

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: 5/8/2023 Business ID: B20000002 Inspection: B2000003

Business: Chubby's Permit #:

2 Stadler Street

Phone: 480-789-3319
Inspector: 01 Andrea Crete
Belchertown, MA 01007

Reason: 03. Pre-operation

Next Inspection on or near: 8/6/2023

Results: Follow-up 90 days

Usdieast

Time In / Time Out

<u> </u>							
Date	In	Out	Insp	Travel	Total	Mileage	Notes
05/08/23	09:21 AM	10:45 AM	1:24	0:00	1:24	0	
Total:			1:24	0:00	1:24	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 Anthony Demato													Risk	Categ	ory _		
Certified Food Protection Manager										_	C	FPM	Ехр [Date			
Certified Allergy Trained Name										_	А	llergy	Exp	Date			
Certified ChokeSaver Name	Ron St Per	ter								_ C	hok	eSave	er Exp	Date	06/24		
Permit	Ir	n j	Ou	ıt i													
Inspection Report	Ir	n į	Ou	ıt i													
FOODBORNE ILLNESS RISK FACTOR	RS AND PU	JBLIC I	HEA	LTH	INT	ERV	/EN	101T	NS								
Compliance status: IN = in compliance	OUT = n	not in c	com	pliand	ce I	N/O :	= no	ot ob	serve	d N/A	۹ =	not a	oplica	ble			
Marked in appropriate box for COS and	l/or R. C	COS =	corı	recte	d or	n-site	e dui	ring	inspe	ction	R=	= repe	at vic	lation	l		
Risk factors are improper practices or p njury. Public Health Interventions are o													s of f	oodbo	orne illi	ness or	
Supervision										IN	1	OUT	N/O	N/A	cos	REPEA	١T
1. Person-in-charge present, demo	onstrates k	nowle	dge,	and	perf	forms	s du	ıties		¤		i	i	i		••	
2. Certified Food Protection Mana	ger									¤		i	i	i			

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Employee Health	IN	OUT	N/O	N/A	cos	REPEAT
 Management, food employee and conditional employee; knowledge, responsibilities and reporting 	¤	i	i	i	••	
This item has Notes. See Footnote 1 at end of questionnaire.						
4. Proper Use of Restriction & Exclusion	¤	i	i	i	••	••
5. Procedures for responding to vomiting and diarrheal events	¤	i	i	i	••	
This item has Notes. See Footnote 2 at end of questionnaire.						
Good Hygienic Practices	IN	OUT	N/O	N/A	cos	REPEAT
6. Proper eating, tasting, drinking, or tobacco use	i	i	¤	İ	••	
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		••
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 3 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

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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	¤		

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		••
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	i		
34. Plant food properly cooked for hot holding	i	i	i	i		
35. Approved thawing methods used	i	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	• •	
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		
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	OU	T N/C) N/A	A OS	REPEAT

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Food Establishment Inspection Utensils, Equipment and Vending	IN		N/C) N/ <i>F</i>	A OS	REPEAT
47. Food & non-food contact surfaces cleanable, properly designed, constructed & used	i	¤	i	i		
48. Warewashing facilities: installed, maintained, & used; test strips	i	¤	i	i		
49. Non-food contact surfaces clean	i	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	••	••
This item has Notes. See Footnote 4 at end of questionnaire.						
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	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	REPEA
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	REPEA
M3. Caterer	i	i	i	i		
M3. Caterer M4. Mobile Food Operation	i i	i i	i i	i i		
	i i i	i i i	i i i	i i i		
M4. Mobile Food Operation	i i i i	i i i	i i i	i i i		
M4. Mobile Food Operation M5. Temporary Food Establishment	i i i i	i i i i	i i i i	i i i i		
M4. Mobile Food Operation M5. Temporary Food Establishment M6. Public Market; Farmers Market	i i i i i	i i i i i	i i i i i i i i	i i i i i i i i i i i i i i i i i i i		
M4. Mobile Food Operation M5. Temporary Food Establishment M6. Public Market; Farmers Market M7. Residential Kitchen; Bed-and-Breakfast Operation	i i i i i	i i i i i i i i i i i i i i i i i i i	i i i i i i i i i i i i i i i i i i i	i i i i i i i i		
M4. Mobile Food Operation M5. Temporary Food Establishment M6. Public Market; Farmers Market M7. Residential Kitchen; Bed-and-Breakfast Operation M8. Residential Kitchen: Cottage Food Operation	i i i i i i i i i i i i i i i i i i i	i i i i i i i i i i	i i i i i i i i i i i i i i i i i i i	i i i i i i i i i i i i i i i i i i i		
M4. Mobile Food Operation M5. Temporary Food Establishment M6. Public Market; Farmers Market M7. Residential Kitchen; Bed-and-Breakfast Operation M8. Residential Kitchen: Cottage Food Operation M9. School Kitchen; USDA Nutrition Program	i i i i i i i i i i i i i i i i i i i	i i i i i i i i i i i i i i i i i i i	i i i i i i i i i i i i i i i i i i i	i i i i i i i i i i i i i i i i i i i		
M4. Mobile Food Operation M5. Temporary Food Establishment M6. Public Market; Farmers Market M7. Residential Kitchen; Bed-and-Breakfast Operation M8. Residential Kitchen: Cottage Food Operation M9. School Kitchen; USDA Nutrition Program M10. Leased Commercial Kitchen M11. Innovative Operation	i i i i i i i I I I	i i i i i i i i OUT	i i i i i i i i N/O	i i i i i i i N/A	 	
M4. Mobile Food Operation M5. Temporary Food Establishment M6. Public Market; Farmers Market M7. Residential Kitchen; Bed-and-Breakfast Operation M8. Residential Kitchen: Cottage Food Operation M9. School Kitchen; USDA Nutrition Program M10. Leased Commercial Kitchen	i	i i i i i i i out	i i i i i i i i i i i i i i i i i i i	i i i i i i i i i i i i i i i i i i i	 	 REPEA

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Discussion with Person-in-Charge

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Food Establishment Inspection Report Fail Notes Summary

Code	Text
3. Management, food	d employee and conditional employee; knowledge, responsibilities and reporting
	See Footnote 1 at end of questionnaire.
5. Procedures for res	sponding to vomiting and diarrheal events
This item has Notes.	See Footnote 2 at end of questionnaire.
22. Proper cold holdi	
This item has Notes.	See Footnote 3 at end of questionnaire.
	contact surfaces cleanable, properly designed, constructed & used
4-101.11(B)-(D)	Core; Characteristics-Materials for Construction and Repair
	may not allow the migration of deleterious substances or impart colors, odors, or tastes to FOOD and
	under normal use conditions shall be:
	(B) Durable, CORROSION-RESISTANT, and nonabsorbent;
	(C) Sufficient in weight and thickness to withstand repeated WAREWASHING;
	(D) Finished to have a SMOOTH, EASILY CLEANABLE surface; and
	(E) Resistant to pitting, chipping, crazing, scratching, scoring, distortion, and decomposition.
Addl Notes:	
	prep surface and food while inline unit top is open]
	<u></u>
48. Warewashing fac	cilities: installed, maintained, & used; test strips
4-302.14	Priority Foundation; Sanitizing Solutions, Testing Devices
	A test kit or other device that accurately measures the concentration in MG/L of SANITIZING
	solutions shall be provided.
Addl Notes:	[Quat ammonia test strips needed for the sani tab sanitizer tablets.]
71001110100.	
52 Sewage and was	ste water properly disposed
	See Footnote 4 at end of questionnaire.

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Inspector

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Footnote 1

Notes:

Employee Health Reporting form / agreement was given onsite during inspection. Establishment to ensure all staff have read and signed their own form. Form to be made available during inspections.

Footnote 2

Notes:

Establishment has a clean up kit onsite. Procedure for response to incident given on site during inspection. Owner to fill out procedure and train staff on response and where the kit is located.

Footnote 3

Notes:

Refrigerator drawers under grill / unit display is higher than actual temperature. Check internal temps of food while cold holding to ensure food is being held at 41F or less.

Footnote 4

Notes:

Discussion on Grease trap cleaning frequency for trap connected to the 3 bay sink. Please check the trap to this month (May) to see if it needs to be cleaned. It was stated it has not been done in 18 months. Recommend cleaning once a year being seasonal.

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