

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: 11/15/2023 **Business ID**: B3000048 **Inspection**: B3000108

Business: Oak & Ash Farm Permit #:

243 Allen Road Phone: 413-324-8488 Inspector: 03 John Prenosil

Belchertown, MA 01007 Reason: 01. Routine

Next Inspection on or near: 5/13/2024

Risk Category ___

Results: Next Routine 180

PIC Name Lindsey Baird

Time In / Time Out

THILD HIT THILD C	ut						
Date	In	Out	Insp	Travel	Total	Mileage	Notes
11/15/23	10:00 AM	10:20 AM	0:20	0:00	0:20	0	
Total:			0:20	0:00	0:20	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							CFPM Exp Date								
Certified Allergy Trained Name		Allergy Exp Date													
Certified ChokeSaver Name					Cho	keSav	er Ex	o Date)						
Permit Posted In j	Out	i													
Inspection Report Available In j	Out	i													
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC H	EALT	H IN	TERVENTIO	ONS											
Compliance status: IN = in compliance OUT = not in co	mplia	nce	N/O = not c	bserved N	/A = ı	not app	olicab	le							
Marked in appropriate box for COS and/or R. COS = c	orrect	ted c	n-site durin	g inspection	R =	repea	t viola	ition							
Risk factors are improper practices or procedures identifi Public Health Interventions are control measures to preve					iting f	actors	of foc	dborr	ne illne	ss or injury					
Supervision					IN	OUT	N/O	N/A	cos	REPEAT					
1. Person-in-charge present, demonstrates knowled	ge, an	ıd pe	rforms dutie	s	¤	i	i	i	••						
2. Certified Food Protection Manager					¤	i	i	i							
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Inspector Acknowledged Receipt : Lindsey Baird Page 1 of 6

Food Establishment inspection	ιν ο μ	OIL				
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	• •	
This item has Notes. See Footnote 1 at end of questionnaire.						
23. Proper date marking and disposition	i	i	i	İ	••	• •
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

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Inspector

Food/Color Additives and Toxic Substances			N/O	N/A	cos	REPEAT
27. Food additives: approved and properly used			i	¤	••	• •
28. Toxic substances identified, stored, and used	¤	i	i	i	••	• •
Conformance with Approved Procedures		OUT	N/O	N/A	cos	REPEAT
29. Compliance with variance / specialized process / HACCP Plan			i	¤		••
OOD 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	••	
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	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	İ	i	i		
48. Warewashing facilities: installed, maintained, & used; test strips	i	i	i	i	••	

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Acknowledged Receipt : Lindsey Baird

Page 3 of 6

Food Establishment Inspection Utensils, Equipment and Vending	Rep		- N/C) N/A	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		••
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	i	••	• •
M2. Food allergy awareness	i	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		••
L2. Other	i	i	i	i	••	

Discussion with Person-in-Charge

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Inspector Acknowledged Receipt : Lindsey Baird Page 4 of 6

Food Establishment Inspection Report Fail Notes Summary

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Code	Text						
22. Proper cold holding temperatures							
This item ha	as Notes. See Footnote 1 at end of questionnaire.						

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Inspector Acknowledged Receipt : Lindsey Baird Page 5 of 6

Footnote 1

Notes:

dedicated refrigerator in basement - 39F

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Inspector Acknowledged Receipt : Lindsey Baird Page 6 of 6