



FOOD ESTABLISHMENT INSPECTION REPORT

R-10

The Gray Barn
2 Elm Place
Whitinsville, MA 1588
Permit Holder: Same

<u>Inspection Number</u> 0B4AE	<u>Date</u> 11/6/23	<u>Time In/Out</u> 2:11 PM 2:48 PM	<u>Inspection Type</u> Routine	<u>Inspector</u> D.Edmands
<u>Permit Number</u> 2023-076	<u>Risk</u> 2	<u>Variance</u>	<u>Client Type</u> Bar / Food	

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	1	<input checked="" 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	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>	Conformance with Approved Procedures				
14. Required records available: shellstock tags, parasite	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		IN	OUT	NA	COS
Repeat Violations Highlighted in Yellow					27. Food additives: approved & properly used	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					28. Toxic substances properly identified, stored & used	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
					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					51. Plumbing installed; proper backflow devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	IN	OUT	NA	COS	52. Sewage & waste water properly disposed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Insects, rodents & animals not present	1	<input checked="" 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"/>
39. Contamination prevented in prep, storage & display	<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"/>
40. Personal cleanliness	<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"/>
41. Wiping cloths; properly used & stored	<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"/>
42. Washing fruits & vegetables	<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).

D. Edmands

Kathrine Mellor - Expires
Certificate #:

<u>Priority</u> 2	<u>Pf</u> 2	<u>Core</u> 0	<u>Repeat</u> 3	<u>Risk Factor</u> 3	<u>Good Retail</u> 1
Follow Up Required: <input type="checkbox"/> Y Follow Up Date:					

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Page Number

2

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Inspector
D.Edmands

Inspection Report (Continued)

Repeat Violations Highlighted in Yellow

Employee Health

Proper Use of Exclusion and Restriction

4 2-201.11 (D) (F) Responsibility of the Permit Holder, PIC, & Conditional Employee - Establishment -

Pr Need employee health reporting forms on site. *Code: The PIC shall ensure that a food employee who exhibits or reports a symptom, or who reports a diagnosed illness or a history of exposure as specified under subparagraphs (A)(1)-(5) of this section is: excluded as specified under 2-201.12 (A)-(C), and subparagraphs (D)(1), (E)(1), (F)(1), (G) or (H)(1) and in compliance with the provisions specified under 2-201.13(A)-(H); or restricted as specified under subparagraphs 2-201.12(D)(2), (E)(2), (F)(2), (H)(2), or 2-201.12 (I) or (J) and in compliance with the provisions specified under 2-201.13(D)(J). A food employee shall comply with an exclusion as specified under 2-201.12(A)-(C) and subparagraphs 2-201.12(D)(1), (E)(1), (F)(1), (G), or (H)(1) and with the provisions specified under 2-201.13(A)-(H); or comply with a restriction as specified under subparagraphs 2-201.12(D)(2), (E)(2), (F)(2), (G), (H)(2), or 2-201.12 (H), (I), or (J) and comply with the provisions specified under 2-201.13(D) (J).*

Time / Temperature Control for Safety

Date marking and disposition

23 3-501.17 (A)(C) Date Marking RTE Foods - On Premises Prep - Kitchen -

COS Pf Need to date mark food made on site and held for more than 24 hrs. *Code: Refrigerated, RTE/TCS food prepared and held refrigerated for more than 24 hours in a food establishment shall be clearly marked at the time of preparation to indicate the date by which the food shall be consumed, sold or discarded when held at a temperature of 41°F or less for a maximum of 7 days. The day of preparation shall be counted as Day 1. A refrigerated, RTE/TCS food ingredient or a portion of a refrigerated, RTE/TCS food that is subsequently combined with additional ingredients or portions of food shall retain the date marking of the earliest-prepared or first-prepared ingredient.*



Food/Color Additives and Toxic Substances

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Page Number

3

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Toxic substances properly identified, stored & used

28 7-207.11 (B) Restriction and Storage - Kitchen -

COS

Pr

Code: Medicines that are in a food establishment for the employees use shall be labeled and located to prevent the contamination of food, equipment, utensils, linens, and single-service and single-use articles.



Prevention of Food Contamination

Insect, rodents & animals not present

38 6-501.111 (C) Controlling Pests - Kitchen -

Pf

Mice droppings found in kitchen area. 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.

Notes

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Page Number

4

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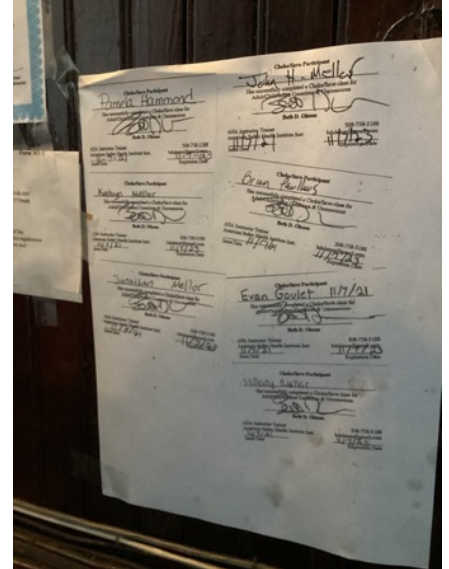
Repeat Violations Highlighted in Yellow

Notes

88

Notes - Establishment -

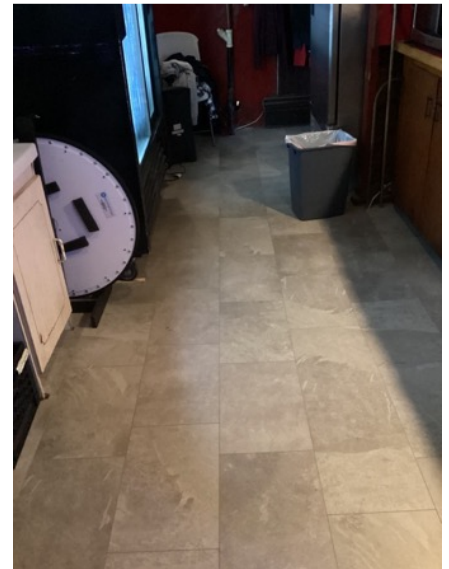
- N Choke safe due to expire 11-7-23 need to submit updated cert for 2024 food permit. - General Notes.



88

Notes - Establishment -

- N Floor in kitchen and bar area repaired. - General Notes.



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5

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Notes - Establishment -

- N** New ice machine purchased and installed. Will check with office to see if proper paperwork was submitted. - General Notes.



List 1

IN= In Compliance

OUT = Out of Compliance

NA = Not Applicable

NO= Not Observed

Is PIC on site	IN
Are the ServSafe, Choke Save and MA Allergy Cert. posted?	IN
Is a current permit posted?	IN
Is grease trap log provided	NA
Are SOP's in place for cleaning up vomit/diarrheal incidents?	IN
Are Employee reporting forms on site.	OUT
If applicable, is operation in compliance with HACCP plan?	NA
Irreversible Test strips/device available?	IN
Handsinks accessible.	IN
Notification posted for most recent inspection report?	IN
Most recent Inspection report available?	OUT
Are pest control reports available and up to date?	OUT
Hand washing sinks supplied with liquid soap, paper towels and trash	IN

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6

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Test kits on site for sanitizer.	IN
Are Covid 19 protocols being followed?	NA

Temperatures

Area	Equipment	Product	Notes	Temps
Establishment	Chest freezer	Meatballs, ambient		1.1 °F
Establishment	Beer cooler	Raw hamburger,		37.8 °F

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

Notes

Hot water recorded at 130.2 degrees F
Body fluid spill clean up kit on site but expired. Need to purchase new one.