

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: 10/8/2024 Business ID: B3000007 Inspection: B3000174

Business: Swift River Elementary School Permit #:

57 State St. **Phone:** 413-323-0471

Inspector: 03 John Prenosil

Belchertown, MA 01007 Reason: 01. Routine

Next Inspection on or near: 4/6/2025

Risk Category Medium

Results: Next Routine 180

PIC Name Nicole Ritter

Time In / Time Out

THIC HIT THICC	Jul						
Date	In	Out	Insp	Travel	Total	Mileage	Notes
10/08/24	12:02 PM	12:40 PM	0:38	0:00	0:38	0	
Total:			0:38	0:00	0:38	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).

	CFPM Exp Date 05/27/2027					
Certified Allergy Trained Name Nicole Ritter						/2026
	_ Ch	okeSav	er Ex	p Date	e	
¤ Out j						
α Out β						
IC HEALTH INTERVENTIONS						
n compliance N/O = not observed	N/A =	not app	olicab	le		
S = corrected on-site during inspection	on R =	= repea	t viola	ation		
entified as the most prevalent contribute revent foodborne illnesses or injury.		factors	of foo	odbor	ne illne	ess or injur
	IN	OUT	N/O	N/A	cos	REPEAT
wledge, and performs duties	¤	i	i	i		••
	¤	i	i	i		
ir	Out i C HEALTH INTERVENTIONS In compliance N/O = not observed = corrected on-site during inspection of the control of the c	Out i C HEALTH INTERVENTIONS In compliance N/O = not observed N/A = = corrected on-site during inspection R = Intified as the most prevalent contributing event foodborne illnesses or injury. IN IN Intervention Intervent	Allergy ChokeSav ChokeSav Out i CHEALTH INTERVENTIONS Compliance N/O = not observed N/A = not appliance on the contribution of the contributio	Allergy Exp ChokeSaver Ex ChokeSaver Ex Out Out CHEALTH INTERVENTIONS Compliance N/O = not observed N/A = not applicable = corrected on-site during inspection R = repeat violation intified as the most prevalent contributing factors of for event foodborne illnesses or injury. IN OUT N/O ledge, and performs duties	Allergy Exp Date ChokeSaver Exp Date Question Out CHEALTH INTERVENTIONS Compliance N/O = not observed N/A = not applicable = corrected on-site during inspection R = repeat violation Intified as the most prevalent contributing factors of foodbore event foodborne illnesses or injury. IN OUT N/O N/A ledge, and performs duties Respectively.	Allergy Exp Date 09/03/ ChokeSaver Exp Date NA = not applicable = corrected on-site during inspection R = repeat violation Intified as the most prevalent contributing factors of foodborne illnesevent foodborne illnesses or injury. IN OUT N/O N/A COS Iledge, and performs duties ChokeSaver Exp Date In Out N/O N/A COS

Food Establishment Inspection Report

Employee Health	IN	OUT	N/O	N/A	cos	REPEAT
Management, food employee and conditional employee; knowledge, responsibilities and reporting		i	i	i		
Proper Use of Restriction & Exclusion	¤	i	i	i		
Procedures for responding to vomiting and diarrheal events	¤	i	i	i i		
Good Hygienic Practices	IN	OUT	ı N/O	ı 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	¤	i i		
13. Food in good condition, honestly presented, safe, & unadulterated	¤	i i	i	i i		
14. Required records available: shellstock tags, parasite destruction	i	' ;	' i	¤		
Protection from Contamination	ı IN	OUT	I N/O		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	I N/O	ı N/A	cos	REPEAT
18. Proper cooking time & temperatures	i	i	¤	i		
19. Proper reheating procedures for hot holding	i i	i	¤	i		••
20. Proper cooling time and temperature	i	i	¤	i		••
21. Proper hot holding temperatures	i i	i	¤	i		••
22. Proper cold holding temperatures	¤	i	i	i		
This item has Notes. See Footnote 1 at end of questionnaire.		'	1	1		
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
	¤	i	i	i		••
26. Pasteurized foods used; prohibited foods not offered	~					

Inspector Acknowledged Receipt :

Food Establishment Inspection Report Food/Color Additives and Toxic Substances OUT N/O N/A COS REPEAT 27. Food additives: approved and properly used α Ø 28. Toxic substances identified, stored, and used Conformance with Approved Procedures OUT N/O N/A COS REPEAT 29. Compliance with variance / specialized process / HACCP Plan **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 OUT N/O N/A COS REPEAT 30. Pasteurized eggs used where required 31. Water & ice from approved source 32. Variance obtained for specialized processing methods Food Temperature Control OUT N/O N/A COS REPEAT IN 33. Proper cooling methods used; adequate equipment for temperature control ¤ 34. Plant food properly cooked for hot holding α ¤ 35. Approved thawing methods used 36. Thermometers provided and accurate Food Identification OUT N/O N/A COS REPEAT 37. Food properly labeled; original container i Prevention of Food Contamination OUT N/O N/A COS REPEAT 38. Insects, rodents, & animals not present 39. Contamination prevented during food preparation, storage and display 40. Personal cleanliness 41. Wiping cloths; properly used and stored 42. Washing fruits & vegetables Proper Use of Utensils OUT N/O N/A COS REPEAT

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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	••	
Utensils, Equipment and Vending	IN	OUT	N/C	N/A	os	REPEAT
Utensils, Equipment and Vending 47. Food & non-food contact surfaces cleanable, properly designed, constructed & use						REPEAT
	d İ		i	i		REPEAT

Inspector Acknowledged Receipt:

Food Establishment Inspection Report Utensils, Equipment and Vending 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 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 M1. Anti-choking procedures in food service establishment Ø ¤ M2. Food allergy awareness Review of Retail Operations listed in 105 CMR 590.010 OUT N/O N/A COS REPEAT M3. Caterer M4. Mobile Food Operation M5. Temporary Food Establishment 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 OUT N/O N/A COS REPEAT Local Requirements L1. Local law or regulation L2. Other

Discussion with Person-in-Charge

Inspector Acknowledged Receipt : Page 4 of 6

Food Establishment Inspection Report Fail Notes Summary

Code	Text
22. Proper co	old holding temperatures
This item has	s Notes. See Footnote 1 at end of questionnaire.
47. Food & no	on-food contact surfaces cleanable, properly designed, constructed & used
4-501.11	Core; Ice buildup inside light enclosure in walk in freezer. Ensure that no moisture gets inside bulb guards.

Inspector Acknowledged Receipt : Page 5 of 6

Food Establishment Inspection Report

Footnote 1

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Notes: milk - cold holding - 39F milk - cold holding - 34F

Acknowledged Receipt : Page 6 of 6 Inspector