



FOOD ESTABLISHMENT INSPECTION REPORT

R-10

Blue Zone Integrated Fitness
102 Church Street
Whitinsville, MA 01588
Permit Holder: Same

<u>Inspection Number</u> 6AB8B	<u>Date</u> 11/27/23	<u>Time In/Out</u> 6:16 PM 6:34 PM	<u>Inspection Type</u> Routine	<u>Inspector</u> D.Markman
<u>Permit Number</u> 2023-079	<u>Risk</u>	<u>Variance</u>	<u>Client Type</u> Retail Market	

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	COS		IN	OUT	NA	COS
1. PIC present, demonstrates knowledge, and performs duties	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. Food separated and protected	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Certified Food Protection Manager	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16. Food-contact surfaces; cleaned & sanitized	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee Health					Time/Temperature Control for Safety				
	IN	OUT	NA	COS		IN	OUT	NA	COS
3. Management, food employee and conditional employee knowledge, responsibilities and reporting	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17. Proper disposition of returned, previously served,	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Proper use of restriction and exclusion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18. Proper cooking time & temperatures	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Procedures for responding to vomiting and diarrheal events	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19. Proper reheating procedures for hot holding	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Good Hygienic Practices					Consumer Advisory				
	IN	OUT	NA	COS		IN	OUT	NA	COS
6. Proper eating, tasting, drinking, or tobacco use	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20. Proper cooling time and temperature	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. No discharge from eyes, nose, and mouth	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21. Proper hot holding temperatures	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventing Contamination by Hands					Highly Susceptible Populations				
	IN	OUT	NA	COS		IN	OUT	NA	COS
8. Hands clean & properly washed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22. Proper cold holding temperatures	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. No bare hand contact with RTE food or a pre-approved	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23. Proper date marking and disposition	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Adequate handwashing sinks supplied and accessible	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24. Time as a Public Health Control; procedures & records	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Approved Source					Conformance with Approved Procedures				
	IN	OUT	NA	COS		IN	OUT	NA	COS
11. Food obtained from approved source	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25. Consumer advisory provided for raw/undercooked food	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12. Food received at proper temperature	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	26. Pasteurized foods used; prohibited foods not offered	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13. Food in good condition, safe & unadulterated	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food/Color Additives and Toxic Substances				
14. Required records available: shellstock tags, parasite	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		IN	OUT	NA	COS
					27. Food additives: approved & properly used	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
					28. Toxic substances properly identified, stored & used	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					29. Compliance with variance/specialized process/HACCP	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Repeat Violations Highlighted in Yellow

Good Retail Practices

Safe Food and Water					Proper Use of Utensils				
	IN	OUT	NA	COS		IN	OUT	NA	COS
30. Pasteurized eggs used where required	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	43. In-use utensils: properly stored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Water & ice from approved source	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	44. Utensils, equip. & linens: property stored, dried & handled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Variance obtained for specialized processing methods	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	45. Single-use/single-service articles: properly stored & used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Temperature Control					Utensils, Equipment and Vending				
	IN	OUT	NA	COS		IN	OUT	NA	COS
33. Proper cooling methods used; adequate equip. for temp.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	46. Gloves used properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Plant food properly cooked for hot holding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	47. All contact surfaces cleanable, properly designed,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Approved thawing methods used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	48. Warewashing facilities: installed, maintained & used; test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Thermometers provided & accurate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	49. Non-food contact surfaces clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Identification					Physical Facilities				
	IN	OUT	NA	COS		IN	OUT	NA	COS
37. Food properly labeled; original container	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	50. Hot & cold water available; adequate pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prevention of Food Contamination									
	IN	OUT	NA	COS		IN	OUT	NA	COS
38. Insects, rodents & animals not present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	51. Plumbing installed; proper backflow devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Contamination prevented in prep, storage & display	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	52. Sewage & waste water properly disposed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Personal cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	53. Toilet facilities: properly constructed, supplied, & cleaned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. Wiping cloths; properly used & stored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	54. Garbage & refuse properly disposed; facilities maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. Washing fruits & vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	55. Physical facilities installed, maintained & clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					56. Adequate ventilation & lighting; designated areas use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					60. 105 CMR 590 violations / local regulations	2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 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).

D. Markman

Laura - Expires
Certificate #:

<u>Priority</u>	<u>Pf</u>	<u>Core</u>	<u>Repeat</u>	<u>Risk Factor</u>	<u>Good Retail</u>
0	0	4		1	3

Follow Up Required: ☐ Y Follow Up Date:

FOOD SAFETY INSPECTION REPORT

Page Number

2

Blue Zone Integrated Fitness
102 Church Street
Whitinsville, MA 01588

Inspection Number
6AB8B

Date
11/27/23

Time In/Out
6:16 PM
6:34 PM

Inspector
D.Markman

Inspection Report (Continued)

Repeat Violations Highlighted in Yellow

Preventing Contamination by Hands

Adequate handwashing sinks properly supplied and accessible

10 6-301.14 Handwashing- Signage - Establishment -

- C Restroom should have a sign instructing staff to wash hands before returning to work *Code: A sign or poster that notifies food employees to wash their hands shall be provided at all handwashing lavatories used by food employees and shall be clearly visible to food employees.*



Physical Facilities

FOOD SAFETY INSPECTION REPORT

Page Number

3

Blue Zone Integrated Fitness
102 Church Street
Whitinsville, MA 01588

Inspection Number
6AB8B

Date
11/27/23

Time In/Out
6:16 PM
6:34 PM

Inspector
D.Markman

Inspection Report (Continued)

Repeat Violations Highlighted in Yellow

Toilet facilities: properly constructed; supplies & cleaned

5-501.17 Toilet Room Receptacle Covered - Establishment -

- C** All women's and unisex restrooms must have a covered trash receptacle.

Code: A toilet room used by females shall be provided with a covered receptacle for sanitary napkins.



MA 500.006 (B)(4): Food, Open Date Labeling

FOOD SAFETY INSPECTION REPORT

Page Number

4

Blue Zone Integrated Fitness
102 Church Street
Whitinsville, MA 01588

Inspection Number
6AB8B

Date
11/27/23

Time In/Out
6:16 PM
6:34 PM

Inspector
D.Markman

Inspection Report (Continued)

Repeat Violations Highlighted in Yellow

500.006: LABELING of FOOD

60 105 CMR 500.006 (B)(4) Sale of Past Date Food Products - Establishment -

COS

C Past date food encountered on-site. All past date food must be separated from other food and properly and visibly labeled to indicate to customers that they are past date. Alternatively, the items may be discarded or removed from sale.

Code: Sale of Past Date Food Products. No person shall offer for sale in Massachusetts any food product after the open date unless: (a) It is safe for human consumption and its sensory and physical qualities have not significantly diminished; (b) It is segregated from food products that are not "past date"; and (c) It is clearly and conspicuously marked either on the package or through the use of shelf markers or placards, as being offered for sale after the recommended last date of sale or use.



Compliance and Enforcement

PERMIT TO OPERATE

59 8-304.11 (K) Responsibilities of the Permit Holder - Establishment -

C Should have a copy of the latest inspection report as well as a sign instructing customers that they can request to see the copy. *Code: Upon acceptance of the permit issued by the RA, the permit holder in order to retain the permit shall notify customers that a copy of the most recent establishment inspection report is available upon request by posting a sign or placard in a location in the food establishment that is conspicuous to customers or by another method acceptable to the RA.*

Notes

FOOD SAFETY INSPECTION REPORT

Page Number

5

Blue Zone Integrated Fitness
102 Church Street
Whitinsville, MA 01588

Inspection Number
6AB8B

Date
11/27/23

Time In/Out
6:16 PM
6:34 PM

Inspector
D.Markman

Inspection Report (Continued)

Repeat Violations Highlighted in Yellow

Notes

88

Notes - Establishment -

- N These are the only food items sold. All pre-packaged -
General Notes.



88

Notes - Establishment -

- N Recommend having a bodily fluids clean up kit - General Notes.

Temperatures

Area	Equipment	Product	Notes	Temps
Temperatures in RED identify items in the temperature danger zone. See the report notes for specific details.				

Notes

No major violations. No Reinspection needed.

The Town of Northbridge Board of Health Food Inspection Procedure Policy can be accessed here:
https://www.northbridgemass.org/sites/g/files/vyhli981f/uploads/inspectionpolicyfoodestablishments_august_2022.pdf

FOOD SAFETY INSPECTION REPORT

Page Number

6

Blue Zone Integrated Fitness
102 Church Street
Whitinsville, MA 01588

Inspection Number
6AB8B

Date
11/27/23

Time In/Out
6:16 PM
6:34 PM

Inspector
D.Markman

Inspection Report (Continued)

Repeat Violations Highlighted in Yellow