Quabbin Health District (413)967-9615

Food Establishment Inspection Report - City/Town of Relatertown

. coa zotabnomioni mor	- eda Zetasheriment mepeetien report - ettyrrenn er - seterre						
Establishment: La Trettoria		Date: 5/8/24	Page	∋ 1 of <u></u>			
Address: 37 State Str	Time in: //: 45	Time out: /	2:48				
Telephone: 323-07-66	Permit No.:		Number of Violated Pr				
Owner: Italo Fali	· ·		to Foodborne Illne and Interventions (Item	5			
Person-in-charge: Ttelo Fe		Number of Repeat Violations Related					
Inspector: John M. F		to Foodborne Illne and Interventions (Item		0			
FOODBORNE IL	LNESS RISK FACTOR	S AND PUBLIC	HEALTH INTERVEN	ITIONS			
IN = in compliance OUT= out of compliance	N/O = not observed N/A =	not applicable CO	S = corrected on-site during	inspection R = re	peat violation		

	0 " 0 1	T		IT	T		_	
60000	Compliance Status	IN	OUT	N/A	N/O	cos	R	
	Supervision							
1	Person-in-charge present, demonstrates knowledge, and performs duties	V						
2	Certified Food Protection Manager	V						
	Employee Health							
3	Management, food employee and conditional employee; knowledge, responsibilities and reporting	V	//					
4	Proper use of restriction and exclusion	V						
5	Procedures for responding to vomiting and diarrheal events	V						
	Good Hygienic Practices							
6	Proper eating, tasting, drinking, or tobacco use	V						
7	No discharge from eyes, nose, and mouth	V						
	Preventing Contamination by Han	ıds	/	,				
8	Hands clean & properly washed	V						
9	No bare hand contact with ready-to-eat food	V		,				
10	Adequate handwashing sinks properly supplied and accessible	V						
	Approved Source							
11	Food obtained from approved source	V				/		
12	Food received at proper temperature							
13	Food received in good condition, safe, & unadulterated	V	1	記憶				
14	Required records available: shellstock tags, parasite destruction			V				

	Compliance Status	IN	ОИТ	N/A	N/O	cos	R
	Protection from Contamination						
15	Food separated and protected	V					
16	Food-contact surfaces; cleaned & sanitized		\otimes				
	Proper disposition of returned, previously served, reconditioned & unsafe food	レ	/				
	Time/Temperature Control for Saf	ety				/	
18	Proper cooking time & temperatures						
	Proper reheating procedures for hot holding		/	1	ン		
20	Proper cooling time and temperature	V		1			
21	Proper hot holding temperature	ت	7				
22	Proper cold holding temperature	レ	/				
23	Proper date marking and disposition		S		/		1
24	Time as a Public Health Control	(E)		レ			•
	Consumer Advisory						
25	Consumer advisory provided for raw / undercooked food	V					
	Highly Susceptible Populations						
26.	Pasteurized foods used; prohibited foods not offered	V					
	Food/Color Additives and Toxic Subs	tan	ces	;			
27	Food additives: approved & properly used			1			
28	Toxic substances properly identified, stored & used	V				*	
	Conformance with Approved Proced	lur	es			_	
29	Compliance with variance / specialized process / HACCP Plan			L	/		

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).

Date of Reinspection:	Discussion with Person-in-Charge:

Signature of Person-in-Charge:	Paris Fallo	Date: 5-8-2	024
Signature of Inspector:	///////////////////////////////////////	Date: 5/8/24	•
MDPH report form = 10/5/18 version		•	

Quabbin Health District (413)967-9615

Food Establishment Inspection Report - City/Town of Belchertown

Establishment:	La Trattori	2		Date: 5/8/24	Page 2 of 3
	GOOD RETA	AIL PRACTICES	AND MASSACHU	JSETTS-ONLY SECTIONS	
IN = in compliance	OUT= out of compliance	N/O = not observed	N/A = not applicable	COS = corrected on-site during inspection	R = repeat violation

	0 1	·			I		
	Compliance Status	IN	OUT	N/A	N/O	cos	R
Safe Food and Water							
30	Pasteurized eggs used where required	V					
31	Water & ice from approved source						
32	Variance obtained for specialized processing methods			V			
	Food Temperature Contr	ol					
33	Proper cooling methods used; adequate equipment for temperature control				V		
34	Plant food properly cooked for hot holding				V		
35	Approved thawing methods used		(%)	N.			2
36	Thermometers provided & accurate						
	Food Identification						
37	Food properly labeled; original container						
	Prevention of Food Contamir	natio	on				
38	Insects, rodents, & animals not present						
39	Contamination prevented during food preparation, storage and display		8				
40	Personal cleanliness		1				
41	Wiping cloths: properly used & stored						
42	Washing fruits & vegetables						
	Proper Use of Utensils						
43	In-use utensils properly stored						
44	Utensils, equipment & linens: properly stored, dried, & handled						
45	Single-use / single-service articles: properly stored & used						
46	Gloves used properly						
	Utensils, Equipment and Ver	ndin	g				
47	Food & non-food contact surfaces cleanable, properly designed, constructed & used						

	Compliance Status	IN	OUT	N/A	N/O	cos	R
48	Warewashing facilities: installed,						
40	maintained, & used; test strips		-				
49	Non-food contact surfaces clean		8				- Contract
	Physical Facilities						
50	Hot & cold water available; adequate pressure	は記している。					
51	Plumbing installed; proper backflow devices						
52	Sewage & waste water properly disposed						
53	Toilet features: properly constructed, supplied, & cleaned						
54	disposed; facilities maintained						
55	Physical facilities installed, maintained, & clean						
56	Adequate ventilation & lighting; designated areas used						
	Additional Requirements listed in 105	CN	IR 5	90.0	11		
M1	Anti-choking procedures in food service establishment	V	/				
M2	Food allergy awareness	V					
	Review of Retail Operations listed in 1	05 C	MR	590	.010)	
M3	Caterer						
M4	Mobile Food Operation						
M5	Temporary Food Establishment						
M6	Public Market; Farmers Market						
М7	Residential Kitchen; Bed-and- Breakfast Operation						
М8	Residential Kitchen: Cottage Food Operation						
M9	Program						
	Leased Commercial Kitchen						
M1	Innovative Operation						
	Local Requirements						
L1	Local law or regulation						
L2	Other						

Type of Operation(s):	Type of Inspection:	Other Information:
Food Service Establishment	Routine	
☐ Retail Food Store	☐ Re-inspection	
☐ Residential: Cottage Foods	☐ Pre-operational	
□ Residential; Bed &	☐ Illness investigation	
Breakfast	☐ General complaint	
☐ Mobile/Pushcart	☐ HACCP	
□ Temporary Food Estab.	☐ Other	
□ Other		

Signature of Person-in-Charge:	Mario Faliso	Date: 5-8-2021
Signature of Inspector:	11/1/11	Date: 5/8/24

Food Establishment Inspection Report – City/Town of Belchentown

Establishment: La Trattoria Date: 5/8/24 Page 3 of 3

Temperature Observations							
Item / Location	Temp (°F)	Item / Location	Temp (°F)	Item / Location	Temp (°F)		
Pizza sauce - ho	+ holden	c 152F					
PIZZZ prep stati	on-low	er- 37F embil	27+		·		
K	" top	- pepperani - 37	7.8F				
Blue cheese in	Bever29	e Air" cooler-	YIF				
•	,	•					

		Observations and/or Corrective Actions	
	Violations cited	in this report must be corrected within the time frames stated below or in Section 8-405.11 of the Food	Code
Item Number	Section of Code	Description of Violation	Date to Correct By
16	4.602.11	Can opener blade has accumulation of debris. Please wash rinse / sanitize	
23	3.501.17	Date marking for prepped items not being used. Please mark prepped foods with prep date or discard	
		date.	
49	4.601.11	on light, front well, and door.	
39	3 305.14	Chicken wings in chest freezer uncover Please cover, to prevent cross contamina	ed. tión.
80	3.501.	Raw meets (sausage patties) need to thawed under running water or in cooler, not in open air.	6e_

Signature of Person-in-Charge:	- Mario, Fallo	Date: 5-8-2024
Signature of Inspector:	Marian	Date: 5/8/24

Form 734B A.M. Sulkin Co., Charlestown, MA