



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: 7/19/2023
Business: Dominos
 124 West St.
 Ware, MA 01082

Business ID: Q3000017

Inspection: Q2000010
Permit #:
Phone: 413-277-6260
Inspector: 01 Andrea Crete
Reason: 01. Routine
Next Inspection on or near: 1/15/2024

Results: Next Routine 180

Time In / Time Out

| Date | In | Out | Insp | Travel | Total | Mileage | Notes |
|---------------|----------|----------|------|--------|-------|---------|-------|
| 07/19/23 | 12:40 PM | 02:50 PM | 2:10 | 0:00 | 2:10 | 0 | |
| Total: | | | 2:10 | 0:00 | 2:10 | 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 Steven Gagnon Risk Category Medium

Certified Food Protection Manager Steven Gagnon CFPM Exp Date 06/16/2023

Certified Allergy Trained Name Steven Gagnon Allergy Exp Date 03/05/2025

Certified ChokeSaver Name _____ ChokeSaver Exp Date _____

Permit In Out

Inspection Report In Out

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 R = repeat violation

Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public 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 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Certified Food Protection Manager | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Andrea Crete
 Inspector

 Acknowledged Receipt : Steven Gagnon

Food Establishment Inspection Report

| 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 | p | .. |
| 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 | .. | .. |
| <i>This item has Notes. See Footnote 1 at end of questionnaire.</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 | ⊠ | .. | .. |
| 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 |

Inspector 

Acknowledged Receipt : Steven Gagnon

Food Establishment Inspection Report

| | | | | | | |
|---|----|-----|-----|-----|-----|--------|
| Food/Color Additives and Toxic Substances | IN | OUT | N/O | N/A | COS | REPEAT |
|---|----|-----|-----|-----|-----|--------|

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|--|---|---|---|---|----|----|
| 27. Food additives: approved and properly used | i | i | i | ☒ | .. | .. |
|--|---|---|---|---|----|----|

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|---|---|---|---|---|----|----|
| 28. Toxic substances identified, stored, and used | ☒ | i | i | i | .. | .. |
|---|---|---|---|---|----|----|

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| Conformance with Approved Procedures | IN | OUT | N/O | N/A | COS | REPEAT |
|--------------------------------------|----|-----|-----|-----|-----|--------|

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|---|---|---|---|---|----|----|
| 29. Compliance with variance / specialized process / HACCP Plan | i | i | i | ☒ | .. | .. |
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|-----------------------|
| 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 |
|---------------------|----|-----|-----|-----|-----|--------|

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|--|---|---|---|---|----|----|
| 30. Pasteurized eggs used where required | ☒ | i | i | i | .. | .. |
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|--------------------------------------|---|---|---|---|----|----|
| 31. Water & ice from approved source | i | i | i | i | .. | .. |
|--------------------------------------|---|---|---|---|----|----|

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|--|---|---|---|---|----|----|
| 32. Variance obtained for specialized processing methods | i | i | i | ☒ | .. | .. |
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|--------------------------|----|-----|-----|-----|-----|--------|
| Food Temperature Control | IN | OUT | N/O | N/A | COS | REPEAT |
|--------------------------|----|-----|-----|-----|-----|--------|

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|---|---|---|---|---|----|----|
| 33. Proper cooling methods used; adequate equipment for temperature control | ☒ | i | i | i | .. | .. |
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|--|---|---|---|---|----|----|
| 34. Plant food properly cooked for hot holding | i | i | i | ☒ | .. | .. |
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|-----------------------------------|---|---|---|---|----|----|
| 35. Approved thawing methods used | i | i | i | ☒ | .. | .. |
|-----------------------------------|---|---|---|---|----|----|

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|--|---|---|---|---|----|----|
| 36. Thermometers provided and accurate | i | ☒ | i | i | .. | .. |
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|---------------------|----|-----|-----|-----|-----|--------|
| Food Identification | IN | OUT | N/O | N/A | COS | REPEAT |
|---------------------|----|-----|-----|-----|-----|--------|

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|---|---|---|---|---|----|----|
| 37. Food properly labeled; original container | i | i | i | i | .. | .. |
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|----------------------------------|----|-----|-----|-----|-----|--------|
| Prevention of Food Contamination | IN | OUT | N/O | N/A | COS | REPEAT |
|----------------------------------|----|-----|-----|-----|-----|--------|

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|---|---|---|---|---|----|---|
| 38. Insects, rodents, & animals not present | i | ☒ | i | i | .. | p |
|---|---|---|---|---|----|---|

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|--|---|---|---|---|----|----|
| 39. Contamination prevented during food preparation, storage and display | i | i | i | i | .. | .. |
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|--------------------------|---|---|---|---|----|----|
| 40. Personal cleanliness | i | i | i | i | .. | .. |
|--------------------------|---|---|---|---|----|----|

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|---|---|---|---|---|----|----|
| 41. Wiping cloths; properly used and stored | i | i | i | i | .. | .. |
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|---------------------------------|---|---|---|---|----|----|
| 42. Washing fruits & vegetables | i | i | i | i | .. | .. |
|---------------------------------|---|---|---|---|----|----|

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|------------------------|----|-----|-----|-----|-----|--------|
| Proper Use of Utensils | IN | OUT | N/O | N/A | COS | REPEAT |
|------------------------|----|-----|-----|-----|-----|--------|

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|-------------------------------------|---|---|---|---|---|----|
| 43. In-use utensils properly stored | i | ☒ | i | i | p | .. |
|-------------------------------------|---|---|---|---|---|----|

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|---|---|---|---|---|----|----|
| 44. Utensils, equipment & linens: properly stored, dried, & handled | i | i | i | i | .. | .. |
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| 45. Single-use/ single service articles: properly stored and used | i | i | i | i | .. | .. |
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| 46. Gloves used properly | i | i | i | i | .. | .. |
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| Utensils, Equipment and Vending | IN | OUT | N/O | N/A | OS | REPEAT |
|---------------------------------|----|-----|-----|-----|----|--------|

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| 47. Food & non-food contact surfaces cleanable, properly designed, constructed & used | i | i | i | i | .. | .. |
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| 48. Warewashing facilities: installed, maintained, & used; test strips | i | i | i | i | .. | .. |
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Inspector

Acknowledged Receipt : Steven Gagnon

Food Establishment Inspection Report

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|---------------------------------|----|-----|-----|-----|----|--------|
| Utensils, Equipment and Vending | IN | OUT | N/O | N/A | OS | REPEAT |
|---------------------------------|----|-----|-----|-----|----|--------|

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|-------------------------------------|---|---|---|---|----|----|
| 49. Non-food contact surfaces clean | i | i | i | i | .. | .. |
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|---------------------|----|-----|-----|-----|-----|--------|
| Physical Facilities | IN | OUT | N/O | N/A | COS | REPEAT |
|---------------------|----|-----|-----|-----|-----|--------|

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|---|---|---|---|---|----|----|
| 50. Hot & cold water available; adequate pressure | i | i | i | i | .. | .. |
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|---|---|---|---|---|----|----|
| 51. Plumbing installed; proper backflow devices | i | i | i | i | .. | .. |
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|--|---|---|---|---|----|----|
| 52. Sewage and waste water properly disposed | i | i | i | i | .. | .. |
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|--|---|---|---|---|----|----|
| 53. Toilet features: properly constructed, supplied, & cleaned | i | i | i | i | .. | .. |
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|---|---|---|---|---|----|----|
| 54. Garbage & refuse properly disposed; facilities maintained | i | i | i | i | .. | .. |
|---|---|---|---|---|----|----|

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|--|---|---|---|---|----|---|
| 55. Physical facilities installed, maintained, & clean | i | x | i | i | .. | p |
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|--|---|---|---|---|----|----|
| 56. Adequate ventilation & lighting; designated areas used | i | i | i | i | .. | .. |
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| MASSACHUSETTS ONLY REGULATIONS |
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Rules and Regulations adopted for use in Massachusetts only.

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|---|----|-----|-----|-----|-----|--------|
| Additional Requirements listed in 105 CMR 590.011 | IN | OUT | N/O | N/A | COS | REPEAT |
|---|----|-----|-----|-----|-----|--------|

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| M1. Anti-choking procedures in food service establishment | i | i | i | x | .. | .. |
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| M2. Food allergy awareness | x | i | i | i | .. | .. |
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|---|----|-----|-----|-----|-----|--------|
| Review of Retail Operations listed in 105 CMR 590.010 | IN | OUT | N/O | N/A | COS | REPEAT |
|---|----|-----|-----|-----|-----|--------|

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| M3. Caterer | i | i | i | i | .. | .. |
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|---------------------------|---|---|---|---|----|----|
| M4. Mobile Food Operation | i | i | i | i | .. | .. |
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|----------------------------------|---|---|---|---|----|----|
| M5. Temporary Food Establishment | i | i | i | i | .. | .. |
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|-----------------------------------|---|---|---|---|----|----|
| M6. Public Market; Farmers Market | i | i | i | i | .. | .. |
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|--|---|---|---|---|----|----|
| M7. Residential Kitchen; Bed-and-Breakfast Operation | i | i | i | i | .. | .. |
|--|---|---|---|---|----|----|

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|---|---|---|---|---|----|----|
| M8. Residential Kitchen: Cottage Food Operation | i | i | i | i | .. | .. |
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|--|---|---|---|---|----|----|
| M9. School Kitchen; USDA Nutrition Program | i | i | i | i | .. | .. |
|--|---|---|---|---|----|----|

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|--------------------------------|---|---|---|---|----|----|
| M10. Leased Commercial Kitchen | i | i | i | i | .. | .. |
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|---------------------------|---|---|---|---|----|----|
| M11. Innovative Operation | i | i | i | i | .. | .. |
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|--------------------|----|-----|-----|-----|-----|--------|
| Local Requirements | IN | OUT | N/O | N/A | COS | REPEAT |
|--------------------|----|-----|-----|-----|-----|--------|

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|-----------------------------|---|---|---|---|----|----|
| L1. Local law or regulation | i | i | i | i | .. | .. |
|-----------------------------|---|---|---|---|----|----|

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|-----------|---|---|---|---|----|----|
| L2. Other | i | i | i | i | .. | .. |
|-----------|---|---|---|---|----|----|

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| Discussion with Person-in-Charge |
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Inspector

Acknowledged Receipt : Steven Gagnon

Food Establishment Inspection Report
Fail Notes Summary

| Code | Text |
|---|--|
| 2. Certified Food Protection Manager | |
| 2-102.12(A) | Core; Certified Food Inspection Manager on site has expired certification. |
| 3. Management, food employee and conditional employee; knowledge, responsibilities and reporting | |
| 2-201.11(A),(C) | Priority; No employee health reporting documentation on file. Form given to Plerson In Charge on site during inspection. |
| 5. Procedures for responding to vomiting and diarrheal events | |
| 2-501.11 | Priority Foundation; Bodily fluid cleanup kit lacking contents that are needed. No cleanup procedure for vomit and diarrhea on site. Procedure template given during inspection. |
| 15. Food separated and protected | |
| 3-302.11(A)(3-8)(B) | Core; Pizza sauce containers being stored without lids. sauce in use on counter. Please cover. |
| 22. Proper cold holding temperatures | |
| This item has Notes. See Footnote 1 at end of questionnaire. | |
| 36. Thermometers provided and accurate | |
| 4-204.112(A)-(D) | Core; Internal thermometer for inline unit missing. Please add one to verify unit is keeping cold at 41F or less. Ambient air temperature at 38F. |
| 38. Insects, rodents, & animals not present | |
| 6-202.15 | Core; Ceiling tiles above three bay sink has large openings to accommodate infiltration by pests. |
| 43. In-use utensils properly stored | |
| 3-304.12 | Core; Cornmeal scoop laying onto product. Scoop needs to be stored with handle up and out of product. |
| 55. Physical facilities installed, maintained, & clean | |
| 6-501.11 | Core; There is an unfinished space behind the back door with missing ceiling tiles and gaps around the exterior door that allow insect/pest entrance. Please deny access. |


Inspector


Acknowledged Receipt : Steven Gagnon

Food Establishment Inspection Report

Footnote 1

Notes:

cooked chicken top inline unit cooler 40F



Inspector

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