



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: 6/26/2024
Business: Jubilee Cupboard
20 Park St.
Ware, MA 01082

Business ID: Q3000047

Inspection: Q2000030
Permit #:
Phone: 413-967-3274
Inspector: 01 Andrea Crete
Reason: 01. Routine
Next Inspection on or near: 12/23/2024

Results: Next Routine 180

Time In / Time Out

Date	In	Out	Insp	Travel	Total	Mileage	Notes
06/26/24	02:30 PM	03:30 PM	1:00	0:00	1:00	0	
Total:			1:00	0:00	1:00	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 Cheryl Vaughn Risk Category Low

Certified Food Protection Manager Cheryl Vaughn CFPM Exp Date 01/18/2023

Certified Allergy Trained Name _____ Allergy Exp Date _____

Certified ChokeSaver Name _____ ChokeSaver Exp Date _____

Permit In Out

Inspection Report In Out

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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Certified Food Protection Manager	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Inspector

Acknowledged Receipt : Cheryl Vaughn

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	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

Andrea Ant

Inspector

Acknowledged Receipt : Cheryl Vaughn

Page 2 of 4

Food Establishment Inspection Report

Food/Color Additives and Toxic Substances	IN	OUT	N/O	N/A	COS	REPEAT
---	----	-----	-----	-----	-----	--------

27. Food additives: approved and properly used	i	i	i	x
--	---	---	---	---	----	----

28. Toxic substances identified, stored, and used	i	i	i	x
---	---	---	---	---	----	----

Conformance with Approved Procedures	IN	OUT	N/O	N/A	COS	REPEAT
--------------------------------------	----	-----	-----	-----	-----	--------

29. Compliance with variance / specialized process / HACCP Plan	i	i	i	x
---	---	---	---	---	----	----

GOOD 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	x	i	i	i
--	---	---	---	---	----	----

31. Water & ice from approved source	i	i	i	i
--------------------------------------	---	---	---	---	----	----

32. Variance obtained for specialized processing methods	i	i	i	x
--	---	---	---	---	----	----

Food Temperature Control	IN	OUT	N/O	N/A	COS	REPEAT
--------------------------	----	-----	-----	-----	-----	--------

33. Proper cooling methods used; adequate equipment for temperature control	i	i	i	x
---	---	---	---	---	----	----

34. Plant food properly cooked for hot holding	i	i	i	i
--	---	---	---	---	----	----

35. Approved thawing methods used	i	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/O	N/A	OS	REPEAT
---------------------------------	----	-----	-----	-----	----	--------

47. Food & non-food contact surfaces cleanable, properly designed, constructed & used	i	i	i	i
---	---	---	---	---	----	----

48. Warewashing facilities: installed, maintained, & used; test strips	i	i	i	i
--	---	---	---	---	----	----



Inspector

Acknowledged Receipt : Cheryl Vaughn

Food Establishment Inspection Report

Utensils, Equipment and Vending	IN	OUT	N/O	N/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	x
---	---	---	---	---	----	----

M2. Food allergy awareness	i	i	i	x
----------------------------	---	---	---	---	----	----

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

Acknowledged Receipt : Cheryl Vaughn