

# 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: 12/23/2024 Business ID: B3000018 Inspection: B3000205

Business: Antonio's Pizza Permit #:

31 Federal St. Phone: 413-323-6844 Inspector: 03 John Prenosil

Belchertown, MA 01007 Reason: 01. Routine

Next Inspection on or near: 4/22/2025

Results: Next Routine 120

Time In / Time Out

| THILD HIT THILD O | ut       |          |      |        |       |         |       |
|-------------------|----------|----------|------|--------|-------|---------|-------|
| Date              | In       | Out      | Insp | Travel | Total | Mileage | Notes |
| 12/23/24          | 12:54 PM | 02:06 PM | 1:12 | 0:00   | 1:12  | 0       |       |
| Total:            |          |          | 1:12 | 0:00   | 1:12  | 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 Kim Pacheco  | Risk Category Medium               |         |         |       |          |               |  |  |  |
|---|------------------------------------|---------|---------|-------|----------|---------------|--|--|--|
| Certified Food Protection Manager Alek Mercer   | CFPM Exp Date 03/05/2027           |         |         |       |          |               |  |  |  |
| Certified Allergy Trained Name Kristen McNamara   | Allergy Exp Date <u>08/29/2025</u> |         |         |       |          |               |  |  |  |
| Certified ChokeSaver Name   | ChokeSaver Exp Date                |         |         |       |          |               |  |  |  |
| Permit Posted In ¤ Out j  |                                    |         |         |       |          |               |  |  |  |
| Inspection Report Available In $^{\mbox{\scriptsize IR}}$ Out $^{\mbox{\scriptsize I}}$   |                                    |         |         |       |          |               |  |  |  |
| FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS  |                                    |         |         |       |          |               |  |  |  |
| Compliance status: IN = in compliance OUT = not in compliance N/O = not observed N  | I/A = 1                            | not app | olicab  | le    |          |               |  |  |  |
| Marked in appropriate box for COS and/or R. COS = corrected on-site during inspection   | n R =                              | repea   | t viola | ation |          |               |  |  |  |
| Risk factors are improper practices or procedures identified as the most prevalent contributed the later than the procedures are control measures to prevent foodborne illnesses or injury. | uting f                            | actors  | of foc  | odbor | ne illne | ess 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     |          | ••            |  |  |  |
|   |                                    |         |         |       |          |               |  |  |  |
| <u> </u>  |                                    |         |         |       |          |               |  |  |  |
|   |                                    |         |         |       |          |               |  |  |  |

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# Food Establishment Inspection Report

| 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 | , ¤ | İ   | 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   | ••  |        |
| This item has Notes. See Footnote 1 at end of questionnaire.                                     |     |     |     |     |     |        |
| 22. Proper cold holding temperatures   | İ   | ¤   | i   | i   |     |        |
| This item has Notes. See Footnote 2 at end of questionnaire.                                     |     |     |     |     |     |        |
| 23. Proper date marking and disposition  | ¤   | İ   | i   | i   |     |        |
| 24. Time as a Public Health Control  | ¤   | i   | i   | 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   |     | ••     |

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      | ¤      |         |            |
| GOOD RETAIL PRACTICES   |         |        |        |        |         |            |
| Good Retail Practices are preventative measures to control the addition of pathogens, che | emicals | s. and | nhvsi  | cal ob | iects i | nto foods. |
| IN = In compliance OUT = not in compliance COS - corrected on -site during inspection     |         |        |        |        | -       |            |
| IN = III compliance OOT = not in compliance COS - corrected on -site during inspection    | II KEI  | ZAI:   | = repe | at vic | nation  |            |
| 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      |         |            |
| 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      |         | ••         |
| 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    | Γ N/C  | N/A    | OS      | REPEAT     |
| 47. Food & non-food contact surfaces cleanable, properly designed, constructed & us       | ed İ    | i      | i      | i      |         |            |
| 48. Warewashing facilities: installed, maintained, & used; test strips                    | i       | i      | i      | i      |         |            |

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# Food Establishment InspectionReportUtensils, Equipment and VendingIN OUT N/O N/A OS REPEAT49. Non-food contact surfaces cleani i j j j i SPhysical FacilitiesIN OUT N/O N/A COS REPEAT50. Hot & cold water available; adequate pressurej j j j j S51. Plumbing installed; proper backflow devicesj j j j S52. Sewage and waste water properly disposedj j j j S53. Toilet features: properly constructed, supplied, & cleanedj j j j J S54. Garbage & refuse properly disposed; facilities maintainedj j j j J S

# MASSACHUSETTS ONLY REGULATIONS

Rules and Regulations adopted for use in Massachusetts only.

55. Physical facilities installed, maintained, & clean

56. Adequate ventilation & lighting; designated areas used

| 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   | i   |     |        |
| M2. Food allergy awareness                                | i  | 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   |  |  |  |  |  |  |
|---------------------------------------|--|--|--|--|--|--|--|
| 9. No bare hand contact with RTE food |  |  |  |  |  |  |  |
| 3-301.11 (A) (D) (E)                  | Core; Employee observed coming in from outside through back door, not washing hands,             |  |  |  |  |  |  |
|                                       | and then touching celery. No bare hand contact with ready to eat foods is allowed.               |  |  |  |  |  |  |
|                                       |  |  |  |  |  |  |  |
| 15. Food separated and p              | protected  |  |  |  |  |  |  |
| 3-304.15(A)                           | Priority; Several employees observed changing tasks and not washing hands or changing            |  |  |  |  |  |  |
|                                       | gloves. Hands need to be washed and gloves need to be changed when switching tasks to            |  |  |  |  |  |  |
|                                       | prevent cross contamination.   |  |  |  |  |  |  |
|                                       |  |  |  |  |  |  |  |
| 16. Food-contact surfaces             | s: cleaned & sanitized   |  |  |  |  |  |  |
| 4-501.114 (A)-(F)(2)                  | Priority; Sanitizing solution in sanitizing bucket too weak and did not register on test strips. |  |  |  |  |  |  |
|                                       | Make new solution and test with test strips to ensure correct concentration. Check ofter         |  |  |  |  |  |  |
|                                       | throughout the day to ensure solutions is effective.   |  |  |  |  |  |  |
| 4-602.11(A)-(C)                       | Priority; Accumulation of mold on interior of ice machine. Wash/rinse/sanitize interior          |  |  |  |  |  |  |
|                                       | thoroughly. Can opener blade heavily soiled with dried food debris. Shows evidence of            |  |  |  |  |  |  |
|                                       | infrequent cleaning. Wash/rinse/sanitize blade and opener thoroughly.                            |  |  |  |  |  |  |
|                                       |  |  |  |  |  |  |  |
| 21. Proper hot holding ten            | nperatures   |  |  |  |  |  |  |
| This item has Notes. See Fo           | potnote 1 at end of questionnaire.   |  |  |  |  |  |  |
|                                       |  |  |  |  |  |  |  |
| 22. Proper cold holding te            |  |  |  |  |  |  |  |
|                                       | potnote 2 at end of questionnaire.   |  |  |  |  |  |  |
| 3-501.16(A)(2) and (B)                | Priority; Diced tomatoes at prep station 43.6F and ambient temperature in refrigerator at bar    |  |  |  |  |  |  |
|                                       | 43F. Ensure that all cold holding is at 41F or cooler.   |  |  |  |  |  |  |
| 41. Wiping cloths; properl            | w used and stored  |  |  |  |  |  |  |
| 3-304.14                              | Core; Cleaning rags not being stored submerged in sanitizing solution. Cleaning rags must        |  |  |  |  |  |  |
| 3-304.14                              | be kept submerged in sanitizing solution.  |  |  |  |  |  |  |
|                                       | be kept submerged in samuzing solution.  |  |  |  |  |  |  |
| 43. In-use utensils proper            | ly stored  |  |  |  |  |  |  |
| 3-304.12                              | Core; Unapproved scoop in bulk flour container at pizza prep area. Use scoop with a handle       |  |  |  |  |  |  |
| 0 007.12                              | that can be kept out of the product.   |  |  |  |  |  |  |
|                                       | that can be kept out of the product.   |  |  |  |  |  |  |

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# Food Establishment Inspection Report

# Footnote 1

Notes:

soup - hot holding - 172F

# Footnote 2

# Notes:

raw chicken - gilette cold holding unit - 37F diced tomatoes - prep station - 43.6F\* fridge at bar - ambient - 43F\*

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