

## Food Establishment Inspection Report – City/Town of Ware

|                                     |             |                                                                                                                 |                                                                                                                                                                           |
|-------------------------------------|-------------|-----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Establishment: <u>BP Gas</u>        |             | Date: <u>9/2/20</u>                                                                                             | Page 1 of <u>3</u>                                                                                                                                                        |
| Address: <u>18 West St</u>          |             | Time in: <u>10:47am</u> Time out: <u>11:22am</u>                                                                |                                                                                                                                                                           |
| Telephone: <u>413-967-4403</u>      | Permit No.: | Number of Violated Provisions Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29): | <div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">2</div> |
| Owner:                              |             |                                                                                                                 |                                                                                                                                                                           |
| Person-in-charge: <u>Jerry Raju</u> |             | Number of Repeat Violations Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29):   | <div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">1</div> |
| Inspector: <u>Julia Walsh</u>       |             |                                                                                                                 |                                                                                                                                                                           |

**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    **R** = repeat violation

| Compliance Status                        |                                                                                               | IN | OUT | N/A | N/O | COS | R |
|------------------------------------------|-----------------------------------------------------------------------------------------------|----|-----|-----|-----|-----|---|
| <b>Supervision</b>                       |                                                                                               |    |     |     |     |     |   |
| 1                                        | Person-in-charge present, demonstrates knowledge, and performs duties                         | ✓  |     |     |     |     |   |
| 2                                        | Certified Food Protection Manager                                                             |    |     | ✓   |     |     |   |
| <b>Employee Health</b>                   |                                                                                               |    |     |     |     |     |   |
| 3                                        | Management, food employee and conditional employee; knowledge, responsibilities and reporting | ✓  |     |     |     |     |   |
| 4                                        | Proper use of restriction and exclusion                                                       | ✓  |     |     |     |     |   |
| 5                                        | Procedures for responding to vomiting and diarrheal events                                    |    | ✓   |     |     |     |   |
| <b>Good Hygienic Practices</b>           |                                                                                               |    |     |     |     |     |   |
| 6                                        | Proper eating, tasting, drinking, or tobacco use                                              | ✓  |     |     |     |     |   |
| 7                                        | No discharge from eyes, nose, and mouth                                                       | ✓  |     |     |     |     |   |
| <b>Preventing Contamination by Hands</b> |                                                                                               |    |     |     |     |     |   |
| 8                                        | Hands clean & properly washed                                                                 | ✓  |     |     |     |     |   |
| 9                                        | No bare hand contact with ready-to-eat food                                                   |    |     | ✓   |     |     |   |
| 10                                       | Adequate handwashing sinks properly supplied and accessible                                   |    | ✓   |     |     |     |   |
| <b>Approved Source</b>                   |                                                                                               |    |     |     |     |     |   |
| 11                                       | Food obtained from approved source                                                            | ✓  |     |     |     |     |   |
| 12                                       | Food received at proper temperature                                                           |    |     |     | ✓   |     |   |
| 13                                       | Food received in good condition, safe, & unadulterated                                        | ✓  |     |     |     |     |   |
| 14                                       | Required records available: shellstock tags, parasite destruction                             |    |     | ✓   |     |     |   |

| Compliance Status                                |                                                                                | IN | OUT | N/A | N/O | COS | R |
|--------------------------------------------------|--------------------------------------------------------------------------------|----|-----|-----|-----|-----|---|
| <b>Protection from Contamination</b>             |                                                                                |    |     |     |     |     |   |
| 15                                               | Food separated and protected                                                   | ✓  |     |     |     |     |   |
| 16                                               | Food-contact surfaces; cleaned & sanitized                                     |    |     | ✓   |     |     |   |
| 17                                               | Proper disposition of returned, previously served, reconditioned & unsafe food | ✓  |     |     |     |     |   |
| <b>Time/Temperature Control for Safety</b>       |                                                                                |    |     |     |     |     |   |
| 18                                               | Proper cooking time & temperatures                                             |    |     | ✓   |     |     |   |
| 19                                               | Proper reheating procedures for hot holding                                    |    |     | ✓   |     |     |   |
| 20                                               | Proper cooling time and temperature                                            |    |     | ✓   |     |     |   |
| 21                                               | Proper hot holding temperature                                                 |    |     | ✓   |     |     |   |
| 22                                               | Proper cold holding temperature                                                |    |     | ✓   |     |     |   |
| 23                                               | Proper date marking and disposition                                            | ✓  |     |     |     |     |   |
| 24                                               | Time as a Public Health Control                                                |    |     | ✓   |     |     |   |
| <b>Consumer Advisory</b>                         |                                                                                |    |     |     |     |     |   |
| 25                                               | Consumer advisory provided for raw / undercooked food                          |    |     | ✓   |     |     |   |
| <b>Highly Susceptible Populations</b>            |                                                                                |    |     |     |     |     |   |
| 26                                               | Pasteurized foods used; prohibited foods not offered                           |    |     | ✓   |     |     |   |
| <b>Food/Color Additives and Toxic Substances</b> |                                                                                |    |     |     |     |     |   |
| 27                                               | Food additives: approved & properly used                                       |    |     | ✓   |     |     |   |
| 28                                               | Toxic substances properly identified, stored & used                            |    |     | ✓   |     |     |   |
| <b>Conformance with Approved Procedures</b>      |                                                                                |    |     |     |     |     |   |
| 29                                               | Compliance with variance / specialized process / HACCP Plan                    |    |     | ✓   |     |     |   |

**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).

**Date of Reinspection:** \_\_\_\_\_ **Discussion with Person-in-Charge:** \_\_\_\_\_

Signature of Person-in-Charge: \_\_\_\_\_

Date: 9/2/20

Signature of Inspector: \_\_\_\_\_

Date: 9/2/20

## Food Establishment Inspection Report – City/Town of Ware

|                                                                                                                                                             |                     |                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|----------------|
| Establishment: <u>BP Gas</u>                                                                                                                                | Date: <u>9/2/26</u> | Page 2 of ____ |
| <b>GOOD RETAIL PRACTICES AND MASSACHUSETTS-ONLY SECTIONS</b>                                                                                                |                     |                |
| IN = in compliance   OUT = out of compliance   N/O = not observed   N/A = not applicable   COS = corrected on-site during inspection   R = repeat violation |                     |                |

| Compliance Status                       |                                                                                   | IN | OUT | N/A | N/O | COS | R |
|-----------------------------------------|-----------------------------------------------------------------------------------|----|-----|-----|-----|-----|---|
| <b>Safe Food and Water</b>              |                                                                                   |    |     |     |     |     |   |
| 30                                      | Pasteurized eggs used where required                                              |    |     | ✓   |     |     |   |
| 31                                      | Water & ice from approved source                                                  |    |     |     |     |     |   |
| 32                                      | Variance obtained for specialized processing methods                              |    |     | ✓   |     |     |   |
| <b>Food Temperature Control</b>         |                                                                                   |    |     |     |     |     |   |
| 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 & accurate                                                  |    |     |     |     |     |   |
| <b>Food Identification</b>              |                                                                                   |    |     |     |     |     |   |
| 37                                      | Food properly labeled; original container                                         |    |     |     |     |     |   |
| <b>Prevention of Food Contamination</b> |                                                                                   |    |     |     |     |     |   |
| 38                                      | Insects, rodents, & animals not present                                           |    |     |     |     |     |   |
| 39                                      | Contamination prevented during food preparation, storage and display              |    |     |     |     |     |   |
| 40                                      | Personal cleanliness                                                              |    |     |     |     |     |   |
| 41                                      | Wiping cloths: properly used & stored                                             |    |     |     |     |     |   |
| 42                                      | Washing fruits & vegetables                                                       |    |     |     |     |     |   |
| <b>Proper Use of Utensils</b>           |                                                                                   |    |     |     |     |     |   |
| 43                                      | In-use utensils properly stored                                                   |    |     |     |     |     |   |
| 44                                      | Utensils, equipment & linens: properly stored, dried, & handled                   |    |     |     |     |     |   |
| 45                                      | Single-use / single-service articles: properly stored & used                      |    |     |     |     |     |   |
| 46                                      | Gloves used properly                                                              |    |     |     |     |     |   |
| <b>Utensils, Equipment and Vending</b>  |                                                                                   |    |     |     |     |     |   |
| 47                                      | Food & non-food contact surfaces cleanable, properly designed, constructed & used |    |     |     |     |     |   |

| Compliance Status                                            |                                                                    | IN | OUT | N/A | N/O | COS | R |
|--------------------------------------------------------------|--------------------------------------------------------------------|----|-----|-----|-----|-----|---|
| 48                                                           | Warewashing facilities: installed, maintained, & used; test strips |    |     |     |     |     |   |
| 49                                                           | Non-food contact surfaces clean                                    |    |     |     |     |     |   |
| <b>Physical Facilities</b>                                   |                                                                    |    |     |     |     |     |   |
| 50                                                           | Hot & cold water available; adequate pressure                      |    |     |     |     |     |   |
| 51                                                           | Plumbing installed; proper backflow devices                        |    |     |     |     |     |   |
| 52                                                           | Sewage & 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             |    |     |     |     |     |   |
| <b>Additional Requirements listed in 105 CMR 590.011</b>     |                                                                    |    |     |     |     |     |   |
| M1                                                           | Anti-choking procedures in food service establishment              |    |     |     |     |     |   |
| M2                                                           | Food allergy awareness                                             |    |     |     |     |     |   |
| <b>Review of Retail Operations listed in 105 CMR 590.010</b> |                                                                    |    |     |     |     |     |   |
| 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                                               |    |     |     |     |     |   |
| <b>Local Requirements</b>                                    |                                                                    |    |     |     |     |     |   |
| L1                                                           | Local law or regulation                                            |    |     |     |     |     |   |
| L2                                                           | Other                                                              |    |     |     |     |     |   |

|                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                           |                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| <b>Type of Operation(s):</b><br><input checked="" type="checkbox"/> Food Service Establishment<br><input checked="" type="checkbox"/> Retail Food Store<br><input type="checkbox"/> Residential: Cottage Foods<br><input type="checkbox"/> Residential; Bed & Breakfast<br><input type="checkbox"/> Mobile/Pushcart<br><input type="checkbox"/> Temporary Food Estab.<br><input type="checkbox"/> Other _____ | <b>Type of Inspection:</b><br><input checked="" type="checkbox"/> Routine<br><input type="checkbox"/> Re-inspection<br><input type="checkbox"/> Pre-operational<br><input type="checkbox"/> Illness investigation<br><input type="checkbox"/> General complaint<br><input type="checkbox"/> HACCP<br><input type="checkbox"/> Other _____ | <b>Other Information:</b><br><br><br> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|

Signature of Person-in-Charge:

 Date: 9/2/26

Signature of Inspector:

 Date: 9/2/26

Establishment: BP Gas

Date:

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| Temperature Observations |  |           |                 |  |           |
|--------------------------|--|-----------|-----------------|--|-----------|
| Item / Location          |  | Temp (°F) | Item / Location |  | Temp (°F) |
| Nor. Amax Freezer        |  | 28.9°     |                 |  |           |
| Frigid Freezer           |  | -14.2     |                 |  |           |
| Bathroom                 |  | 77°       |                 |  |           |
| AHT Cooler               |  | 43.7°     |                 |  |           |
|                          |  |           |                 |  |           |

Violations cited in this report must be corrected within the time frames stated below or in Section 8-405.11 of the Food Code

[illegible]

**Signature of Person-in-Charge:**

Date: 9/2/26

**Signature of Inspector:**

Date: 9/2/24