



# FOOD ESTABLISHMENT INSPECTION REPORT

R-10

Great Stories Comics & Games  
1167-4 Providence Road  
Whitinsville, MA 01588  
Permit Holder: Same

Inspection Number	Date	Time In/Out	Inspection Type	Inspector
A12E6	3/25/24	12:14 PM 12:39 PM	Routine	D.Markman
Permit Number	Risk	Variance	Client Type	
2024-085			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	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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Procedures for responding to vomiting and diarrheal events	1	<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"/>	<input type="checkbox"/>
Good Hygienic Practices	IN	OUT	NA	NO	COS	20. Proper cooling time and temperature	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preventing Contamination by Hands	IN	OUT	NA	NO	COS	23. Proper date marking and disposition	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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	1	<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"/>	<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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Food received at proper temperature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Required records available: shellstock tags, parasite	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>
Repeat Violations Highlighted in Yellow						Conformance with Approved Procedures	IN	OUT	NA	NO	COS
						29. Compliance with variance/specialized process/HACCP	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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: property 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" 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"/>	<input type="checkbox"/>
35. Approved thawing methods used	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	55. Physical facilities installed, maintained & clean	1	<input checked="" 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	3	<input checked="" 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).

D. Markman

Thomas Fogarty - Expires  
Certificate #:

Priority	Pf	Core	Repeat	Risk Factor	Good Retail
0	1	5		2	4

Follow Up Required: ☐ Y Follow Up Date:

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Inspector  
D.Markman

## Inspection Report (Continued)

Repeat Violations Highlighted in Yellow

### Employee Health

#### Procedures for Responding to vomiting and diarrheal events

##### 5 2-501.11 Clean-up Vomiting & Diarrheal Events - Establishment -

- Pf** Make sure to have bodily fluids clean-up kit on-site and that staff are trained in its use *Code: A food establishment shall have procedures for employees to follow when responding to vomiting or diarrheal events that involve the discharge of vomitus or fecal matter onto surfaces in the food establishment. The procedures shall address the specific actions employees must take to minimize the spread of contamination and the exposure of employees, consumers, food, and surfaces to vomitus or fecal matter.*

### Preventing Contamination by Hands

#### Adequate handwashing sinks properly supplied and accessible

##### 10 6-301.14 Handwashing- Signage - Establishment -

- C** Restrooms should have signage to the effect of "employees must 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

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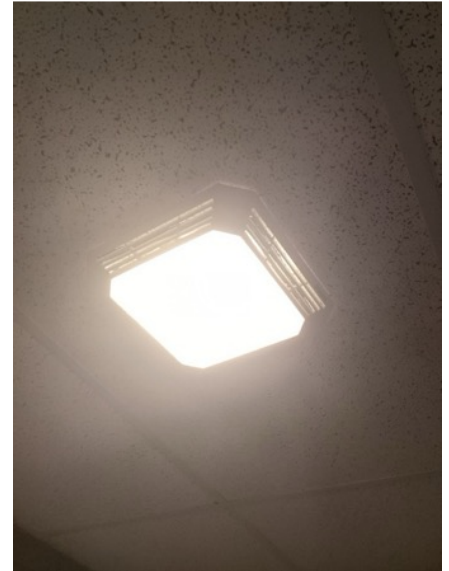
## Inspection Report (Continued)

Repeat Violations Highlighted in Yellow

### Physical Facilities installed, maintained & cleaned

#### 55 6-201.17 Walls and Ceilings Attachments - Establishment -

- C** Make sure to keep the vents in restrooms clean of dust and grime *Code: Attachments to walls and ceilings such as light fixtures, mechanical room ventilation system components, vent covers, wall mounted fans, decorative items, and other attachments shall be easily cleanable. In a consumer area, wall and ceiling surfaces and decorative items and attachments that are provided for ambiance need not meet this requirement if they are kept clean.*



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

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### 500.006: LABELING of FOOD

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

- 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** Make sure to post a note letting customers know that you have the latest copy of your inspection report and that they can request one. Additionally, said report should be readily accessible. *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.*

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

- C** Permit must be posted in conspicuous location. *Code: Upon acceptance of the permit issued by the RA, the permit holder in order to retain the permit shall post the permit in a location in the food establishment that is conspicuous to consumers.*

## Notes

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Repeat Violations Highlighted in Yellow

### Notes

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#### Notes - Establishment -

- N** Must have a pest control company. Pic indicates that they are a licensed pest control technician. - General Notes.

## 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	NO
Are the ServSafe, Choke Save and MA Allergy Cert. posted?	NA
Is a current permit posted?	OUT
Is grease trap log provided	NA
Are SOP's in place for cleaning up vomit/diarrheal incidents?	OUT
Are Employee reporting forms on site.	NO
If applicable, is operation in compliance with HACCP plan?	NA
Irreversible Test strips/device available?	NA
Handsinks accessible.	IN
Notification posted for most recent inspection report?	OUT
Most recent Inspection report available?	NA
Hand washing sinks supplied with liquid soap, paper towels and trash	IN
Test kits on site for sanitizer.	NA
Are Covid 19 protocols being followed?	NA

## Temperatures

Area	Equipment	Product	Notes	Temps
Establishment	Reach-in Freezer	Ambient (IR)		13.2 °F

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

The Town of Northbridge Board of Health Food Inspection Procedure Policy can be accessed here:  
[https://www.northbridgemass.org/sites/g/files/vyhliif981/f/uploads/inspectionpolicyfoodestablishments\\_august\\_2022.pdf](https://www.northbridgemass.org/sites/g/files/vyhliif981/f/uploads/inspectionpolicyfoodestablishments_august_2022.pdf)

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## Inspection Report (Continued)

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

## Notes

Fairly minor violations if any. Please prioritize the bodily fluid kit