



Quabbin Health District
126 Main Street
Ware, MA 01082

FOOD ESTABLISHMENT INSPECTION REPORT

Citrus & Soiree
254 Breckenridge Street
Palmer, MA 01069

Permit #:

Inspection #: E789E78
Date: 5/22/26 3:02 PM
Closed: 5/22/26 3:09 PM

Type: Routine
Inspector: John M. Prenosil

Category: Mobile (Food Truck)

Phone: (413) 209-2434

Risk Level:

PIC: Bhavin Patel

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	#V IN OUTNA NOCOS	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 checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Time/Temperature Control for Safety 18-24	#V IN OUTNA NOCOS
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 checked="" 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	#V IN OUTNA NOCOS	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 checked="" 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 checked="" 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	#V IN OUTNA NOCOS	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 checked="" type="checkbox"/> <input type="checkbox"/> <input 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 checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Consumer Advisory 25	#V IN OUTNA NOCOS
10. Adequate handwashing sinks supplied and accessible	<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 type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
Approved Source 11-14	#V IN OUTNA NOCOS	Highly Susceptible Populations 26	#V IN OUTNA NOCOS
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 checked="" type="checkbox"/> <input 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	#V IN OUTNA NOCOS
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	#V IN OUTNA NOCOS
		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			✓			43. In-use utensils: properly stored						
31. Water & ice from approved source						44. Utensils, equip. & linens: property stored, dried & handled						
32. Variance obtained for specialized processing methods						45. Single-use/single-service articles: properly stored & used						
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			✓			Utensils, Equipment and Vending 47-49						
34. Plant food properly cooked for hot holding			✓			47. All contact surfaces cleanable, properly designed, constructed, & used						
35. Approved thawing methods used			✓			48. Warewashing facilities: installed, maintained & used; test strips						
36. Thermometers provided & accurate						49. Non-food contact surfaces clean						
Food Identification 37	#V	IN	OUT	NA	NOCOS	Physical Facilities 50-56						
37. Food properly labeled; original container						50. Hot & cold water available; adequate pressure						
Prevention of Food Contamination 38-42						#V	IN	OUT	NA	NOCOS		
38. Insects, rodents & animals not present						51. Plumbing installed; proper backflow devices						
39. Contamination prevented in prep, storage & display						52. Sewage & waste water properly disposed						
40. Personal cleanliness						53. Toilet facilities: properly constructed, supplied, & cleaned						
41. Wiping cloths; properly used & stored						54. Garbage & refuse properly disposed; facilities maintained						
42. Washing fruits & vegetables						55. Physical facilities installed, maintained & clean						
						56. Adequate ventilation & lighting; designated areas use						
						#V	IN	OUT	NA	NOCOS		
						State/Local Regulations						
						State / Local regulation violation						<input type="checkbox"/> <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	0	0	0



Inspector Signature



PIC Signature

No Re-Inspection Required

Violations Cited

No Violations Cited

Temperatures

Area	Equipment	Product	Process	Temp (f)	Cite?
kitchen	cold holding	ambient	Holding	39.8	
kitchen	cold holding	ambient	Holding	36	
kitchen	freezer	ambient	Holding	1	
kitchen	hand sink	water		112	

General Notes