



# 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:** 6/5/2025 **Business ID:** B3000007  
**Business:** Swift River Elementary School  
57 State St.

Belchertown, MA 01007

**Inspection:** B2000041  
**Permit #:**  
**Phone:** 413-323-0471  
**Inspector:** 03 John Prenosil  
**Reason:** 01. Routine  
**Next Inspection on or near:** 12/2/2025

**Results:** Next Routine 180

### Time In / Time Out

| Date     | In       | Out      | Insp | Travel | Total | Mileage | Notes |
|----------|----------|----------|------|--------|-------|---------|-------|
| 06/05/25 | 12:14 PM | 12:45 PM | 0:31 | 0:00   | 0:31  | 0       |       |
| Total:   |          |          | 0:31 | 0:00   | 0:31  | 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 Nicole Ritter

Risk Category Medium

Certified Food Protection Manager Nicole Ritter

CFPM Exp Date 05/27/2027

Certified Allergy Trained Name Nicole Ritter

Allergy Exp Date 09/03/2026

Certified ChokeSaver Name \_\_\_\_\_

ChokeSaver Exp Date \_\_\_\_\_

Permit In i Out i

Inspection Report In i Out i

### 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

1. Person-in-charge present, demonstrates knowledge, and performs duties

IN OUT N/O N/A COS REPEAT

☒ i i i " "

2. Certified Food Protection Manager

☒ i i i " "

*John Prenosil*

Inspector

Acknowledged Receipt : Nicole Ritter

Page 1 of 6

## Food Establishment Inspection Report

### Employee Health

3. Management, food employee and conditional employee; knowledge, responsibilities and reporting

4. Proper Use of Restriction & Exclusion

5. Procedures for responding to vomiting and diarrheal events

| IN                                  | OUT | N/O | N/A | COS | REPEAT |
|-------------------------------------|-----|-----|-----|-----|--------|
| <input checked="" type="checkbox"/> | i   | i   | i   | "   | "      |
| <input checked="" type="checkbox"/> | i   | i   | i   | "   | "      |
| <input checked="" type="checkbox"/> | i   | i   | i   | "   | "      |

### Good Hygienic Practices

6. Proper eating, tasting, drinking, or tobacco use

7. No discharge from eyes, nose, and mouth

| IN                                  | OUT | N/O | N/A | COS | REPEAT |
|-------------------------------------|-----|-----|-----|-----|--------|
| <input checked="" type="checkbox"/> | i   | i   | i   | "   | "      |
| <input checked="" type="checkbox"/> | i   | i   | i   | "   | "      |

### Preventing Contamination by Hands

8. Hands clean & properly washed

9. No bare hand contact with RTE food

10. Adequate handwashing sinks properly supplied and accessible

| IN                                  | OUT | N/O | N/A | COS | REPEAT |
|-------------------------------------|-----|-----|-----|-----|--------|
| <input checked="" type="checkbox"/> | i   | i   | i   | "   | "      |
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| <input checked="" type="checkbox"/> | i   | i   | i   | "   | "      |

### Approved Sources

11. Food obtained from approved source

12. Food received at proper temperature

13. Food in good condition, honestly presented, safe, & unadulterated

14. Required records available: shellstock tags, parasite destruction

| IN                                  | OUT | N/O | N/A                                 | COS | REPEAT |
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| <input checked="" type="checkbox"/> | i   | i   | i                                   | "   | "      |
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| <input checked="" type="checkbox"/> | i   | i   | i                                   | "   | "      |
| i                                   | i   | i   | <input checked="" type="checkbox"/> | "   | "      |

### Protection from Contamination

15. Food separated and protected

16. Food-contact surfaces: cleaned & sanitized

17. Proper disposition of returned, previously served reconditions, & unsafe food

| IN                                  | OUT | N/O | N/A | COS | REPEAT |
|-------------------------------------|-----|-----|-----|-----|--------|
| <input checked="" type="checkbox"/> | i   | i   | i   | "   | "      |
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| <input checked="" type="checkbox"/> | i   | i   | i   | "   | "      |

### Time/Temperature Control for Safety

18. Proper cooking time & temperatures

19. Proper reheating procedures for hot holding

20. Proper cooling time and temperature

21. Proper hot holding temperatures

22. Proper cold holding temperatures

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

23. Proper date marking and disposition

24. Time as a Public Health Control

| IN                                  | OUT | N/O                                 | N/A                                 | COS | REPEAT |
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| i                                   | i   | <input checked="" type="checkbox"/> | i                                   | "   | "      |
| i                                   | i   | <input checked="" type="checkbox"/> | i                                   | "   | "      |
| <input checked="" type="checkbox"/> | i   | i                                   | i                                   | "   | "      |
| <input checked="" type="checkbox"/> | i   | i                                   | i                                   | "   | "      |
| i                                   | i   | i                                   | <input checked="" type="checkbox"/> | "   | "      |

### Consumer Advisory

25. Consumer advisory provided for raw / undercooked foods

| IN | OUT | N/O | N/A                                 | COS | REPEAT |
|----|-----|-----|-------------------------------------|-----|--------|
| i  | i   | i   | <input checked="" type="checkbox"/> | "   | "      |

### Highly Susceptible Populations (HSP)

26. Pasteurized foods used; prohibited foods not offered

| IN                                  | OUT | N/O | N/A | COS | REPEAT |
|-------------------------------------|-----|-----|-----|-----|--------|
| <input checked="" type="checkbox"/> | i   | i   | i   | "   | "      |

### Food/Color Additives and Toxic Substances

| IN | OUT | N/O | N/A | COS | REPEAT |
|----|-----|-----|-----|-----|--------|
|----|-----|-----|-----|-----|--------|



Inspector

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Page 2 of 6

## Food Establishment Inspection Report

### Food/Color Additives and Toxic Substances

27. Food additives: approved and properly used

28. Toxic substances identified, stored, and used

### Conformance with Approved Procedures

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

30. Pasteurized eggs used where required

31. Water & ice from approved source

32. Variance obtained for specialized processing methods

### Food Temperature Control

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

34. Plant food properly cooked for hot holding

35. Approved thawing methods used

36. Thermometers provided and accurate

### Food Identification

37. Food properly labeled; original container

### Prevention of Food Contamination

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

43. In-use utensils properly stored

44. Utensils, equipment & linens: properly stored, dried, & handled

45. Single-use/ single service articles: properly stored and used

46. Gloves used properly

### Utensils, Equipment and Vending

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

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

IN   OUT   N/O   N/A   COS   REPEAT

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Page 3 of 6

## Food Establishment Inspection Report

### Utensils, Equipment and Vending

49. Non-food contact surfaces clean

| IN | OUT | N/O | N/A | OS | REPEAT |
|----|-----|-----|-----|----|--------|
| i  | i   | i   | i   | "  | "      |

### Physical Facilities

50. Hot & cold water available; adequate pressure

| IN | OUT | N/O | N/A | COS | REPEAT |
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| i  | i   | i   | i   | "   | "      |

51. Plumbing installed; proper backflow devices

| IN | OUT | N/O | N/A | COS | REPEAT |
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52. Sewage and waste water properly disposed

| IN | OUT | N/O | N/A | COS | REPEAT |
|----|-----|-----|-----|-----|--------|
| i  | i   | i   | i   | "   | "      |

53. Toilet features: properly constructed, supplied, & cleaned

| IN | OUT | N/O | N/A | COS | REPEAT |
|----|-----|-----|-----|-----|--------|
| i  | i   | i   | i   | "   | "      |

54. Garbage & refuse properly disposed; facilities maintained

| IN | OUT | N/O | N/A | COS | REPEAT |
|----|-----|-----|-----|-----|--------|
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55. Physical facilities installed, maintained, & clean

| IN | OUT | N/O | N/A | COS | REPEAT |
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56. Adequate ventilation & lighting; designated areas used

| IN | OUT | N/O | N/A | COS | REPEAT |
|----|-----|-----|-----|-----|--------|
| i  | i   | i   | i   | "   | "      |

### MASSACHUSETTS ONLY REGULATIONS

Rules and Regulations adopted for use in Massachusetts only.

#### Additional Requirements listed in 105 CMR 590.011

M1. Anti-choking procedures in food service establishment

| IN | OUT | N/O | N/A | COS | REPEAT |
|----|-----|-----|-----|-----|--------|
| ☐  | i   | i   | i   | "   | "      |

M2. Food allergy awareness

| IN | OUT | N/O | N/A | COS | REPEAT |
|----|-----|-----|-----|-----|--------|
| ☐  | i   | i   | i   | "   | "      |

#### Review of Retail Operations listed in 105 CMR 590.010

M3. Caterer

| IN | OUT | N/O | N/A | COS | REPEAT |
|----|-----|-----|-----|-----|--------|
| i  | i   | i   | i   | "   | "      |

M4. Mobile Food Operation

| IN | OUT | N/O | N/A | COS | REPEAT |
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M5. Temporary Food Establishment

| IN | OUT | N/O | N/A | COS | REPEAT |
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M6. Public Market; Farmers Market

| IN | OUT | N/O | N/A | COS | REPEAT |
|----|-----|-----|-----|-----|--------|
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M7. Residential Kitchen; Bed-and-Breakfast Operation

| IN | OUT | N/O | N/A | COS | REPEAT |
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| i  | i   | i   | i   | "   | "      |

M8. Residential Kitchen: Cottage Food Operation

| IN | OUT | N/O | N/A | COS | REPEAT |
|----|-----|-----|-----|-----|--------|
| i  | i   | i   | i   | "   | "      |

M9. School Kitchen; USDA Nutrition Program

| IN | OUT | N/O | N/A | COS | REPEAT |
|----|-----|-----|-----|-----|--------|
| i  | i   | i   | i   | "   | "      |

M10. Leased Commercial Kitchen

| IN | OUT | N/O | N/A | COS | REPEAT |
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| i  | i   | i   | i   | "   | "      |

M11. Innovative Operation

| IN | OUT | N/O | N/A | COS | REPEAT |
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| i  | i   | i   | i   | "   | "      |

#### Local Requirements

L1. Local law or regulation

| IN | OUT | N/O | N/A | COS | REPEAT |
|----|-----|-----|-----|-----|--------|
| i  | i   | i   | i   | "   | "      |

L2. Other

| IN | OUT | N/O | N/A | COS | REPEAT |
|----|-----|-----|-----|-----|--------|
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#### Discussion with Person-in-Charge



Inspector

Acknowledged Receipt : Nicole Ritter

Page 4 of 6

Food Establishment Inspection Report

Fail Notes Summary

| Code                                                         | Text                             |
|--------------------------------------------------------------|----------------------------------|
| 22.                                                          | Proper cold holding temperatures |
| This item has Notes. See Footnote 1 at end of questionnaire. |                                  |

  
Inspector

\_\_\_\_\_  
Acknowledged Receipt : Nicole Ritter

## Food Establishment Inspection Report

### **Footnote 1**

**Notes:**

Milk Cooler at 42.3F

Milk Cooler at 39F

Walk in Cooler ambient Temp: 40.1F

Walk in Freezer ambient Temp: 7F



Inspector

\_\_\_\_\_  
Acknowledged Receipt : Nicole Ritter

Page 6 of 6