

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: 3/24/2023 Business ID: B3000030 Inspection: B3000056

Business: Cold Spring School Permit #:

57 S. Main St. **Phone:** 413-323-0428

Belchertown , MA 01002 Inspector: 02 Sainath Palani Reason: 01. Routine

Next Inspection on or near: 7/22/2023

Results: Next Routine 120

Time In / Time Out

<u> </u>	ut						
Date	In	Out	Insp	Travel	Total	Mileage	Notes
03/24/23	11:10 AM	11:41 AM	0:31	0:00	0:31	0	
Total:			0:31	0:00	0:31	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).

PIC Name Cynthia Mancuso	Risk Category Medium									
Certified Food Protection Manager Cynthia Mancuso	CFPM Exp Date <u>12/13/2022</u>									
Certified Allergy Trained Name Cindy Mancuso	Allergy Exp Date <u>08/30/2026</u>									
Certified ChokeSaver Name ChokeSaver Exp Date										
Permit Posted In \uppi Out \upbeta										
Inspection Report Available In α Out β										
OODBORNE 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	nR=	repea	t viola	tion						
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.	Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. ublic Health Interventions are control measures to prevent foodborne illnesses 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	Rep	ort				
Employee Health	IN	OUT	N/O	N/A	cos	REPEAT
3. Management, food employee and conditional employee; knowledge, responsibilities and reporting	g ¤	İ	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	••	
Fime/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	¤		••
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
26. Pasteurized foods used; prohibited foods not offered	i	i	i	¤		••

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Corrupt when

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	¤		**
GOOD RETAIL PRACTICES						
Good Retail Practices are preventative measures to control the addition of pathogens, che	emicals	s, and	physic	cal ob	ojects i	nto foods.
IN = In compliance OUT = not in compliance COS - corrected on -site during inspection						
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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		••
32. Variance obtained for specialized processing methods	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	i		
This item has Notes. See Footnote 3 at end of questionnaire.						
39. Contamination prevented during food preparation, storage and display	İ	i	i	i		••
40. Personal cleanliness	i	i	i	i		
41. Wiping cloths; properly used and stored	i	i	i	i	••	
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	i		
45. Single-use/ single service articles: properly stored and used	i	i	i	i	••	••
46. Gloves used properly	i	i	i	i	••	
Utensils, Equipment and Vending	IN	OUT	N/C	N/A	A OS	REPEAT
47. Food & non-food contact surfaces cleanable, properly designed, constructed & us	ed i	¤	i	i		••

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Utensils, Equipment and Vending	IN	OU.	T N/0) N/N	A OS	REPEAT
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		
This item has Notes. See Footnote 4 at end of questionnaire.						
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		••
SSACHUSETTS ONLY REGULATIONS						
es 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		••
cussion with Person-in-Charge						

Staff doing a good job

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Corrupt when

Food Establishment Inspection Report Fail Notes Summary

Code	Text
16. Food-contact su	ırfaces: cleaned & sanitized
This item has Notes.	See Footnote 1 at end of questionnaire.
22. Proper cold hold	ding temperatures
This item has Notes.	See Footnote 2 at end of questionnaire.
	, & animals not present
This item has Notes.	See Footnote 3 at end of questionnaire.
47. Food & non-food	d contact surfaces cleanable, properly designed, constructed & used
4-101.19	Core; Flooring underneath large food boiler is not corrosion resistant, nonabsorbent, and a SMOOTH
	material.
4-501.11	Core; Larger 3-door freezer in the kitchen was at 28F (20-30F) and some items were able to freeze,
	potentially freezer is too packed and it needs to be serviced
49. Non-food contact	ct surfaces clean
4-601.11(B),(C)	Core; There was some debris under the freezers in the kitchen
51. Plumbing install	ed; proper backflow devices
This item has Notes.	See Footnote 4 at end of questionnaire.
55. Physical facilitie	s installed, maintained, & clean
6-501.11	Core; There was peeling paint on ceiling in dry storage area

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Footnote 1

Notes:

Using tub with QT sanitizer tablets for serving utensils, 300ppm\\ should at least spray larger items like pans with a food grade sanitizer after washing/rinsing

Footnote 2

Notes:

Fridge in the kitchen: 39F: Milk fridge: 44F (just left open)

Footnote 3

Notes:

Has a monthly pest management service come out\\ no evidence of pest activity at time of inspection

Footnote 4

Notes:

Grease trap is said to be cleaned over the summer, once a year

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