



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: 2/28/2025 **Business ID:** B2000010

Business: Nicole's Mixing Bowl
 53 Magnolia Lane

Belchertown, MA 01007

Inspection: B2000069

Permit #:

Phone:

Inspector: 04 Desiree Vennert

Reason: 01. Routine

Next Inspection on or near: 8/27/2025

Results: Next Routine 180

Time In / Time Out

Date	In	Out	Insp	Travel	Total	Mileage	Notes
02/28/25	05:45 PM	06:15 PM	0:30	0:00	0:30	0	
Total:			0:30	0:00	0:30	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 Oberg

Risk Category Low

Certified Food Protection Manager _____

CFPM Exp Date _____

Certified Allergy Trained Name _____

Allergy Exp Date _____

Certified ChokeSaver Name _____

ChokeSaver Exp Date _____

Permit In ☐ Out ☐

Inspection Report In ☐ Out ☐

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

☒ ☐ ☐ ☐ ☐ ☐

2. Certified Food Protection Manager

☒ ☐ ☐ ☐ ☐ ☐

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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
☒	i	i	i	"	"
☒	i	i	i	"	"
☒	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
i	i	☒	i	"	"
☒	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
i	i	☒	i	"	"
i	i	☒	i	"	"
☒	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
☒	i	i	i	"	"
i	i	☒	i	"	"
☒	i	i	i	"	"
i	i	i	☒	"	"

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
☒	i	i	i	"	"
☒	i	i	i	"	"
☒	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
i	i	☒	i	"	"
i	i	☒	i	"	"
i	i	☒	i	"	"
i	i	☒	i	"	"
☒	i	i	i	"	"
☒	i	i	i	"	"
i	i	☒	i	"	"

Consumer Advisory

25. Consumer advisory provided for raw / undercooked foods

IN	OUT	N/O	N/A	COS	REPEAT
i	i	i	☒	"	"

Highly Susceptible Populations (HSP)

26. Pasteurized foods used; prohibited foods not offered

IN	OUT	N/O	N/A	COS	REPEAT
☒	i	i	i	"	"

Food/Color Additives and Toxic Substances

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

51. Plumbing installed; proper backflow devices

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

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
i	i	i	i	"	"

55. Physical facilities installed, maintained, & clean

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

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
i	i	i	i	"	"

M5. Temporary Food Establishment

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

M6. Public Market; Farmers Market

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

M7. Residential Kitchen; Bed-and-Breakfast Operation

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

M11. Innovative Operation

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

Discussion with Person-in-Charge



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Fail Notes Summary

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



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Footnote 1

Notes:

freezer: -10F.



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