

Food Establishment Inspection Report - City of Pittsfield

Establishment	<i>Pancho's Restaurant</i>	Start Date	<i>03/13/26</i>	Type Of Operation(S) <input checked="" type="checkbox"/> Food Service Establishment <input type="checkbox"/> Retail Food Store <input type="checkbox"/> Residential: Cottage Foods <input type="checkbox"/> Residential: Bed & Breakfast <input type="checkbox"/> Mobile/Pushcart <input type="checkbox"/> Temporary Food Estab. <input type="checkbox"/> Other	Type Of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection <input type="checkbox"/> Pre-operational <input type="checkbox"/> Illness investigation <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
Address	<i>156 North Street</i>				
Telephone	<i>413-499-2266</i>				
Owner	<i>Gabriel A. Columna</i>	Permit No.	<i>FEPA-26-0095</i>		
Person in charge(PIC)	<i>Gabriel</i>				
Time In	<i>02:18 PM</i>	Time Out			
Inspector	<i>Stephanie Layden</i>				

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 Health Department member or its agent constitutes an order of the Health Department. 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).

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

GOOD RETAIL PRACTICES AND MASSACHUSETTS-ONLY SECTIONS

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			COS	R	Compliance Status			COS	R
Safe Food and Water					Physical Facilities				
30	N/A	Pasteurized eggs used where required	<input type="checkbox"/>	<input type="checkbox"/>	48	OUT	Warewashing facilities: installed, maintained, & used; test strips	<input type="checkbox"/>	<input type="checkbox"/>
31	IN	Water & ice from approved source	<input type="checkbox"/>	<input type="checkbox"/>	49	OUT	Non-food contact surfaces clean	<input type="checkbox"/>	<input type="checkbox"/>
32	N/A	Variance obtained for specialized processing methods	<input type="checkbox"/>	<input type="checkbox"/>	Food Temperature Control				
33	OUT	Proper cooling methods used; adequate equipment for temperature control	<input type="checkbox"/>	<input type="checkbox"/>	50		Hot & cold water available; adequate pressure	<input type="checkbox"/>	<input type="checkbox"/>
34	N/O	Plant food properly cooked for hot holding	<input type="checkbox"/>	<input type="checkbox"/>	51		Plumbing installed; proper backflow devices	<input type="checkbox"/>	<input type="checkbox"/>
35	N/O	Approved thawing methods used	<input type="checkbox"/>	<input type="checkbox"/>	52		Sewage & waste water properly disposed	<input type="checkbox"/>	<input type="checkbox"/>
36	IN	Thermometers provided & accurate	<input type="checkbox"/>	<input type="checkbox"/>	53		Toilet features: properly constructed, supplied, & cleaned	<input type="checkbox"/>	<input type="checkbox"/>
Food Identification					54		Garbage & refuse properly disposed; facilities maintained	<input type="checkbox"/>	<input type="checkbox"/>
37	IN	Food properly labeled; original container	<input type="checkbox"/>	<input type="checkbox"/>	55	OUT	Physical facilities installed, maintained, & clean	<input type="checkbox"/>	<input type="checkbox"/>
Prevention of Food Contamination					56	OUT	Adequate ventilation & lighting; designated areas used	<input type="checkbox"/>	<input type="checkbox"/>
38	OUT	Insects, rodents, & animals not present	<input type="checkbox"/>	<input type="checkbox"/>	Additional Requirements listed in 105 CMR 590.011				
39	IN	Contamination prevented during food preparation, storage and display	<input type="checkbox"/>	<input type="checkbox"/>	M1		Anti-choking procedures in food service establishment	<input type="checkbox"/>	<input type="checkbox"/>
40	IN	Personal cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	M2	IN	Food allergy awareness	<input type="checkbox"/>	<input type="checkbox"/>
41	OUT	Wiping cloths: properly used & stored	<input type="checkbox"/>	<input type="checkbox"/>	Review of Retail Operations listed in 105 CMR 590.010				
42	N/O	Washing fruits & vegetables	<input type="checkbox"/>	<input type="checkbox"/>	M3		Caterer	<input type="checkbox"/>	<input type="checkbox"/>
Proper Use of Utensils					M4		Mobile Food Operation	<input type="checkbox"/>	<input type="checkbox"/>
43	IN	In-use utensils properly stored	<input type="checkbox"/>	<input type="checkbox"/>	M5		Temporary Food Establishment	<input type="checkbox"/>	<input type="checkbox"/>
44	IN	Utensils, equipment & linens: properly stored, dried, & handled	<input type="checkbox"/>	<input type="checkbox"/>	M6		Public Market; Farmers Market	<input type="checkbox"/>	<input type="checkbox"/>
45	IN	Single-use / single-service articles: properly stored & used	<input type="checkbox"/>	<input type="checkbox"/>	M7		Residential Kitchen; Bed-and-Breakfast Operation	<input type="checkbox"/>	<input type="checkbox"/>
46	N/O	Gloves used properly	<input type="checkbox"/>	<input type="checkbox"/>	M8		Residential Kitchen: Cottage Food Operation	<input type="checkbox"/>	<input type="checkbox"/>
Utensils, Equipment and Vending					M9		School Kitchen; USDA Nutrition Program	<input type="checkbox"/>	<input type="checkbox"/>
47	IN	Food & non-food contact surfaces cleanable, properly designed, constructed & used	<input type="checkbox"/>	<input type="checkbox"/>	M10		Leased Commercial Kitchen	<input type="checkbox"/>	<input type="checkbox"/>
					M11		Innovative Operation	<input type="checkbox"/>	<input type="checkbox"/>
					Local Requirements				
					L1		Local law or regulation	<input type="checkbox"/>	<input type="checkbox"/>
					L2		Other	<input type="checkbox"/>	<input type="checkbox"/>

Number of Violated Provisions Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29): 6

Number of Repeat Violations Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29): 0

Date of Reinspection:

INSPECTION RESULT:

Person in charge Signature:
Refused to Sign
 Gabriel

Inspector's Signature:


Temperature Observations

Item / Location	Temp (F)	Item / Location	Temp (F)	Item / Location	Temp (F)
walk in	42				
chest freezer	0				
Baine	36				
Baine	41				

Observations and/or Corrective Actions

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

Item No.	Status	Section of Code	Description of Violation		Date to Correct By
1	OUT	2-102.11(A), (B) and (C)(1), (4)-(16)	Demonstration person in charge unable to show proper demonstration of food handling	Pf	
1	OUT	2-103.11(A)-(P)	Person-In-Charge-Duties		
10	OUT	5-205.11	Using a Handwashing Sink-Operation and Maintenance hand wash sink blocked by dirty dishes	Pf	
10	OUT	6-301.12	Hand Drying Provision hand wash sink missing paper towels	Pf	
10	OUT	6-301.14	Handwashing Signage employees must wash hands sign missing in woman's room	C	
19	OUT	3-403.11	Reheating for Hot Holding food not reheated to proper temperature before placing in hot holding	P	
20	OUT	3-501.14	Cooling food left at room temperature for unknown period of time	P	
21	OUT	3-501.16(A)(1)	Time/Temperature Control for Safety Food, Hot and Cold Holding improper hot holding at 91 degrees	P	
23	OUT	3-501.17	Ready-To-Eat Time/Temperature Control for Safety Food, Date Marking all foods not labeled	Pf	
33	OUT	3-501.15	Cooling Methods large pots of food cooling at room temperature	Pf, C	
38	OUT	6-501.111	Controlling Pests live cockroach activity noted in main kitchen and under 3 bay sink	Pf, C	
41	OUT	3-304.14	Wiping Cloths, Use Limitation wiping clothes were unwashed	C	
47	IN	4-501.12	Cutting Surfaces green cutting board no longer cleanable	C	
48	OUT	4-301.12	Manual Warewashing, Sink Compartment Requirements wash rinse sanitize signage missing/improperly placed	Pf, C	
49	OUT	4-601.11(B) and (C)	Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils equipment and establishment require routine cleaning	C	
49	OUT	4-602.13	Nonfood Contact Surfaces	C	
55	OUT	6-201.11	Floors, Walls and Ceilings-Cleanability wall tiles in poor repair	C	
55	OUT	6-501.113	Storing Maintenance Tools motors on prep table near silverware	C	
56	OUT	6-403.11	Designated Areas-Employee Accommodations for eating / drinking/smoking employee/personal food not separated from other food items	C	

Discussion With Person in Charge:

Corrective Action Required

Yes No

- | | |
|--|---|
| <input type="checkbox"/> Voluntary Compliance | <input type="checkbox"/> Employee Restriction / Exclusion |
| <input type="checkbox"/> Re-inspection Scheduled | <input type="checkbox"/> Emergency Suspension |
| <input type="checkbox"/> Embargo | <input type="checkbox"/> Emergency Closure |
| <input type="checkbox"/> Voluntary Disposal | <input type="checkbox"/> Other |

General Comments

