



# 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:** 12/8/2025 **Business ID:** Q3000031

**Business:** SMK Elementary School  
4 Gould St.

Ware, MA 01082

**Inspection:** Q3000267

**Permit #:**

**Phone:**

**Inspector:** 03 John Prenosil

**Reason:** 01. Routine

**Next Inspection on or near:** 6/6/2026

**Results:** Next Routine 180

### Time In / Time Out

| Date     | In       | Out      | Insp | Travel | Total | Mileage | Notes |
|----------|----------|----------|------|--------|-------|---------|-------|
| 12/08/25 | 10:20 AM | 10:50 AM | 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 Mindy O'Keefe

Risk Category Medium

Certified Food Protection Manager Jeff Nicholas

CFPM Exp Date 12/18/2024

Certified Allergy Trained Name Jeff Nicholas

Allergy Exp Date 11/03/2026

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: Mindy O'Keefe

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## Food Establishment Inspection Report

| Employee Health                                                            |     |                                     |                                     |     |        |                                                                                                  |
|----------------------------------------------------------------------------|-----|-------------------------------------|-------------------------------------|-----|--------|--------------------------------------------------------------------------------------------------|
| IN                                                                         | OUT | N/O                                 | N/A                                 | COS | REPEAT |                                                                                                  |
| <input checked="" type="checkbox"/>                                        | i   | i                                   | i                                   | "   | "      | 3. Management, food employee and conditional employee; knowledge, responsibilities and reporting |
| <input checked="" type="checkbox"/>                                        | i   | i                                   | i                                   | "   | "      | 4. Proper Use of Restriction & Exclusion                                                         |
| <input checked="" type="checkbox"/>                                        | i   | i                                   | i                                   | "   | "      | 5. Procedures for responding to vomiting and diarrheal events                                    |
| Good Hygienic Practices                                                    |     |                                     |                                     |     |        |                                                                                                  |
| IN                                                                         | OUT | N/O                                 | N/A                                 | COS | REPEAT |                                                                                                  |
| <input checked="" type="checkbox"/>                                        | i   | i                                   | i                                   | "   | "      | 6. Proper eating, tasting, drinking, or tobacco use                                              |
| <input checked="" type="checkbox"/>                                        | i   | i                                   | i                                   | "   | "      | 7. No discharge from eyes, nose, and mouth                                                       |
| Preventing Contamination by Hands                                          |     |                                     |                                     |     |        |                                                                                                  |
| IN                                                                         | OUT | N/O                                 | N/A                                 | COS | REPEAT |                                                                                                  |
| <input checked="" type="checkbox"/>                                        | i   | i                                   | i                                   | "   | "      | 8. Hands clean & properly washed                                                                 |
| <input checked="" type="checkbox"/>                                        | i   | i                                   | i                                   | "   | "      | 9. No bare hand contact with RTE food                                                            |
| <input checked="" type="checkbox"/>                                        | i   | i                                   | i                                   | "   | "      | 10. Adequate handwashing sinks properly supplied and accessible                                  |
| Approved Sources                                                           |     |                                     |                                     |     |        |                                                                                                  |
| IN                                                                         | OUT | N/O                                 | N/A                                 | COS | REPEAT |                                                                                                  |
| <input checked="" type="checkbox"/>                                        | i   | i                                   | i                                   | "   | "      | 11. Food obtained from approved source                                                           |
| i                                                                          | i   | <input checked="" type="checkbox"/> | i                                   | "   | "      | 12. Food received at proper temperature                                                          |
| <input checked="" type="checkbox"/>                                        | i   | i                                   | i                                   | "   | "      | 13. Food in good condition, honestly presented, safe, & unadulterated                            |
| i                                                                          | i   | i                                   | <input checked="" type="checkbox"/> | "   | "      | 14. Required records available: shellstock tags, parasite destruction                            |
| Protection from Contamination                                              |     |                                     |                                     |     |        |                                                                                                  |
| IN                                                                         | OUT | N/O                                 | N/A                                 | COS | REPEAT |                                                                                                  |
| <input checked="" type="checkbox"/>                                        | i   | i                                   | i                                   | "   | "      | 15. Food separated and protected                                                                 |
| <input checked="" type="checkbox"/>                                        | i   | i                                   | i                                   | "   | "      | 16. Food-contact surfaces: cleaned & sanitized                                                   |
| <input checked="" type="checkbox"/>                                        | i   | i                                   | i                                   | "   | "      | 17. Proper disposition of returned, previously served reconditions, & unsafe food                |
| Time/Temperature Control for Safety                                        |     |                                     |                                     |     |        |                                                                                                  |
| IN                                                                         | OUT | N/O                                 | N/A                                 | COS | REPEAT |                                                                                                  |
| i                                                                          | i   | <input checked="" type="checkbox"/> | i                                   | "   | "      | 18. Proper cooking time & temperatures                                                           |
| i                                                                          | i   | <input checked="" type="checkbox"/> | i                                   | "   | "      | 19. Proper reheating procedures for hot holding                                                  |
| i                                                                          | i   | <input checked="" type="checkbox"/> | i                                   | "   | "      | 20. Proper cooling time and temperature                                                          |
| i                                                                          | i   | <input checked="" type="checkbox"/> | i                                   | "   | "      | 21. Proper hot holding temperatures                                                              |
| <b><i>This item has Notes. See Footnote 1 at end of questionnaire.</i></b> |     |                                     |                                     |     |        |                                                                                                  |
| <input checked="" type="checkbox"/>                                        | i   | i                                   | i                                   | "   | "      | 22. Proper cold holding temperatures                                                             |
| <b><i>This item has Notes. See Footnote 2 at end of questionnaire.</i></b> |     |                                     |                                     |     |        |                                                                                                  |
| <input checked="" type="checkbox"/>                                        | i   | i                                   | i                                   | "   | "      | 23. Proper date marking and disposition                                                          |
| i                                                                          | i   | i                                   | <input checked="" type="checkbox"/> | "   | "      | 24. Time as a Public Health Control                                                              |
| Consumer Advisory                                                          |     |                                     |                                     |     |        |                                                                                                  |
| IN                                                                         | OUT | N/O                                 | N/A                                 | COS | REPEAT |                                                                                                  |
| i                                                                          | i   | i                                   | <input checked="" type="checkbox"/> | "   | "      | 25. Consumer advisory provided for raw / undercooked foods                                       |
| Highly Susceptible Populations (HSP)                                       |     |                                     |                                     |     |        |                                                                                                  |
| IN                                                                         | OUT | N/O                                 | N/A                                 | COS | REPEAT |                                                                                                  |
| <input checked="" type="checkbox"/>                                        | i   | i                                   | i                                   | "   | "      | 26. Pasteurized foods used; prohibited foods not offered                                         |



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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

IN OUT N/O N/A COS REPEAT

i i i □ " "

□ i i i " "

### Conformance with Approved Procedures

29. Compliance with variance / specialized process / HACCP Plan

IN OUT N/O N/A COS REPEAT

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

30. Pasteurized eggs used where required

31. Water & ice from approved source

32. Variance obtained for specialized processing methods

IN OUT N/O N/A COS REPEAT

□ i i i " "

i i i i " "

i i i i " "

### 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

IN OUT N/O N/A COS REPEAT

i i □ i " "

i i □ i " "

i i □ i " "

i i i i " "

### Food Identification

37. Food properly labeled; original container

IN OUT N/O N/A COS REPEAT

i i i i " "

### 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

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 " "

### 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

IN OUT N/O N/A COS REPEAT

i i i i " "

i i i i " "

i i i i " "

i i i i " "

### Utensils, Equipment and Vending

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

IN OUT N/O N/A OS REPEAT

i i i i " "



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## Food Establishment Inspection Report

### Utensils, Equipment and Vending

|                                                                        | IN | OUT | N/O | N/A | OS | REPEAT |
|------------------------------------------------------------------------|----|-----|-----|-----|----|--------|
| 48. Warewashing facilities: installed, maintained, & used; test strips | i  | i   | i   | i   | "  | "      |
| 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   | i   | "   | "      |
| 56. Adequate ventilation & lighting; designated areas used     | i  | i   | i   | i   | "   | "      |

### MASSACHUSETTS ONLY REGULATIONS

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   | "   | "      |

### Discussion with Person-in-Charge



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Food Establishment Inspection Report

Fail Notes Summary

| Code                                 | Text                                                         |
|--------------------------------------|--------------------------------------------------------------|
| 21. Proper hot holding temperatures  |                                                              |
|                                      | This item has Notes. See Footnote 1 at end of questionnaire. |
|                                      |                                                              |
| 22. Proper cold holding temperatures |                                                              |
|                                      | This item has Notes. See Footnote 2 at end of questionnaire. |



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## Food Establishment Inspection Report

### **Footnote 1**

**Notes:**

hand sink hot water - 122F

dishwasher high temperature rinse - 170.1F

### **Footnote 2**

**Notes:**

milk in milk cooler - 40.6F

walk in cooler ambient - 36.2F

Traulsen cold holding ambient - 38F



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