

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: 9/5/2023 Business ID: B3000005 Inspection: B3000087

Business: Pride Permit #:

165 State St.

Phone: 413-213-1202
Inspector: 03 John Prenosil

Belchertown, MA 01007 Reason: 01. Routine

Next Inspection on or near: 9/15/2023

Risk Category Medium

Results: Follow-up 10 days

PIC Name Lauren White

Time In / Time Out

THILD HIT THILD C	ut						
Date	In	Out	Insp	Travel	Total	Mileage	Notes
09/05/23	08:35 AM	10:00 AM	1:25	0:00	1:25	0	
Total:			1:25	0:00	1:25	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).

Certified Food Protection Manager <u>Lauren White</u>			CFPM Exp Date <u>06/12/2024</u>						
Certified Allergy Trained Name <u>Laure</u>	_	Allergy Exp Date <u>08/19/2026</u>							
Certified ChokeSaver Name		_ Cho	okeSav	er Ex	p Date	<u> </u>			
Permit Posted	In ¤ Out j								
Inspection Report Available	e In ¤ Out j								
FOODBORNE ILLNESS RISK FACTORS AND	PUBLIC HEALTH INTERVENTIONS								
Compliance status: IN = in compliance OUT	= not in compliance N/O = not observed	N/A =	not app	olicab	le				
Marked in appropriate box for COS and/or R.	COS = corrected on-site during inspection	n R=	repea	t viola	ation				
Risk factors are improper practices or proced Public Health Interventions are control measur			factors	of foo	odbori	ne illne	ess or injur	y.	
Supervision		IN	OUT	N/O	N/A	cos	REPEAT		
Person-in-charge present, demonstrat	es knowledge, and performs duties	¤	i	i	i		••		
2. Certified Food Protection Manager		¤	i	i	i				
Inspector	Acknowledged Receipt :							Page 1 of	

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	İ		
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	••	••
This item has Notes. See Footnote 1 at end of questionnaire.						
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	~	ı	ı	ı		
16. Food-contact surfaces: cleaned & sanitized 17. Proper disposition of returned, previously served reconditions, & unsafe food	¤	i	i	i		• •
		i OUT	i N/O	i N/A	 COS	 REPEAT
17. Proper disposition of returned, previously served reconditions, & unsafe food	¤	i OUT i	i N/O ¤	i N/A i	 COS 	REPEAT
17. Proper disposition of returned, previously served reconditions, & unsafe food Time/Temperature Control for Safety	¤	i OUT i i		i N/A i	cos 	REPEAT
17. Proper disposition of returned, previously served reconditions, & unsafe food Time/Temperature Control for Safety 18. Proper cooking time & temperatures	¤	i OUT i i i	¤	i N/A i i	COS	REPEAT
17. Proper disposition of returned, previously served reconditions, & unsafe food Time/Temperature Control for Safety 18. Proper cooking time & temperatures 19. Proper reheating procedures for hot holding	¤	i OUT i i i	¤	i N/A i i i	 COS 	REPEAT
17. Proper disposition of returned, previously served reconditions, & unsafe food Time/Temperature Control for Safety 18. Proper cooking time & temperatures 19. Proper reheating procedures for hot holding 20. Proper cooling time and temperature	¤	i OUT i i i i	a a	i N/A i i i i	 COS 	REPEAT
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Food Establishment Inspection Report

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Food/Color Additives and Toxic Substances	IN	OUT	N/O	N/A	cos	REPEAT
27. Food additives: approved and properly used	i	i	İ	¤		••
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	micals	s, and _l	physic	cal ob	jects i	nto foods.
IN = In compliance OUT = not in compliance COS - corrected on -site during inspection	REF	PEAT =	= repe	at vio	lation	
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		
39. Contamination prevented during food preparation, storage and display	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	os	REPEAT
47. Food & non-food contact surfaces cleanable, properly designed, constructed & use	ed İ	i	i	i		
48. Warewashing facilities: installed, maintained, & used; test strips	İ	İ	İ	i		

Inspector Acknowledged Receipt :

Food Establishment Inspection Report Utensils, Equipment and Vending OUT N/O N/A OS REPEAT 49. Non-food contact surfaces clean **Physical Facilities** OUT N/O N/A COS REPEAT 50. Hot & cold water available; adequate pressure 51. Plumbing installed; proper backflow devices 52. Sewage and waste water properly disposed 53. Toilet features: properly constructed, supplied, & cleaned 54. Garbage & refuse properly disposed; facilities maintained 55. Physical facilities installed, maintained, & clean 56. Adequate ventilation & lighting; designated areas used MASSACHUSETTS ONLY REGULATIONS Rules and Regulations adopted for use in Massachusetts only. Additional Requirements listed in 105 CMR 590.011 OUT N/O N/A COS REPEAT M1. Anti-choking procedures in food service establishment M2. Food allergy awareness Review of Retail Operations listed in 105 CMR 590.010 OUT N/O N/A COS REPEAT M3. Caterer M4. Mobile Food Operation M5. Temporary Food Establishment M6. Public Market; Farmers Market

L2. Other Discussion with Person-in-Charge

Local Requirements

M11. Innovative Operation

L1. Local law or regulation

M10. Leased Commercial Kitchen

M7. Residential Kitchen; Bed-and-Breakfast OperationM8. Residential Kitchen: Cottage Food OperationM9. School Kitchen; USDA Nutrition Program

Reviewed proper date marking procedures. Ready to eat, time/temperature control for safety foods must be discarded 7 days or less from prep date.

Inspector	Acknowledged Receipt :	Page 4 of 6

OUT N/O N/A COS REPEAT

Food Establishment Inspection Report Fail Notes Summary

Code	Text					
5. Procedures for respon	nding to vomiting and diarrheal events					
2-501.11	Priority Foundation; No written procedure. kit Only. Procedure template provided to PIC onsite.					
	ning sinks properly supplied and accessible					
	Footnote 1 at end of questionnaire.					
5-202.12(A)	Priority Foundation; Both handwashing sinks do not reach the minimu required temperature of 100F.					
6-301.14	Core; Handwashing sink in back does not have a sign that indicates "handwashing only"					
15. Food separated and						
3-302.11(A)(3-8)(B)	Core; Racks above 3-bay sink have accumulation of grease and debris. Please clean.					
3-304.11	Priority;					
22. Proper cold holding						
This item has Notes. See	Footnote 2 at end of questionnaire.					
23. Proper date marking						
3-501.17(D)-(G)	Core; Improper date marking system being used. Products being marked with prep date, not throw out/discard date.					
3-501.18	Priority; Raw chicken in upright cooler and condiments in bain marie past discard dates. Discard.					
39. Contamination prevented during food preparation, storage and display						
3-305.14	Core; Several boxes of food in upright freezer unit partially uncovered. Ensure that all food items					
	are covered.					
49. Non-food contact su	ırfaces clean					
4-602.13	Core; Inside portion of batter table has accumulation of debris. Please clean.					

Inspector Acknowledged Receipt : Page 5 of 6

Food Establishment Inspection Report

Footnote 1

Notes:

Handwashing sink in back 94F Handwashing sink in front 75F

Footnote 2

Notes:

hot peppers in bain marie - 37F tomatoes in bain marie - 37F salami in front deli case - 41F

Inspector	Acknowledged Receipt:	Page 6 of 6