



Quabbin Health District
126 Main Street
Ware, MA 01082

FOOD ESTABLISHMENT INSPECTION REPORT

Jacks Fries
21 Prospect Street
Ware, MA 01082

Inspection #: DD65DD6
Date: 5/8/26 9:03 AM
Closed: 5/8/26 9:09 AM
Type: Routine
Inspector: John M. Prenosil

Category: Mobile (Food Truck)
Phone: (413) 427-9986
Risk Level: 1
PIC: Kelly Grout

Permit #:

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 checked="" 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 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		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 type="checkbox"/> <input type="checkbox"/> <input checked="" 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 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	
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		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 type="checkbox"/> <input checked="" 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 type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>

Good Retail Practices

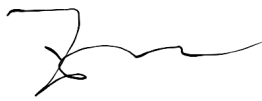
Safe Food and Water 30-32	#V	IN	OUT	NA	NOCOS	Proper Use of Utensils 43-46	#V	IN	OUT	NA	NOCOS
30. Pasteurized eggs used where required			✓			43. In-use utensils: properly stored					
31. Water & ice from approved source						44. Utensils, equip. & linens: property stored, dried & handled					
32. Variance 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	51. Plumbing installed; proper backflow devices					
38. Insects, rodents & animals not present						52. Sewage & waste water properly disposed					
39. Contamination prevented in prep, storage & display						53. Toilet facilities: properly constructed, supplied, & cleaned					
40. Personal cleanliness						54. Garbage & refuse properly disposed; facilities maintained					
41. Wiping cloths; properly used & stored						55. Physical facilities installed, maintained & clean					
42. Washing fruits & vegetables						56. Adequate ventilation & lighting; designated areas use					
						State/Local Regulations	#V	IN	OUT	NA	NOCOS
						State / Local regulation violation					

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	hand sink	water		105	
kitchen	cold holding	ambient	Holding	-3	

General Notes