

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: 6/27/2023 Business ID: B2000006 Inspection: B2000007

Business: Sleigh City Pizza Permit #:

> 145A North Main Street Phone: 774-922-0779 Inspector: 01 Andrea Crete

Belchertown, MA 01007 Reason: 03. Pre-operation Next Inspection on or near: 9/25/2023

Results: Follow-up 90 days

Time In / Time Out

THINE HIT THINE C	/ut						
Date	In	Out	Insp	Travel	Total	Mileage	Notes
06/27/23	10:00 AM	10:45 AM	0:45	0:00	0:45	0	
Total:			0.45	0.00	0.45	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 Eric Jolin				_				Risk	Cate	gory _	
Certified Food Protection Manager	Eric Jolin						CFPM	Ехр [Date	<u>11/11/</u>	2024_
Certified Allergy Trained Name	Eric Jolin						Allergy	/ Ехр	Date	12/06/	2025_
Certified ChokeSaver Name						Ch	okeSav	er Exp	Date)	
Permit	In j	Out	i								
Inspection Report	In j	Out	i								
FOODBORNE ILLNESS RISK FACTOR	RS AND PUBLIC	HEAL	TH II	NTERVE	NTIONS						
Compliance status: IN = in compliance	e OUT = not in o	compli	ance	e N/O =	not obser	ved N/A	= not a	pplica	ble		
Marked in appropriate box for COS and	d/or R. COS =	corre	cted	on-site	during insp	pection F	R = repe	eat vic	olation	ı	
Risk factors are improper practices or injury. Public Health Interventions are								rs of f	oodbo	orne illi	ness or
Supervision						IN	OUT	N/O	N/A	cos	REPEAT
1. Person-in-charge present, dem	onstrates knowle	dge, a	nd p	erforms	duties	¤	i	i	i		
2. Certified Food Protection Mana	ager					¤	i	i	i		••

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Food Establishment Inspection Report

Food Establishment Inspection	n Rep	ort				
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		••
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		
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		• •
This item has Notes. See Footnote 1 at end of questionnaire.						
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

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Food Establishment Inspection Report

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	¤		
OOD RETAIL DRACTICES						

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

 33. Proper cooling methods used; adequate equipment for temperature control 34. Plant food properly cooked for hot holding 35. Approved thawing methods used 36. Thermometers provided and accurate 	IN ¤	OUT	N/O	NI/A		
31. Water & ice from approved source 32. Variance obtained for specialized processing methods Food Temperature Control 33. Proper cooling methods used; adequate equipment for temperature control 34. Plant food properly cooked for hot holding 35. Approved thawing methods used 36. Thermometers provided and accurate	¤			14//	COS	REPEA
32. Variance obtained for specialized processing methods Food Temperature Control 33. Proper cooling methods used; adequate equipment for temperature control 34. Plant food properly cooked for hot holding 35. Approved thawing methods used 36. Thermometers provided and accurate Food Identification		ı	i	i		••
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35. Approved thawing methods used 36. Thermometers provided and accurate Food Identification	i	i	i	i		••
36. Thermometers provided and accurate Food Identification	i	i	i	i		••
Food Identification	i	i	i	i		••
	i	i	i	i		••
37. Food properly labeled; original container	IN	OUT	N/O	N/A	cos	REPEA
	i	i	i	i		••
Prevention of Food Contamination	IN	OUT	N/O	N/A	cos	REPEA
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	REPEA
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		OU	T N/C	O N/A	A OS	REPEA
47. Food & non-food contact surfaces cleanable, properly designed, constructed & used	IN					
48. Warewashing facilities: installed, maintained, & used; test strips	IN i	i	İ	i	••	

Inspector

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Food Establishment Inspection	Rep	ort				
Utensils, Equipment and Vending	IN	OUT	N/C	N/A	os	REPEAT
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	••	••
This item has Notes. See Footnote 2 at end of questionnaire.						
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	i		• •
56. Adequate ventilation & lighting; designated areas used	i	i	i	i		
MASSACHUSETTS ONLY REGULATIONS						
Rules 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		••

Discussion with Person-in-Charge

L2. Other

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Food Establishment Inspection Report Fail Notes Summary

Code Text	
25. Consumer advisory provided for	raw / undercooked foods
This item has Notes. See Footnote 1 at	end of questionnaire.
50. Hot & cold water available; adec	quate pressure
This item has Notes. See Footnote 2 at	end of questionnaire

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Food Establishment Inspection Report

Footnote 1

Notes:

Next time you have the menu's re done enusre that the asterick for foods that can be undercooked is also next to the footnote on consumer advisory for raw or undercooked foods.

Footnote 2

Notes:

Hot water tested at 135+F; ensure it is 100-110F to prevent burns

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