



Quabbin Health District
 126 Main Street
 Ware, MA 01082

FOOD ESTABLISHMENT INSPECTION REPORT

Fieldcrest Brewing
 11 East Main Street
 Ware, MA 01082
Permit #:

Inspection #: 199D199
Started: 3/27/26 2:30 PM
Completed: 3/27/26 3:08 PM
Type: Routine
Inspector: John M. Prenosil

Category: Brick & Mortar
Phone:
Risk Level: 2
PIC: Shannon Owner, PIC

Foodborne Illness Risk Factors and Public Health Interventions

IN = in compliance, OUT = out of compliance, N/O = not observed, N/A = not applicable, COS = corrected on-site during inspection **Repeat Violations in Yellow**

Supervision 1-2	#V IN OUTNA NOCOS	Protection From Contamination 15-17	#V IN OUTNA NOCOS
1. PIC present, demonstrates knowledge, and performs duties	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	15. Food separated and protected	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2. Certified Food Protection Manager	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	16. Food-contact surfaces; cleaned & sanitized	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Employee Health 3-5		17. Proper disposition of returned, previously served, reconditioned & unsafe foods	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3. Management, food employee and conditional employee knowledge, responsibilities and reporting	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Time/Temperature Control for Safety 18-24	
4. Proper use of restriction and exclusion	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	18. Proper cooking time & temperatures	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
5. Procedures for responding to vomiting and diarrheal events	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	19. Proper reheating procedures for hot holding	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
Good Hygienic Practices 6-7		20. Proper cooling time and temperature	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
6. Proper eating, tasting, drinking, or tobacco use	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	21. Proper hot holding temperatures	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
7. No discharge from eyes, nose, and mouth	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	22. Proper cold holding temperatures	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Preventing Contamination by Hands 8-10		23. Proper date marking and disposition	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
8. Hands clean & properly washed	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	24. Time as a Public Health Control; procedures & records	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
9. No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Consumer Advisory 25	
10. Adequate handwashing sinks supplied and accessible	2 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	25. Consumer advisory provided for raw/undercooked food	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Approved Source 11-14		Highly Susceptible Populations 26	
11. Food obtained from approved source	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	26. Pasteurized foods used; prohibited foods not offered	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
12. Food received at proper temperature	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Food/Color Additives and Toxic Substances 27-28	
13. Food in good condition, safe & unadulterated	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	27. Food additives: approved & properly used	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
14. Required records available: shellstock tags, parasite destruction,	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	28. Toxic substances properly identified, stored & used	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		Conformance with Approved Procedures 29	
		29. Compliance with variance/specialized process/HACCP	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Good Retail Practices

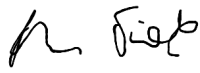
Safe Food and Water 30-32	#V	IN	OUT	NA	NOCOS	Proper Use of Utensils 43-46	#V	IN	OUT	NA	NOCOS	
30. Pasteurized eggs used where required		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	43. In-use utensils: properly stored		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
31. Water & ice from approved source		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	44. Utensils, equip. & linens: property stored, dried & handled		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
32. Variance obtained for specialized processing methods		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	45. Single-use/single-service articles: properly stored & used		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Food Temperature Control 33-36	#V	IN	OUT	NA	NOCOS	46. Gloves used properly	#V	IN	OUT	NA	NOCOS	
33. Proper cooling methods used; adequate equip. for temp. control		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	46. Gloves used properly		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
34. Plant food properly cooked for hot holding		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils, Equipment and Vending 47-49						
35. Approved thawing methods used		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	47. All contact surfaces cleanable, properly designed, constructed, & used	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
36. Thermometers provided & accurate		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	48. Warewashing facilities: installed, maintained & used; test strips	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Food Identification 37	#V	IN	OUT	NA	NOCOS	49. Non-food contact surfaces clean	#V	IN	OUT	NA	NOCOS	
37. Food properly labeled; original container		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	49. Non-food contact surfaces clean		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Prevention of Food Contamination 38-42	#V	IN	OUT	NA	NOCOS	Physical Facilities 50-56						
38. Insects, rodents & animals not present		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	50. Hot & cold water available; adequate pressure		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
39. Contamination prevented in prep, storage & display		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	51. Plumbing installed; proper backflow devices		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
40. Personal cleanliness		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	52. Sewage & waste water properly disposed		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
41. Wiping cloths; properly used & stored		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	53. Toilet facilities: properly constructed, supplied, & cleaned		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
42. Washing fruits & vegetables		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	54. Garbage & refuse properly disposed; facilities maintained		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
						55. Physical facilities installed, maintained & clean		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
						56. Adequate ventilation & lighting; designated areas use		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							#V	IN	OUT	NA	NOCOS	
							State/Local Regulations		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							State / Local regulation violation		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 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).

Priority	Priority f	Core	Total
0	3	1	4



Inspector Signature



PIC Signature

Re-Inspection Scheduled on 4/2/2026

Violations Cited

10 Pf 5-202.12 (A)(B) Handwashing Sink, Installation

Code Description: A handwashing lavatory shall be equipped to provide water at a temperature of at least 100°F through a mixing valve or combination faucet. A steam mixing valve may not be used at a handwashing sink.

Area: bar

In accordance with Section 8-405.11 this violation must be corrected within 10 days.

10 Pf 5-202.12 (A)(B) Handwashing Sink, Installation

Code Description: A handwashing lavatory shall be equipped to provide water at a temperature of at least 100°F through a mixing valve or combination faucet. A steam mixing valve may not be used at a handwashing sink.

Area: mens restroom

In accordance with Section 8-405.11 this violation must be corrected within 10 days.

47 C 4-501.11 Good Repair and Proper Adjustment

Code Description: Equipment shall be maintained in a state of repair and condition that meets FDA requirements. Equipment components such as doors, seals, hinges, fasteners, and kick plates shall be kept intact, tight, and adjusted in accordance with manufacturers specifications. Cutting or piercing parts of can openers shall be kept sharp to minimize the creation of metal fragments that can contaminate food when the container is opened.

Notes: CO2 canister not secured to wall.

Area: food prep area

In accordance with Section 8-405.11 this violation must be corrected within 90 days.

48 Pf 4-302.14 Sanitizing Solution Testing Devices

Code Description: A test kit or other device that accurately measures the concentration of sanitizing solutions shall be provided.

Notes: No test strips. PIC indicated strips were ordered.

In accordance with Section 8-405.11 this violation must be corrected within 10 days.

Temperatures

Area	Equipment	Product	Process	Temp (f)	Cite?
back room	white cold holding unit	Ambient	Holding	39	
back room	hand sink	Water		105	
back room	chest freezer	Ambient	Holding	3	
back room	walk in cooler	Ambient	Holding	38	
womens restroom	hand sink	Water		109	
bar	hand sink	Water		96.4	
mens restroom	hand sink	Water		96.7	

General Notes

Keep hot holding equipment off the floor.

Obtain Test strips
hang mop to dry