Freezer	9°
Walk in Refriger	40°	Deep Refrig	35°		
		Sala Refrig	40°		

Observations and/or Corrective Actions

Violations cited in this report must be corrected within the time frames stated below or in Section 8-405.11 of the Food Code

Item Number	Section of Code	Description of Violation	Date to Correct By
55	floor mat	FOOT MAT ON FLOOR IN FRONT MICROWAVE IS A TRIP HAZARD.	
55	Rest./ sink	CLEAN FLOOR DOWN	
24	chex. expir.	THE PACKAGED FOODS EXPIRED 9 BOXES ENERGY BARS, PEANUT BUTTER CRUNCH ect. GO THROUGH ALL SNACK PRODUCTS REMOVE ANY EXPIRED	
55	under refrigerator	CLEAN THE FLOOR IN THE WALK IN REFRIGERATOR.	
55	drum/ back	CLEAN THE REFRIGERATION UNIT IN THE BACK ROOM. HEAVY MOLD. UNIT IS OFF LINE	
55	cooling fan clean.	CLEAN FAN GUARDS IN WALK IN REFRIGERATOR	
10	*.* water	Handwash sink has no water. Need to fix right away.	
10	Paper towel	NO PAPER TOWELS IN BATHROOM	
55		Clean ventilation Grates in Ceiling or serviced FIX Handwash sink right away	
55		Sala Dispensing unit Take off Line and clean + Sanitize also Ice Machine. Replace hoses and clean Build up inside Machine. Sanitize Complete unit.	

Signature of Person-in-Charge:

x Andy

Date:

Signature of Inspector:

William [Signature]

Date:

6-2-20

Food Establishment Inspection Report – City/Town of Blackstone

Establishment: <u>RICHDALE FOOD SHOP</u>	Date: <u>6-2-20</u>	Page 1 of <u>3</u>
Address: <u>114 MAIN STREET</u>	Time in:	Time out:
Telephone: <u>508 9280988</u>	Permit No.:	Number of Violated Provisions Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29): <u>0</u>
Owner: <u>Buzzhub Khun</u>		Number of Repeat Violations Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29): <u>0</u>
Person-in-charge: <u>ANDY</u>		
Inspector: <u>WILLIAM FISHER</u>		

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Compliance Status	IN	OUT	N/A	N/O	COS	R
Supervision						
1 Person-in-charge present, demonstrates knowledge, and performs duties						
2 Certified Food Protection Manager		✓				
Employee Health						
3 Management, food employee and conditional employee; knowledge, responsibilities and reporting	✓					
4 Proper use of restriction and exclusion					✓	
5 Procedures for responding to vomiting and diarrheal events					✓	
Good Hygienic Practices						
6 Proper eating, tasting, drinking, or tobacco use					✓	
7 No discharge from eyes, nose, and mouth					✓	
Preventing Contamination by Hands						
8 Hands clean & properly washed	✓					
9 No bare hand contact with ready-to-eat food	✓					
10 Adequate handwashing sinks properly supplied and accessible	✓					
Approved Source						
11 Food obtained from approved source	✓					
12 Food received at proper temperature	✓					
13 Food received in good condition, safe, & unadulterated	✓					
14 Required records available: shellstock tags, parasite destruction	✓					

Compliance Status	IN	OUT	N/A	N/O	COS	R
Protection from Contamination						
15 Food separated and protected		✓				
16 Food-contact surfaces; cleaned & sanitized		✓				
17 Proper disposition of returned, previously served, reconditioned & unsafe food		✓				
Time/Temperature Control for Safety						
18 Proper cooking time & temperatures					✓	
19 Proper reheating procedures for hot holding					✓	
20 Proper cooling time and temperature					✓	
21 Proper hot holding temperature					✓	
22 Proper cold holding temperature					✓	
23 Proper date marking and disposition					✓	
24 Time as a Public Health Control					✓	
Consumer Advisory						
25 Consumer advisory provided for raw / undercooked food						
Highly Susceptible Populations						
26 Pasteurized foods used; prohibited foods not offered						
Food/Color Additives and Toxic Substances						
27 Food additives: approved & properly used						
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Conformance with Approved Procedures						
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Date of Reinspection:	Discussion with Person-in-Charge: <i>Went over all issues with mgr. Ice machine and soda dispenser is shut down until cleaned and sanitized. open air sandwich unit food thrown out, coffee unit shut down until maintained at proper temp 41 or less.</i>
Signature of Person-in-Charge: <i>X Andy</i>	Date:
Signature of Inspector: <i>William Fisher</i>	Date: <u>6-2-20</u>

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Food Temperature Control							
33	Proper cooling methods used; adequate equipment for temperature control	✓					
34	Plant food properly cooked for hot holding			✓			
35	Approved thawing methods used				✓		
36	Thermometers provided & accurate						
Food Identification							
37	Food properly labeled; original container	✓					
Prevention of Food Contamination							
38	Insects, rodents, & animals not present	✓					
39	Contamination prevented during food preparation, storage and display			✓			
40	Personal cleanliness	✓					
41	Wiping cloths: properly used & stored				✓		
42	Washing fruits & vegetables				✓		
Proper Use of Utensils							
43	In-use utensils properly stored	✓					
44	Utensils, equipment & linens: properly stored, dried, & handled	✓					
45	Single-use / single-service articles: properly stored & used	✓					
46	Gloves used properly	✓					
Utensils, Equipment and Vending							
47	Food & non-food contact surfaces cleanable, properly designed, constructed & used		✓				

Compliance Status		IN	OUT	N/A	N/O	COS	R
48	Warewashing facilities: installed, maintained, & used; test strips		✓				
49	Non-food contact surfaces clean		✓				
Physical Facilities							
50	Hot & cold water available; adequate pressure		✓				
51	Plumbing installed; proper backflow devices	✓					
52	Sewage & waste water properly disposed	✓					
53	Toilet features: properly constructed, supplied, & cleaned		✓				
54	Garbage & refuse properly disposed; facilities maintained						
55	Physical facilities installed, maintained, & clean						
56	Adequate ventilation & lighting; designated areas used						
Additional Requirements listed in 105 CMR 590.011							
M1	Anti-choking procedures in food service establishment						
M2	Food allergy awareness						
Review of Retail Operations listed in 105 CMR 590.010							
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M10	Leased Commercial Kitchen						
M11	Innovative Operation						
Local Requirements							
L1	Local law or regulation						
L2	Other						

Type of Operation(s): <input type="checkbox"/> Food Service Establishment <input checked="" type="checkbox"/> Retail Food Store <input type="checkbox"/> Residential: Cottage Foods <input type="checkbox"/> Residential: Bed & Breakfast <input type="checkbox"/> Mobile/Pushcart <input type="checkbox"/> Temporary Food Estab. <input type="checkbox"/> Other _____	Type of Inspection: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection <input type="checkbox"/> Pre-operational <input type="checkbox"/> Illness investigation <input type="checkbox"/> General complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____	Other Information: <p><i>MAKE SURE HANDWASH SINK IS FIXED RIGHT AWAY. GET VENTILATION SYSTEM CLEANED AND SERVICED</i></p>
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Signature of Person-in-Charge: X Andy Date: _____
 Signature of Inspector: William J. [Signature] Date: 6-2-20