



FOOD ESTABLISHMENT INSPECTION REPORT

R-10

Whitinsville Golf Club
179 Fletcher Street
Whitinsville, MA 1588
Permit Holder: Same

Inspection Number	Date	Time In/Out	Inspection Type	Inspector
56A4B	4/2/24	10:34 AM 11:29 AM	Routine	K.Donahue
Permit Number	Risk	Variance	Client Type	
2024-037	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"/>
Repeat Violations Highlighted in Yellow	IN	OUT	NA	NO	COS	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"/>

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,	<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 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	1	<input checked="" 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	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Contamination prevented in prep, storage & display	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	53. Toilet facilities: properly constructed, supplied, & cleaned	1	<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	2	<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	1	<input checked="" 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).

Kath Donahue

K.Donahue

Larissa Thompson

Larissa Thompson - Expires
Certificate #:

Priority	Pf	Core	Repeat	Risk Factor	Good Retail
0	1	5	2	0	6

Follow Up Required: ☐ Y Follow Up Date:

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56A4B

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Inspector
K.Donahue

Inspection Report (Continued)

Repeat Violations Highlighted in Yellow

Prevention of Food Contamination

Cont. prevented during food prep., storage & display

39 3-305.11 Food Storage - Establishment -

COS C All food must be stored 6inches off floor Code: Food shall be protected from contamination by storing food: in a clean dry location; where it is not exposed to splash, dust, or other contamination; and at least 6 inches off the floor.



Physical Facilities

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Hot & cold water available; adequate pressure

50

5-103.12 Pressure - Establishment -

- Pf** Bar hand sink hot water pressure is very low compared to cold water pressure. Please repair or replace *Code: Water under pressure shall be provided to all fixtures, equipment, and nonfood equipment that are required to use water.*



52

5-403.12 Other Liquid Wastes and Rainwater - Establishment -

- C** Ice buildup in walk in, please remove and clean *Code: Condensate drainage and other nonSEWAGE liquids and rainwater shall be drained from point of discharge to disposal according to law.*



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Inspection Report (Continued)

Repeat Violations Highlighted in Yellow

55

6-501.11 Repairing - Establishment -

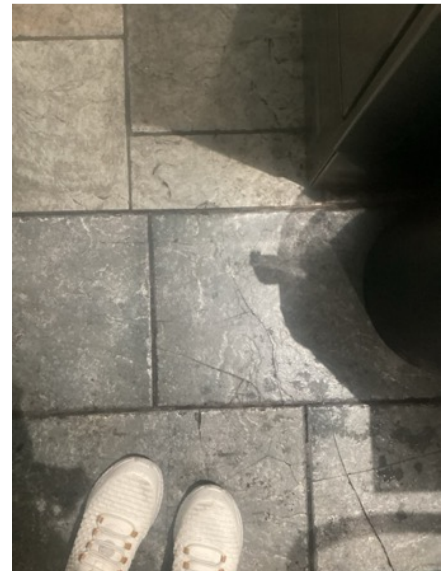
- C Wall covering is loose, please repair. Code: *The physical facilities shall be maintained in good repair.*



55

6-501.11 Repairing - Establishment -

- C Bar area flooring, cracked tiles, please repair or replace. Code: *The physical facilities shall be maintained in good repair.*



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Inspection Report (Continued)

Repeat Violations Highlighted in Yellow

56 6-501.14 Clean. Vent. Sys. Prev. Discharge - Establishment -

- C** Hood vent is scheduled Monday at 11 am. *Code: Intake and exhaust air ducts shall be cleaned and filters changed so they are not a source of contamination by dust, dirt, and other materials. If vented to the outside, ventilation systems may not create a public health hazard or nuisance or unlawful discharge.*



Notes

Notes

88 Notes - -

- N** Cold water pressure is sufficient - General Notes.



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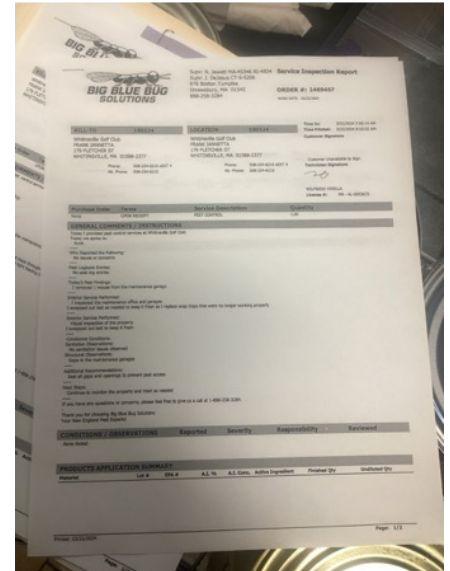
Inspection Report (Continued)

Repeat Violations Highlighted in Yellow

88

Notes - -

N Pest control logs - 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

Are SOP's in place for cleaning up vomit/diarrheal incidents?

IN

Irreversible Test strips/device available?

OUT

Handsinks accessible.

IN

Most recent Inspection report available?

IN

Are pest control reports available and up to date?

IN

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

IN

Test kits on site for sanitizer.

OUT

List 2

IN= In Compliance

OUT = Out of Compliance

NA = Not Applicable

NO= Not Observed

The Town of Northbridge Board of Health Food Inspection Procedure Policy can be accessed here:
https://www.northbridgemass.org/sites/g/files/vyhliif981f/uploads/inspectionpolicyfoodestablishments_august_2022.pdf

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Inspection Report (Continued)

Repeat Violations Highlighted in Yellow

■	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?	OUT
■	Food Contact surfaces clean and sanitized?	IN
■	Sanitizer for wiping cloths available?	IN

Temperatures

Area	Equipment	Product	Notes	Temps
Establishment	1 door freezer			-6 °F
Establishment	2 door cold holding			35.4 °F
Establishment	Flip Top			36.5 °F
Establishment	Dishwasher			166.2 °F
Establishment	Walk-in cooler			°F
Establishment	Walk-in cooler			34 °F

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

Notes

Please provide sanitizer test strips and max temp temp dishwasher stickers invoice/pics via email.
Please send hood vent invoice to BOH