



# FOOD ESTABLISHMENT INSPECTION REPORT

R-10

Rockdale Congregational Church  
42 Fowler Road  
Northbridge, MA 1534  
Permit Holder: Same

|                                   |                         |  |                                   |                               |
|-----------------------------------|-------------------------|--|-----------------------------------|-------------------------------|
| <u>Inspection Number</u><br>A5015 | <u>Date</u><br>11/13/23 | <u>Time In/Out</u><br>10:03 AM<br>10:19 AM | <u>Inspection Type</u><br>Routine | <u>Inspector</u><br>D.Edmands |
| <u>Permit Number</u><br>2023-005  | <u>Risk</u><br>1        | <u>Variance</u>                            | <u>Client Type</u><br>Church      |                               |

## 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 checked="" 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"/> | 19. Proper reheating procedures for hot holding           | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input 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 checked="" 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"/> | 21. Proper hot holding temperatures                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input 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 checked="" 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"/> | 23. Proper date marking and disposition                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Adequate handwashing sinks supplied and accessible  | <input checked="" 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"/> |
| Approved Source   |                                     |                          |                          |                          | Food/Color Additives and Toxic Substances                 |                                     |                          |                          |                          |
|   | 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 checked="" 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"/> | 26. Pasteurized foods used; prohibited foods not offered  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input 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"/> | 27. Food additives: approved & properly used              | <input checked="" 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"/> | 28. Toxic substances properly identified, stored & used   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Repeat Violations Highlighted in Yellow   |                                     |                          |                          |                          | Conformance with Approved Procedures                      |                                     |                          |                          |                          |
|   | IN                                  | OUT                      | NA                       | COS                      |   | IN                                  | OUT                      | NA                       | COS                      |
|   |                                     |                          |                          |                          | 29. Compliance with variance/specialized process/HACCP    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## 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 checked="" 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"/> |
| 31. Water & ice from approved source                       | <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"/> |
| 32. Variance obtained for specialized processing methods   | <input checked="" 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"/> |
| 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                           |                                     |                                     |                          |                          | 60. 105 CMR 590 violations / local regulations                   |                                     |                          |                          |                          |
|  | IN                                  | OUT                                 | NA                       | COS                      |  | IN                                  | OUT                      | NA                       | COS                      |
| 38. Insects, rodents & animals not present                 | <input type="checkbox"/>            | <input checked="" 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                   | <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).

*DE*  
D.Edmands

*Robert Dick*  
Robert Dick - Expires

Certificate #:

|                 |           |             |               |                    |                    |
|-----------------|-----------|-------------|---------------|--------------------|--------------------|
| <u>Priority</u> | <u>Pf</u> | <u>Core</u> | <u>Repeat</u> | <u>Risk Factor</u> | <u>Good Retail</u> |
| 0               | 1         | 1           |               | 0                  | 2                  |

Follow Up Required: ☐ Y Follow Up Date:

# FOOD SAFETY INSPECTION REPORT

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10:03 AM  
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Inspector  
D.Edmands

## Inspection Report (Continued)

Repeat Violations Highlighted in Yellow

### Prevention of Food Contamination

#### Insect, rodents & animals not present

#### 38 6-501.111 (C) Controlling Pests - Establishment -

- Pf** Droppings noted in cabinets in kitchen. *Code: The premises shall be maintained free of insects, rodents, and other pests. The presence of insects, rodents, and other pests shall be controlled to eliminate their presence on the premises by using methods, if pests are found, such as trapping devices or other means of pest control, such as pesticides, must be used according to law and manufacture's instructions.*

### Additional Requirement

#### Violations Related to Good Retail Practices

#### 60 MA 590.011 (A) Anti-Choking Procedures - Establishment -

- C** For events with seats greater than 24 a person on staff needs to be present that has choke safe certification. *Code: Restaurants with a seating capacity greater than 24 are required to have one or more employees trained in a manual choke-saving procedure in accordance with 105 CMR 605.000 Approved Choke-Saving Procedures. Each food service establishment shall: have on its premises, while food is being served, an employee trained in manual procedures approved by the Department to remove food lodged in a person's throat; and make adequate provision for insurance to cover employees trained in rendering such assistance.*

### Notes

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## Inspection Report (Continued)

Repeat Violations Highlighted in Yellow

### Notes

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#### Notes - Kitchen -

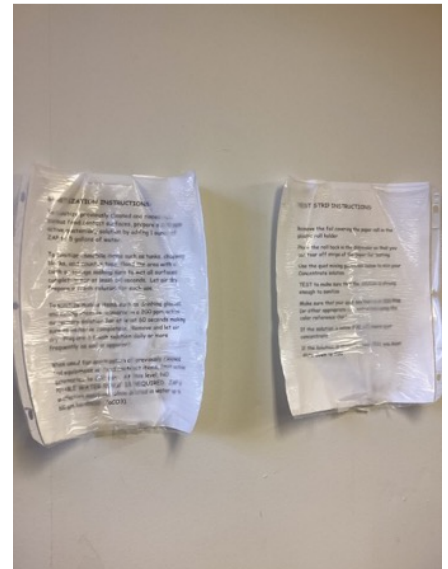
- N Uses ZAP for two bay sink to sanitize dishware. - General Notes.



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#### Notes - Establishment -

- N Directions for making sanitizer posted on site. - General Notes.



## List 1

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](https://www.northbridgemass.org/sites/g/files/vyhli981f/uploads/inspectionpolicyfoodestablishments_august_2022.pdf)

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10:19 AM

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## Inspection Report (Continued)

Repeat Violations Highlighted in Yellow

IN= In Compliance

OUT = Out of Compliance

NA = Not Applicable

NO= Not Observed

|  |     |
|--|-----|
| Is PIC on site   | IN  |
| Is a current permit posted?  | IN  |
| If applicable, is operation in compliance with HACCP plan?           | NA  |
| Irreversible Test strips/device available?                           | IN  |
| Handsinks accessible.  | IN  |
| Are pest control reports available and up to date?                   | OUT |
| Hand washing sinks supplied with liquid soap, paper towels and trash | IN  |
| Test kits on site for sanitizer.                                     | IN  |
| Are Covid 19 protocols being followed?                               | NA  |

## Temperatures

| Area          | Equipment | Product        | Notes | Temps   |
|---------------|-----------|----------------|-------|---------|
| Establishment | Fridge    | Ambient        |       | 34.2 °F |
| Establishment | Freezer   | Bread, ambient |       | 3.6 °F  |

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

## Notes

The kitchen is used for the 4 events a year.  
Hot water tested at 112 degrees F  
Food purchased from Shaws for events.