

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



Next Inspection on or near: 10/22/2024

Food Establishment Inspection Report

Total

0:43

0:43

Mileage

0

0

Notes

Insp Date: 4/25/2024 Business ID: Q3000032 Inspection: Q2000026

Business: Ware Middle School Permit #: 239 West St. Phone:

Insp

0:43

0:43

Inspector: 03 John Prenosil Ware, MA 01082 Reason: 01. Routine

Results: Next Routine 180

ln

11:42 AM

Out

12:25 PM

Time In / Time Out

Date

04/25/24

Total:

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

Travel

0:00

0:00

accordance with 105 CMR 590.015(B). PIC Name Jeff Nichols Risk Category Medium Certified Food Protection Manager Jennifer Mendoza CFPM Exp Date 03/12/2027 Certified Allergy Trained Name Allergy Exp Date <u>11/03/2026</u> Jennifer Mendoza Certified ChokeSaver Name ChokeSaver Exp Date_ Permit In i Out i Out i Inspection Report In i FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS Compliance status: IN = in compliance OUT = not in compliance N/O = not observed N/A = not applicable Marked 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. Public 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, demonstrates knowledge, and performs duties	¤	i	i	i		
2. Certified Food Protection Manager	¤	i	i	i		

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Food Establishment Inspection Report

Food Establishment Inspection	Rep	ort				
Employee Health	IN	OUT	N/O	N/A	cos	REPEAT
 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	••	••
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	¤		••
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

Inspector

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	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	¤		
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

IN	OUT	N/O	N/A	cos	REPEAT
¤	i	i	i	••	••
i	i	i	i		
i	i	i	¤	••	
IN	OUT	N/O	N/A	cos	REPEAT
i	i	¤	i	••	
i	i	¤	i		
i	i	¤	i		
i	i	i	i	••	
IN	OUT	N/O	N/A	cos	REPEAT
i	i	i	i	••	
IN	OUT	N/O	N/A	cos	REPEAT
i	i	i	i	••	••
i	i	i	i	••	••
i	i	i	i	••	••
i	i	i	i	••	••
i	i	i	i	••	••
IN	OUT	N/O	N/A	cos	REPEAT
i	i	i	i		
i	i	i	i		
i	i	i	i		
i	i	i	i		
IN	OUT	Γ N/C	N/A	os	REPEAT
i	i	i	i		
i	i	i	i		
	¤ i				

Inspector

Acknowledged Receipt: Jeff Nicholas

Food Establishment Inspection Report

ſ	Food Establishment Inspection						
l	Utensils, Equipment and Vending	IN		N/C) N/A	A OS	REPEAT
ı	49. Non-food contact surfaces clean	i	¤	İ	İ		
	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	••	
MA	SSACHUSETTS ONLY REGULATIONS						
Rul	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		• •
	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

Inspector

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Food Establishment Inspection Report Fail Notes Summary

Code	Text						
16. Food-con	16. Food-contact surfaces: cleaned & sanitized						
4-501.112	Priority Foundation; sanitizer in bucket on the weaker side.						
	·						
49. Non-food	contact surfaces clean						
4-602.13	Core; ice buildup on door in freezer. seal on upper right corner is broken so it is allowing air in to build up.						
	fan over 3 bay sink has dust buildup, please clean guard & blades, walk in cooler has dust buildup, please						
	clean.						

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