



FOOD ESTABLISHMENT INSPECTION REPORT

R-10

Divine Thai Restaurant
123 Church Street
Whitinsville, MA 1588
Permit Holder: Same

| Inspection Number | Date | Time In/Out | Inspection Type | Inspector |
|-------------------|----------|--------------------|-----------------|-----------|
| 6E6BA | 12/16/23 | 4:26 PM 5:00 PM | Routine | K.Donahue |
| Permit Number | Risk | Variance | Client Type | |
| 2023-053 | 2 | | Restaurant | |

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

Repeat Violations Highlighted in Yellow

Good Retail Practices

| Safe Food and Water | IN | OUT | NA | NO | COS | Proper Use of Utensils | IN | OUT | NA | NO | COS |
|------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|------------------------------------------------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| 30. Pasteurized eggs used where required | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 43. In-use utensils: properly stored | <input type="checkbox"/> | <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"/> | <input type="checkbox"/> | 44. Utensils, equip. & linens: properly stored, dried & handled | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 32. Variance obtained for specialized processing methods | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input 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"/> | <input type="checkbox"/> |
| Food Temperature Control | IN | OUT | NA | NO | COS | 46. Gloves used properly | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 33. Proper cooling methods used; adequate equip. for temp. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Utensils, Equipment and Vending | IN | OUT | NA | NO | COS |
| 34. Plant food properly cooked for hot holding | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 47. All contact surfaces cleanable, properly designed, | 1 | <input checked="" 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"/> | <input type="checkbox"/> | 48. Warewashing facilities: installed, maintained & used; test | <input type="checkbox"/> | <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"/> | <input type="checkbox"/> | 49. Non-food contact surfaces clean | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Food Identification | IN | OUT | NA | NO | COS | Physical Facilities | IN | OUT | NA | NO | COS |
| 37. Food properly labeled; original container | <input type="checkbox"/> | <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"/> | <input type="checkbox"/> |
| Prevention of Food Contamination | IN | OUT | NA | NO | COS | 51. Plumbing installed; proper backflow devices | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 38. Insects, rodents & animals not present | <input type="checkbox"/> | <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"/> | <input type="checkbox"/> |
| 39. Contamination prevented in prep, storage & display | <input type="checkbox"/> | <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"/> | <input type="checkbox"/> |
| 40. Personal cleanliness | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 54. Garbage & refuse properly disposed; facilities maintained | 1 | <input checked="" 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"/> | <input type="checkbox"/> | 55. Physical facilities installed, maintained & clean | <input type="checkbox"/> | <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"/> | <input type="checkbox"/> | 56. Adequate ventilation & lighting; designated areas use | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | 60. 105 CMR 590 violations / local regulations | <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 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).

Karl Donahue

K.Donahue

Chai

Chai - Expires
Certificate #:

Priority 0 Pf 0 Core 2 Repeat Risk Factor 0 Good Retail 2

Follow Up Required: ☐ Y Follow Up Date:

FOOD SAFETY INSPECTION REPORT

Page Number

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Divine Thai Restaurant
123 Church Street
Whitinsville, MA 1588

Inspection Number
6E6BA

Date
12/16/23

Time In/Out
4:26 PM
5:00 PM

Inspector
K.Donahue

Inspection Report (Continued)

Repeat Violations Highlighted in Yellow

Utensils, Equipment and Vending

All contact surfaces cleanable, properly designed, constructed & used

47 4-501.11 Good Repair and Proper Adjustment - Kitchen -

- C Please fix seal around ice maker housing. Code:
Equipment shall be maintained in a state of repair and condition that meets FDA requirements. Equipment components such as doors, seals, hinges, fasteners, and kick plates shall be kept intact, tight, and adjusted in accordance with manufacturers specifications. Cutting or piercing parts of can openers shall be kept sharp to minimize the creation of metal fragments that can contaminate food when the container is opened.



Physical Facilities

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Inspection Report (Continued)

Repeat Violations Highlighted in Yellow

Garbage & refuse disposed; facilities maintained

54 5-501.113 Covering Receptacles - Establishment -

- C** Dumpster shared with Neighborhood Kitchen. Cover to dumpster is broken. Cover must be tight fitting *Code: Receptacles and waste handling units for refuse, recyclables, and returnables shall be kept covered when they contain food residue and are not in continuous use or after they are filled. If kept outside, they shall have tight-fitting lids or doors.*



List 1

IN= In Compliance

OUT = Out of Compliance

NA = Not Applicable

NO= Not Observed

| | |
|---------------------------------------------------------------|----|
| Is PIC on site | IN |
| Does establishment have copy of inspection policy | IN |
| Are the ServSafe, Choke Save and MA Allergy Cert. posted? | IN |
| Is a current permit posted? | IN |
| Is grease trap log provided | IN |
| Are SOP's in place for cleaning up vomit/diarrheal incidents? | IN |
| Are Employee reporting forms on site. | IN |
| Irreversible Test strips/device available? | IN |
| Handsinks accessible. | IN |
| Notification posted for most recent inspection report? | IN |
| Most recent Inspection report available? | IN |
| Are pest control reports available and up to date? | IN |

The Town of Northbridge Board of Health Food Inspection Procedure Policy can be accessed here:
https://www.northbridgemass.org/sites/g/files/vyhlif981/f/uploads/inspectionpolicyfoodestablishments_august_2022.pdf

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Inspector
K.Donahue

Inspection Report (Continued)

Repeat Violations Highlighted in Yellow

Hand washing sinks supplied with liquid soap, paper towels and trash

IN

Test kits on site for sanitizer.

IN

List 2

IN= In Compliance

OUT = Out of Compliance

NA = Not Applicable

NO= Not Observed

Are cold holding temps being followed?

IN

Food is protected from contamination

IN

Thermometers present in refrigerated and hot holding units

IN

Food storage in compliance. All product up off floor?

IN

Frozen ROP product maintain afrozen solid

IN

Electronic continuous temp. monitoring devices in use

IN

Cold holding unit temperature visually checked 2x day

IN

Food Contact surfaces clean and sanitized?

IN

Sanitizer for wiping cloths available?

IN

Temperatures

| Area | Equipment | Product | Notes | Temps |
|---------|-----------------------|----------------|-------|--------|
| Kitchen | 2 door cold holding | | | 36 °F |
| Kitchen | 2 door freezer | | | 5.5 °F |
| Kitchen | 1 door freezer | | | 10 °F |
| Kitchen | Flip Top | Cooked chicken | | 40 °F |
| Kitchen | 2 door freezer | | | 10 °F |
| Kitchen | Rice hot holding unit | Cooked rice | | 158 °F |

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

Notes

Hood serviced on 12-3-2023 grease trap serviced on 12-1-2023.

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Inspection Report (Continued)

Repeat Violations Highlighted in Yellow