

# 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: 9/11/2024 **Business ID:** Q3000022 Inspection: Q3000177

Business: McDonalds Permit #:

117 West St. Phone: 413-967-3485 Inspector: 03 John Prenosil

Ware, MA 01082 Reason: 01. Routine

Next Inspection on or near: 3/10/2025

Results: Next Routine 180

Time In / Time Out

<u> </u>	ut						
Date	In	Out	Insp	Travel	Total	Mileage	Notes
09/11/24	09:50 AM	10:45 AM	0:55	0:00	0:55	0	
Total:			0:55	0:00	0:55	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 Samantha Santor						Risk	Cate	gory <u>M</u>	edium					
Certified Food Protection Manager <u>Aspen Livernois</u> Certified Allergy Trained Name <u>Aspen Livernois</u>						_ CFPM Exp Date 03/15/2024								
						Allergy Exp Date 02/27/2026								
Certified ChokeSaver Name				Cho	okeSav	er Exp	Date	<u> </u>						
Permit Posted	In ¤	Out j												
Inspection Report Ava	ailable In ¤	Out j												
FOODBORNE ILLNESS RISK FACTORS	S AND PUBLIC H	EALTH INTE	RVENTIONS											
Compliance status: IN = in compliance	OUT = not in co	ompliance N/	O = not observed N	I/A =	not app	licabl	е							
Marked in appropriate box for COS and/o	or R. COS = c	corrected on-s	ite during inspection	n R =	repea	t viola	tion							
Risk factors are improper practices or pr Public Health Interventions are control m				uting t	factors	of foc	dborr	ne illne	ss or injury.					
Supervision				IN	OUT	N/O	N/A	cos	REPEAT					
1. Person-in-charge present, demo	nstrates knowled	ge, and perfo	ms duties	¤	i	i	i							
2. Certified Food Protection Manag	er			¤	i	i	i		••					
JMM														
Inspector	Acknow	vledged Red	eipt : Samantha	Sant	tor									

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## Food Establishment Inspection Report

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		• •
This item has Notes. See Footnote 1 at end of questionnaire.						
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

AMM

Inspector

### 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	¤		
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	¤		••
OD RETAIL PRACTICES						

# G

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	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	••	

Inspector

Acknowledged Receipt : Samantha Santor

# Food Establishment Inspection Report Utensils, Equipment and Vending IN OUT N/O N/A OS REPEAT 49. Non-food contact surfaces clean **Physical Facilities** OUT N/O N/A COS REPEAT 50. Hot & cold water available; adequate pressure 51. Plumbing installed; proper backflow devices 52. Sewage and waste water properly disposed 53. Toilet features: properly constructed, supplied, & cleaned 54. Garbage & refuse properly disposed; facilities maintained ¤ 55. Physical facilities installed, maintained, & clean þ 56. Adequate ventilation & lighting; designated areas used MASSACHUSETTS ONLY REGULATIONS Rules and Regulations adopted for use in Massachusetts only. Additional Requirements listed in 105 CMR 590 011 OUT N/O N/A COS REPEAT

Additional Requirements listed in 105 CMR 590.011	IIN	001	N/O	IN/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	••	

AMM

Discussion with Person-in-Charge

Inspector Acknowledged Receipt : Samantha Santor

# Food Establishment Inspection Report Fail Notes Summary

Code	Text						
10. Adequate handwas	hing sinks properly supplied and accessible						
5-202.12(A)	Priority Foundation; Men's bathroom did not have hot water at the hand sinks. Water ran for						
, ,	several minutes. Fix issue so that hot water is a minimum of 100F at both hand sinks.						
15. Food separated and	d protected						
3-302.11(A)(1)(A)(2)	Priority; Raw hamburger uncovered in cold holding unit. Cover all food items to prevent cross						
	contamination.						
16. Food-contact surface	ces: cleaned & sanitized						
4-602.11(A)-(C) Priority; Accumulation of a black mold/mildew-like substance inside ice machine.							
	Wash/rinse/sanitize thoroughly.						
22. Proper cold holding	temperatures						
This item has Notes. See	Footnote 1 at end of questionnaire.						
49. Non-food contact su							
4-602.13 Core; Accumulation of ice on ceiling of walk in freezer. Person in charge stated a repair tic							
	had already been submitted.						
55. Physical facilities in	stalled, maintained, & clean						
6-501.16	Core; Mop not hung to dry. Hang mops to air dry after use.						

JAM

Inspector

# Food Establishment Inspection Report

#### Footnote 1

#### Notes:

eggs - cold holding unit - 34F milk - espresso machine - 40F raw hamburger - cold holding unit - 35F

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Inspector Acknowledged Receipt : Samantha Santor Page 6 of 6