



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: 9/23/2025 **Business ID:** Q3000056

Business: United Church of Ware
49 Church Street

Ware, MA 01082

Inspection: Q3000246

Permit #:

Phone: 413-967-9981

Inspector: 03 John Prenosil

Reason: 01. Routine

Next Inspection on or near: 3/22/2026

Results: Next Routine 180

Time In / Time Out

Date	In	Out	Insp	Travel	Total	Mileage	Notes
09/23/25	08:55 AM	09:34 AM	0:39	0:00	0:39	0	
Total:			0:39	0:00	0:39	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 John Curylo

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

☐ i i i " "

2. Certified Food Protection Manager

☐ i i i " "

Inspector _____

Acknowledged Receipt: _____

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Food Establishment Inspection Report

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	"	"
<i>This item has Notes. See Footnote 1 at end of questionnaire.</i>						
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
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 _____

Acknowledged Receipt : _____

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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Inspector _____

Acknowledged Receipt : _____

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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

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

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	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

M2. Food allergy awareness

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

Review of Retail Operations listed in 105 CMR 590.010

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

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	i	i	i	"	"
i	i	i	i	"	"
i	i	i	i	"	"
i	i	i	i	"	"

Local Requirements

L1. Local law or regulation

L2. Other

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

Discussion with Person-in-Charge

Inspector

Acknowledged Receipt :

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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 :

Food Establishment Inspection Report

Footnote 1

Notes:
refrigerator - 28F
freezer - 8F

Inspector

Acknowledged Receipt :