

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:
 7/31/2023
 Business ID:
 q3000003
 Inspection:
 Q2000016

Business: BP Permit #: 18 West St. Phone: 4

18 West St.

Phone: 413-967-4403
Inspector: 01 Andrea Crete
Ware, MA 01082

Reason: 03. Pre-operation

Next Inspection on or near: 8/10/2023

Results: Follow-up 10 days

Time In / Time Out

Date	In	Out	Insp	Travel	Total	Mileage	Notes
08/01/23	12:05 PM	12:35 PM	0:30	0:00	0:30	0	
Total:			0:30	0:00	0:30	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 <u>Viraikumar N. Patei</u>				-				KISK	Caleg	ory <u>L</u>	JW
Certified Food Protection Manager						-	CFPM	Ехр [Date		
Certified Allergy Trained Name						-	Allergy	⁄ Ехр	Date		
Certified ChokeSaver Name						Cho	keSav	er Exp	Date		
Permit	In j	Out	i								
Inspection Report	In i	Out	i								
FOODBORNE ILLNESS RISK FACTORS AN	ND PUBLIC	HEAL	TH IN	TERVEN	TIONS						
Marked in appropriate box for COS and/or R Risk factors are improper practices or proce njury. Public Health Interventions are contro	dures ident	ified a	s the	most pre	valent contr	ibuting	g facto				ness or
Supervision						IN	OUT	N/O	N/A	cos	REPEAT
1. Person-in-charge present, demonstra	ates knowle	dge, a	nd pe	rforms du	ities	¤	i	i	i		••
2. Certified Food Protection Manager						i	i	i	¤		

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1 000 Establishment inspection	IVC	OIL				
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		••
This item has Notes. See Footnote 2 at end of questionnaire.						
5. Procedures for responding to vomiting and diarrheal events	¤	İ	İ	İ		
This item has Notes. See Footnote 3 at end of questionnaire.	INI	OUT	N/O	NI/A	000	DEDEAT
Good Hygienic Practices	IN	OUT	N/O	IN/A		REPEAT
6. Proper eating, tasting, drinking, or tobacco use	i	i	¤	Ì		
7. No discharge from eyes, nose, and mouth	¤	İ	İ	İ		
Preventing Contamination by Hands	IN	OUT	N/O	N/A	cos	REPEAT
8. Hands clean & properly washed	i	i	¤	İ	••	
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	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 4 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	¤		

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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 Pla	an j	i	i	¤		••
GOOD RETAIL PRACTICES						
Good Retail Practices are preventative measures to control the addit foods. IN = In compliance OUT = not in compliance COS - corrected on -						
Safe Food and Water	IN					REPEAT
30. Pasteurized eggs used where required	i	:	:	:		
31. Water & ice from approved source	ı	 	 	:		
32. Variance obtained for specialized processing methods	ı	! :	:	:		
Food Temperature Control	IN	OUT	I N/O	I NI/A	200	REPEAT
33. Proper cooling methods used; adequate equipment for temp		:	:	:		
34. Plant food properly cooked for hot holding	i i	 	 	:		
35. Approved thawing methods used	ı	! :	:	:		
		! :	:	:		
36. Thermometers provided and accurate	I	OUT	I N/O	I NI/A	COS	DEDEAT
Food Identification	IN					REPEAT
37. Food properly labeled; original container	I		I N/O	I NI/A	COS	DEDEAT
Prevention of Food Contamination	IN	:	IN/O	IN/A		REPEAT
38. Insects, rodents, & animals not present						
39. Contamination prevented during food preparation, storage at	id display		I			
40. Personal cleanliness	I .		I			
41. Wiping cloths; properly used and stored	I .			I		
42. Washing fruits & vegetables	i nu	i ou -	İ	1	000	DEDE 4 T
Proper Use of Utensils	IN .			N/A	COS	REPEAT
43. In-use utensils properly stored	i	İ	İ	İ		
44. Utensils, equipment & linens: properly stored, dried, & handle	j be	i	i	i		

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46. Gloves used properly

Utensils, Equipment and Vending

45. Single-use/ single service articles: properly stored and used

Acknowledged Receipt : Viralkumer Patel

IN OUT N/O N/A OS REPEAT

Utensils, Equipment and Vending	IN		ΓN/C	N/A	A OS	REPEAT
47. Food & non-food contact surfaces cleanable, properly designed, constructed & used	i	i	i	i		
48. Warewashing facilities: installed, maintained, & used; test strips	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		
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		• •
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	¤	••	
M2. Food allergy awareness Review of Retail Operations listed in 105 CMR 590.010	i IN	i OUT	i N/O	¤ N/A	cos	REPEAT
·	i IN i	i OUT i	i N/O i		cos	REPEAT
Review of Retail Operations listed in 105 CMR 590.010		i OUT i i	i N/O i i		COS	
Review of Retail Operations listed in 105 CMR 590.010 M3. Caterer		i OUT i i	i N/O i i		COS	
Review of Retail Operations listed in 105 CMR 590.010 M3. Caterer M4. Mobile Food Operation		i OUT i i i	i N/O i i i		 COS 	
Review of Retail Operations listed in 105 CMR 590.010 M3. Caterer M4. Mobile Food Operation M5. Temporary Food Establishment		i OUT i i i	i N/O i i i i		 cos 	
Review of Retail Operations listed in 105 CMR 590.010 M3. Caterer M4. Mobile Food Operation M5. Temporary Food Establishment M6. Public Market; Farmers Market		i OUT i i i i i	i N/O i i i i		 COS 	
Review of Retail Operations listed in 105 CMR 590.010 M3. Caterer M4. Mobile Food Operation M5. Temporary Food Establishment M6. Public Market; Farmers Market M7. Residential Kitchen; Bed-and-Breakfast Operation		i OUT i i i i i i	i N/O i i i i i		 COS 	
Review of Retail Operations listed in 105 CMR 590.010 M3. Caterer 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 OUT i i i i i i i i	i N/O i i i i i i		 cos 	

Discussion with Person-in-Charge

L1. Local law or regulation

Local Requirements

L2. Other

Recommended moving tobacco products away from self service soda machine location and installing barrier between cashier area and customer area.

Inspector

Acknowledged Receipt : Viralkumer Patel

IN OUT N/O N/A COS REPEAT

Food Establishment Inspection Report Fail Notes Summary

Text
od employee and conditional employee; knowledge, responsibilities and reporting
s. See Footnote 1 at end of questionnaire.
estriction & Exclusion
s. See Footnote 2 at end of questionnaire.
esponding to vomiting and diarrheal events
s. See Footnote 3 at end of questionnaire.
urfaces: cleaned & sanitized
Priority; Soda and cappuccino machines have not been used for an unknown amount of time. Both
machines need to be thoroughly cleaned and sanitized prior to use.
ding temperatures
s. See Footnote 4 at end of questionnaire.
acilities: installed, maintained, & used; test strips
Priority Foundation; Three bay sink being used for storage. Remove items and use only for washing,
rinsing, and sanitizing.
Priority Foundation; No test strips onsite for sanitizer solution.
ct surfaces clean
Core; Fans in walk in cooler have a build up of dust and debris. Clean thoroughly.
properly constructed, supplied, & cleaned
Core; trash receptacle in restroom needs a cover.
Coro, macri rocopiacio in rocale di mode a coveri
es installed, maintained, & clean
Core; Mop not hung up properly. Hang to dry after use.
Core; Holes in floor by entrance to walk in cooler where ATM used to be, and holes and gaps in the
wall in the back room need to be sealed.

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Footnote 1 Notes: N/A Footnote 2 Notes: N/A Footnote 3 Notes: N/A Footnote 4

Notes:

Ambient Air temp in walk in unit 35F

Inspector