

QUABBIN HEALTH DISTRICT

Serving the Communities of: Belchertown, Ware and Pelham Suite D, 126 Main Street Ware, MA 01082 Phone: (413) 967-9615 Fax: (413) 967-9646



Food Establishment Inspection Report

Insp Date: 2/22/2023 Business ID: Q3000017 Inspection: Q3000063

Business: Dominos Permit #:

124 West St. Phone: 413-277-6260 Inspector: 02 Sainath Palani

Ware, MA 01082 Reason: 01. Routine

Next Inspection on or near: 6/22/2023

Risk Category Medium

Results: Next Routine 120

PIC Name Gina Novak

Time In / Time Out

| <u> </u> | ut | | | | | | |
|----------|----------|----------|------|--------|-------|---------|-------|
| Date | In | Out | Insp | Travel | Total | Mileage | Notes |
| 02/22/23 | 10:45 AM | 11:45 AM | 1:00 | 0:00 | 1:00 | 0 | |
| Total: | | | 1:00 | 0:00 | 1:00 | 0 | |

Inspection Summary

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).

| Certified Food Protection Manager Steven Gagdon | CFPM Exp Date 06/16/2023 Allergy Exp Date 03/05/2025 | | | | | | | |
|--|---|--------|---------|--------|----------|--------------|--|--|
| Certified Allergy Trained Name Steven Gagdon | | | | | | | | |
| Certified ChokeSaver Name | Cho | keSav | er Ex | o Date | e | | | |
| Permit Posted In ¡ Out ¤ | | | | | | | | |
| Inspection Report Available In \uppi Out \upbeta | | | | | | | | |
| FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS | | | | | | | | |
| compliance status: IN = in compliance OUT = not in compliance N/O = not observed N/A = not applicable | | | | | | | | |
| Marked in appropriate box for COS and/or R. COS = corrected on-site during inspection | n R= | repea | t viola | ition | | | | |
| Risk factors are improper practices or procedures identified as the most prevalent contrib Public Health Interventions are control measures to prevent foodborne illnesses or injury. | | actors | of foc | dbori | ne illne | ss or injury | | |
| Supervision | IN | OUT | N/O | N/A | cos | REPEAT | | |
| 1. Person-in-charge present, demonstrates knowledge, and performs duties | ¤ | i | i | i | | •• | | |
| 2. Certified Food Protection Manager | ¤ | i | i | i | | | | |
| | | | | | | | | |

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| Food Establishment Inspection | Kep | oort | | | | |
|--|-----|------|-----|-----|-----|--------|
| Employee Health | IN | OUT | N/O | N/A | cos | REPEAT |
| 3. Management, food employee and conditional employee; knowledge, responsibilities and reporting | ¤ | i | i | i | | |
| 4. Proper Use of Restriction & Exclusion | ¤ | i | i | i | | |
| 5. Procedures for responding to vomiting and diarrheal events | ¤ | i | i | i | •• | •• |
| Good Hygienic Practices | IN | OUT | N/O | N/A | cos | REPEAT |
| 6. Proper eating, tasting, drinking, or tobacco use | ¤ | i | i | i | | |
| 7. No discharge from eyes, nose, and mouth | ¤ | i | i | i | | |
| Preventing Contamination by Hands | IN | OUT | N/O | N/A | cos | REPEAT |
| 8. Hands clean & properly washed | ¤ | i | i | i | | •• |
| 9. No bare hand contact with RTE food | i | i | ¤ | i | • • | • • |
| 10. Adequate handwashing sinks properly supplied and accessible | ¤ | i | i | i | | • • |
| Approved Sources | IN | OUT | N/O | N/A | cos | REPEAT |
| 11. Food obtained from approved source | ¤ | i | i | i | | |
| 12. Food received at proper temperature | i | i | ¤ | i | | |
| 13. Food in good condition, honestly presented, safe, & unadulterated | ¤ | i | i | i | | |
| 14. Required records available: shellstock tags, parasite destruction | i | i | i | ¤ | | |
| Protection from Contamination | IN | OUT | N/O | N/A | cos | REPEAT |
| 15. Food separated and protected | ¤ | i | i | i | | |
| 16. Food-contact surfaces: cleaned & sanitized | ¤ | i | i | i | | •• |
| This item has Notes. See Footnote 1 at end of questionnaire. | | · | • | | | |
| 17. Proper disposition of returned, previously served reconditions, & unsafe food | ¤ | i | i | i | • • | |
| Time/Temperature Control for Safety | IN | OUT | N/O | N/A | cos | REPEAT |
| 18. Proper cooking time & temperatures | i | i | ¤ | i | •• | •• |
| 19. Proper reheating procedures for hot holding | i | i | ¤ | i | | •• |
| 20. Proper cooling time and temperature | i | i | ¤ | i | •• | •• |
| 21. Proper hot holding temperatures | i | i | ¤ | i | •• | •• |
| 22. Proper cold holding temperatures | ¤ | i | i | i | | |
| This item has Notes. See Footnote 2 at end of questionnaire. | | | | | | |
| 23. Proper date marking and disposition | ¤ | i | i | i | | |
| 24. Time as a Public Health Control | i | i | i | ¤ | | |
| This item has Notes. See Footnote 3 at end of questionnaire. | | | | | | |
| Consumer Advisory | IN | OUT | N/O | N/A | cos | REPEAT |
| 25. Consumer advisory provided for raw / undercooked foods | i | i | i | ¤ | | •• |
| Highly Susceptible Populations (HSP) | IN | OUT | N/O | N/A | cos | REPEAT |

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| Highly Susceptible Populations (HSP) | IN. | OUT | N/O | N/A | cos | REPEAT |
|---|-----|-----|-----|-----|-----|--------|
| 26. Pasteurized foods used; prohibited foods not offered | i | i | i | ¤ | | •• |
| Food/Color Additives and Toxic Substances | IN | OUT | N/O | N/A | cos | REPEAT |
| 27. Food additives: approved and properly used | i | i | i | ¤ | • • | |
| 28. Toxic substances identified, stored, and used | ¤ | i | i | i | | •• |
| Conformance with Approved Procedures | IN | OUT | N/O | N/A | cos | REPEAT |
| 29. Compliance with variance / specialized process / HACCP Plan | i | i | i | ¤ | | •• |
| ACCE DETAIL DEACTION | | | | | | |

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

IN = In compliance OUT = not in compliance COS - corrected on -site during inspection REPEAT = repeat violation

| Safe Food and Water | IN | OUT | N/O | N/A | cos | REPEAT |
|---|----|-----|-----|--------|-----|--------|
| 30. Pasteurized eggs used where required | i | i | i | ¤ | | |
| 31. Water & ice from approved source | i | i | i i | i | | •• |
| 32. Variance obtained for specialized processing methods | i | i | i i | , ¤ | | |
| Food Temperature Control | IN | OUT | N/O | N/A | cos | REPEAT |
| 33. Proper cooling methods used; adequate equipment for temperature control | i | i | ¤ | i | | |
| 34. Plant food properly cooked for hot holding | i | i | ¤ | i | | |
| 35. Approved thawing methods used | i | i | ¤ | i | | |
| 36. Thermometers provided and accurate | i | i | i | i | | |
| Food Identification | IN | OUT | N/O | N/A | cos | REPEAT |
| 37. Food properly labeled; original container | i | i | i | i | •• | |
| Prevention of Food Contamination | IN | OUT | N/O | N/A | cos | REPEAT |
| 38. Insects, rodents, & animals not present | i | ¤ | i | i | | •• |
| This item has Notes. See Footnote 4 at end of questionnaire. | | | | | | |
| 39. Contamination prevented during food preparation, storage and display | i | i | i | i | | •• |
| 40. Personal cleanliness | i | i | i | i | •• | •• |
| 41. Wiping cloths; properly used and stored | i | i | i | i | •• | |
| This item has Notes. See Footnote 5 at end of questionnaire. | | | | | | |
| 42. Washing fruits & vegetables | i | i | i | i | | •• |
| Proper Use of Utensils | IN | OUT | N/O | N/A | cos | REPEAT |
| 43. In-use utensils properly stored | i | i | i | i | •• | |
| 44. Utensils, equipment & linens: properly stored, dried, & handled | i | ¤ | i | i | •• | |
| 45. Single-use/ single service articles: properly stored and used | i | i | i | i | •• | |
| 46. Gloves used properly | i | i | i | i | •• | ••• |

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| | Utensils, Equipment and Vending | IN | OUT | N/C | N/A | OS | REPEAT |
|----|--|------|-----|-----|-----|-----|--------|
| | 47. Food & non-food contact surfaces cleanable, properly designed, constructed & use | ed İ | ¤ | İ | i | | |
| | 48. Warewashing facilities: installed, maintained, & used; test strips | i | i | i | i | | |
| | 49. Non-food contact surfaces clean | i | ¤ | i | i | •• | |
| | Physical Facilities | IN | OUT | N/O | N/A | cos | REPEAT |
| | 50. Hot & cold water available; adequate pressure | i | i | i | i | | |
| | 51. Plumbing installed; proper backflow devices | i | i | i | i | | |
| | 52. Sewage and waste water properly disposed | i | i | i | i | | •• |
| | 53. Toilet features: properly constructed, supplied, & cleaned | i | i | i | i | | |
| | 54. Garbage & refuse properly disposed; facilities maintained | i | i | i | i | | |
| | 55. Physical facilities installed, maintained, & clean | i | ¤ | i | i | | |
| | 56. Adequate ventilation & lighting; designated areas used | i | i | i | i | | |
| M | ASSACHUSETTS ONLY REGULATIONS | | | | | | |
| ≀u | les and Regulations adopted for use in Massachusetts only. | | | | | | |
| | Additional Requirements listed in 105 CMR 590.011 | IN | OUT | N/O | N/A | cos | REPEAT |
| | M1. Anti-choking procedures in food service establishment | i | i | i | ¤ | | •• |
| | M2. Food allergy awareness | ¤ | i | i | i | | •• |
| | Review of Retail Operations listed in 105 CMR 590.010 | IN | OUT | N/O | N/A | cos | REPEAT |
| | M3. Caterer | i | i | i | i | •• | |
| | M4. Mobile Food Operation | i | i | i | i | | •• |
| | M5. Temporary Food Establishment | i | i | i | i | | •• |
| | M6. Public Market; Farmers Market | i | i | i | i | | •• |
| | M7. Residential Kitchen; Bed-and-Breakfast Operation | i | i | i | i | | |
| | M8. Residential Kitchen: Cottage Food Operation | i | i | i | i | | |
| | M9. School Kitchen; USDA Nutrition Program | i | i | i | i | | |
| | M10. Leased Commercial Kitchen | i | i | i | i | | |
| | M11. Innovative Operation | i | i | i | i | | |
| | Local Requirements | IN | OUT | N/O | N/A | cos | REPEAT |
| | L1. Local law or regulation | i | i | i | i | | •• |
| | L2. Other | i | i | i | i | •• | •• |

Inspector

Discussion with Person-in-Charge

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Food Establishment Inspection Report Fail Notes Summary

| | Fail Notes Summary |
|----------------------|---|
| Code | Text |
| [Unlabeled section | n starting with 'Permit Posted' within 'Inspection Summary'] |
| 8-304.11(A) | 2023 Permit was not posted |
| | • |
| 16. Food-contact | surfaces: cleaned & sanitized |
| | es. See Footnote 1 at end of questionnaire. |
| | |
| 22. Proper cold ho | olding temperatures |
| This item has Note | es. See Footnote 2 at end of questionnaire. |
| | |
| | olic Health Control |
| This item has Note | es. See Footnote 3 at end of questionnaire. |
| 00 1 1 | |
| | tts, & animals not present |
| 6-202.15 | es. See Footnote 4 at end of questionnaire. Core; Ceiling tiles behind walk in fridge and above washing machine had openings\\ back door had |
| 0-202.13 | air gaps around the sides. behind this back door is an unfinished space where there were missing |
| | |
| | ceiling tiles and there was large light/air gap on the exterior back door |
| 44 Wining clother | properly used and stored |
| | es. See Footnote 5 at end of questionnaire. |
| THIS ICHT HAS INOIC | is. Occ 1 outlide 3 at one of questionnaire. |
| 44. Utensils, equir | oment & linens: properly stored, dried, & handled |
| 4-801.11 | Core; Wiping clothes were soiled even after washing\\ recommend getting fresh clothes |
| 1 001.11 | Orio, viping dounds were somed even and washing wroden mena gouing mean cloudes |
| 47. Food & non-fo | ood contact surfaces cleanable, properly designed, constructed & used |
| 4-501.11 | Core; rear handwash sink was holding water and not draining |
| 1 00 1111 | Soro, roal manawash shink was nording water and not draining |
| 49. Non-food cont | tact surfaces clean |
| 4-601.11(B),(C) | Core; Area inside bottom section of bane marie for pizza station was soiled (COS)\\ the rubber |
| | gasket inside of the washing machine had wet black residue on it |
| | gastet inside of the washing mashine had wet black residue of the |
| 55. Physical facilit | ties installed, maintained, & clean |
| 6-501.16 | Core; Mops were not hung up to dry |
| 6-501.11 | Core; Ceiling was leaking in the women's bathroom and in the hallway in front of women's |
| | bathroom\\ this bathroom has been locked up\\ heavy rust was noted by serving company for grease |
| | trap |
| 6-501.113 | Core; |
| 0 001.110 | 0010, |

Inspector

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Footnote 1

Notes:

3-bay sanitizer from dispenser: 300-400ppm, hot water present\\ mechanical dishwasher not being used due to hot water not reaching proper temp.

Footnote 2

Notes:

First bane marie next to handwash sink:breadded chicken: 40F\\ bane marie for pizza making station: chicken: 34.1F\\ walkin fridge: 38F

Footnote 3

Notes:

Might be using for pizza sauce

Footnote 4

Notes:

Last time pest management company was at this location was in June 2022 according to store records

Footnote 5

Notes:

buckets: 300 ppm QT

Lai Pal

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