

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: 10/31/2024 Business ID: Q3000009 Inspection: Q2000041

Business: Dollar General Permit #:

139 West St. **Phone:** 413-967-0141

Unit B Inspector: 04 Desiree Vennert Ware, MA 01082 Reason: 01. Routine

Ware, MA 01082 Reason: 01. Routine
Next Inspection on or near: 4/29/2025

Results: Next Routine 180

Time In / Time Out

| Date | In | Out | Insp | Travel | Total | Mileage | Notes |
|----------|----------|----------|------|--------|-------|---------|-------|
| 10/31/24 | 08:35 AM | 09:30 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 Amber Libby | | | Risk | Categ | ory <u>Lo</u> | DW | | | | |
|---|------------------------------|-----------------------|--------|---------|---------------|----------|---------|--|--|--|
| Certified Food Protection Manager | | CFPM Exp Date | | | | | | | | |
| Certified Allergy Trained Name | Allergy Exp Date | | | | | | | | | |
| Certified ChokeSaver Name | | _ ChokeSaver Exp Date | | | | | | | | |
| Permit In _i Out _i | | | | | | | | | | |
| Inspection Report In j Out j | | | | | | | | | | |
| FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH | H INTERVENTIONS | | | | | | | | | |
| Compliance status: IN = in compliance OUT = not in complian | nce N/O = not observed I | N/A = | not ap | plica | ble | | | | | |
| Marked in appropriate box for COS and/or R. COS = correct | ed on-site during inspection | n R | = repe | at vio | lation | | | | | |
| Risk factors are improper practices or procedures identified as njury. Public Health Interventions are control measures to prev | | | | s of fo | odbo | rne illr | ness or | | | |
| Supervision | | IN | OUT | N/O | N/A | cos | REPEAT | | | |
| 1. Person-in-charge present, demonstrates knowledge, and | d performs duties | ¤ | i | i | i | | •• | | | |
| 2. Certified Food Protection Manager | | i | i | i | ¤ | | | | | |
| Inspector Acknowledge | Receipt : Amber Libb | , | | | | | | | | |

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| Food Establishment Inspection | Rep | ort | | | | |
|--|-----|-----|-----|-----|-----|--------|
| 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 | İ | İ | İ | ¤ | | |
| 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/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 | ¤ | | |
| | | | | | | |

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 | i | i | i | ¤ | | •• |
| 31. Water & ice from approved source | i | i | i | i | | |
| 32. Variance obtained for specialized processing methods | 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 & used $$ | i | i | i | İ | | |
| 48. Warewashing facilities: installed, maintained, & used; test strips | i | i | i | i | | |

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Acknowledged Receipt : Amber Libby

| Utensils, Equipment and Vending | IN | OUT | Г N/С | 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 | •• | |
| 56. Adequate ventilation & lighting; designated areas used | i | i | i | i | | |
| ASSACHUSETTS ONLY REGULATIONS | | | | | | |
| ules and Regulations adopted for use in Massachusetts only | | | | | | |

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 | ¤ | | •• |
| 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 | | |
| iscussion with Person-in-Charge | | | | | | |

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Food Establishment Inspection Report Fail Notes Summary

| Code | Text |
|---------------|--|
| 22. Proper co | old holding temperatures |
| This item ha | as Notes. See Footnote 1 at end of questionnaire. |
| | |
| 55. Physical | facilities installed, maintained, & clean |
| 6-501.16 | Core; mops not hung up to dry in back room. please hang mops up to dry. also, mop sink could be scrubbed |
| | clean. |

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Footnote 1

Notes:

woman's bathroom sink: 115F. men's bathroom sink: 115F. frozen breakfast freezer: -6F. frozen entree freezer: -3F. pizza & app freezer: -4.5F. frozen meat freezer: -4.5F. deli meat cooler: 32F. ice cream freezer: -4.5F. cooler in back room: 33F. freezer in back room: 2F.

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