

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: 4/11/2023 Business ID: B3000012 Inspection: B3000077

Business: VFW Permit #:

41 Pelham Rd. Phone: 413-563-7888 Inspector: 02 Sainath Palani

Belchertown, MA 01007 Reason: 01, Routine

Next Inspection on or near: 10/8/2023

Results: Next Routine 180

Time In / Time Out

THILD HIT THILD C	ut						
Date	In	Out	Insp	Travel	Total	Mileage	Notes
04/11/23	04:00 PM	04:50 PM	0:50	0:00	0:50	0	
Total:			0:50	0:00	0:50	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 Archie Archible						Risk Category Low CFPM Exp Date 06/11/2024 Allergy Exp Date 03/21/2027								
Certified Food Protection Manager Rachel Chagnon														
Certified Allergy Trained Name Rachel Chagnon														
Certified ChokeSaver Name						_ ChokeSaver Exp Date								
Permit Posted	In	¤	C	Out	i									
Inspection Report Av	vailable In	¤	(Out	i									
OODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS														
ompliance status: IN = in compliance OUT = not in compliance N/O = not observed N/A = not applicable														
larked 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. ublic 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, demo	onstrates kno	wled	dge	e, and	l pei	rforms o	duties		¤	i	i	i	••	
2. Certified Food Protection Manager							¤	i	i	i		••		

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Food Establishment hispection	Keh	ort				
Employee Health	IN	OUT	N/O	N/A	cos	REPEAT
3. Management, food employee and conditional employee; knowledge, responsibilities and reporting	¤	İ	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	••	
This item has Notes. See Footnote 2 at end of questionnaire.						
24. Time as a Public Health Control	İ	i	¤	İ	••	
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	i	••	

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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	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	¤		
GOOD RETAIL PRACTICES						
Good Retail Practices are preventative measures to control the addition of pathogens, ch	emicals	s. and	physic	cal ob	iects i	nto foods.
IN = In compliance OUT = not in compliance COS - corrected on -site during inspection					-	
in = in compliance OO1 = not in compliance CO3 - confected on -site during inspection	III IXLI	LAI.	- repe	at vic	nation	
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 & us	sed İ	i	i	i		••
48. Warewashing facilities: installed, maintained, & used; test strips	:	:	:			
To. Wardwashing lacinites. Instaneu, maintaineu, & useu, test strips	- 1	- 1	- 1	- 1		

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1 dea Establishment mopeetie		0				
Utensils, Equipment and Vending	IN	OUT	N/C	N/A	OS	REPEAT
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	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		
SSACHUSETTS ONLY REGULATIONS						
es 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	••	••
This item has Notes. See Footnote 3 at end of questionnaire.						
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		
			i	i		
M5. Temporary Food Establishment	i	- 1				
M5. Temporary Food Establishment M6. Public Market; Farmers Market	i i	i	i	i		
	i i i	i i	i i	i i		
M6. Public Market; Farmers Market	i i i i	i i i	i i i	i i i		
M6. Public Market; Farmers Market M7. Residential Kitchen; Bed-and-Breakfast Operation	i i i i	i i i i	i i i	i i i		
M6. Public Market; Farmers Market M7. Residential Kitchen; Bed-and-Breakfast Operation M8. Residential Kitchen: Cottage Food Operation	i i i i i	i i i i	i i i	i i i i i i i i		
M6. Public Market; Farmers Market M7. Residential Kitchen; Bed-and-Breakfast Operation M8. Residential Kitchen: Cottage Food Operation M9. School Kitchen; USDA Nutrition Program	i i i i i	i i i i i	i i i			
M6. Public Market; Farmers Market M7. Residential Kitchen; Bed-and-Breakfast Operation M8. Residential Kitchen: Cottage Food Operation M9. School Kitchen; USDA Nutrition Program M10. Leased Commercial Kitchen M11. Innovative Operation	i i i i i	i i i i i i OUT	i i i i i i i i i i i i i i i i i i i	i i	 	 REPEAT
M6. Public Market; Farmers Market M7. Residential Kitchen; Bed-and-Breakfast Operation M8. Residential Kitchen: Cottage Food Operation M9. School Kitchen; USDA Nutrition Program M10. Leased Commercial Kitchen	i i i i i i i i i	i i i i i i OUT i	i i i i i i i i i i i i i i i i i i i	i i	 COS	 REPEAT
M6. Public Market; Farmers Market M7. Residential Kitchen; Bed-and-Breakfast Operation M8. Residential Kitchen: Cottage Food Operation M9. School Kitchen; USDA Nutrition Program M10. Leased Commercial Kitchen M11. Innovative Operation Local Requirements	i i i i i IN i	i i i i i i i i i i i i i i i i i i i	i i i i i i i i i i i i i i i i i i i	i i N/A	 COS	 REPEAT

Recommend tying CO2 canisters to the wall\\ post certifications in kitchen or office

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Food Establishment Inspection Report Fail Notes Summary

Code	Text						
2. Certified Food Pro							
2-102.12(A)	Core; Kitchen manager is working on getting their Food protection manager certification, has a						
	food handler one presently						
	vashing sinks properly supplied and accessible						
6-301.12	Priority Foundation; Missing paper towels (COS)						
6-301.14	Core; Add sign to handwash sink noting it shall only be used for handwashing only. This sink is						
	likely not hooked up to the grease trap.						
	· · · · · · · · · · · · · · · · · · ·						
22. Proper cold hold	ling temperatures						
	See Footnote 1 at end of questionnaire.						
23. Proper date mar	king and disposition						
	See Footnote 2 at end of questionnaire.						
36. Thermometers p	provided and accurate						
4-204.112(A)-(D)	Core; Please add a secondary thermometer to the upright fridge that appears to be running a bit						
	warm (43F)						
	waiii (101)						
49. Non-food contac	t surfaces clean						
4-601.11(B),(C)	Core; Mounted can opener was soiled in dry storage area by kitchen// this should be washed,						
4-001.11(D),(C)	rinsed and sanitized						
	nnseu anu sanitizeu						
55 Physical facilities	s installed, maintained, & clean						
6-501.12							
0-301.12	Core; Floor below fryer was soiled with grease\\ floor beneath soda syrup boxes had syrup build						
	up, recommend adding a rubber mat under these boxes to clean easier						
6-501.11	Core; There appeared to be a slightly leaking overhead pipe in the storage room between the soda						
	syrup boxes and freezer						
M1. Anti-choking pro	ocedures in food service establishment						
[590.011(A)]	MA; Should have CPR or choke saver certified persons at large events\\ post this individuals						
(//	certifications in office and send a copy to our office						
	The second secon						
M2. Food allergy aw	/areness						
This item has Notes. See Footnote 3 at end of questionnaire.							

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Footnote 1

Notes:

Walkin fridge: 39f\\ upright fridge in the kitchen: 43F, monitor this fridge temperature\\ freezers were all working

Footnote 2

Notes:

Some prepared items were date labeled in the freezers

Footnote 3

Notes:

Post certifications in office

Inspector

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