□Failed □Closed □IHH State of Maine Health Inspection Report Page 1 of 5																
Establishment Name As Authorized by 22 MRSA & 2496						Critical Violations							Date	ate 8/21/2019		9
						Non-Critical Violations						2	Time In	1:	:30 PM	
							Certified Food Protection Manager					Υ	Time O	ut <u>3</u> :	:00 PM	_
License Expiry Date/EST. ID# Address							City				Zip Code		Telepho			
11/27/2019 / 18141 12 MOLLISON WAY						LEWISTON					04240-580		207-7			
License Type Owner Name MUN - EATING AND CATERING ITALIAN EXPRESS INC								Purpose of Inspection License Pos Full Follow-up Ye				case g c.,				
IVI	אוכ	- EATING	-	ITALIAN EXPRESS INC	OTO				-		Yes					_
	FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS															
	Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item IN=in compliance OUT=not in compliance N/O=not observed N/A=not applicable Mark"X" in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation															
Compliance Status Cos R Compliance Status Cos Potentially Hazardous Food Time/Temperature												cos	R			
4		IN	PIC present, demonstra	•	$\overline{}$	16 IN Proper cooking time & temperatures							П	Г		
1		performs duties				Ц	17 IN Proper reheating procedures for hot holding							ıg		Г
2		IN		loyee Health			18		IN	Proper cooling			es			
3		IN	Management awarenes Proper use of reporting	s; policy present g, restriction & exclusion	+	Н	19		IN	Proper hot hold	<u> </u>					L
				jienic Practices			20		IN	Proper cold ho						╙
4		IN		drinking, or tobacco use		П	21		IN IN	<u> </u>		rking & disposition				
5		IN	No discharge from eyes			Ц	22		IIN	Time as a publi		<u> </u>	oceaure	s & reco	ora	L
6	Preventing Contamination by Hands IN Hands clean & properly washed							Consumer Advisory Consumer advisory provided for raw or								
		II V		with RTE foods or approved	+	Н	23		IN	undercooked fe		u 101 16	aw Oi			İ
7		IN	alternate method prope	• •						Highly Susce	ptible Popula	tions				
8		IN Adequate handwashing facilities supplied & accessible			24 IN Pasteurized foods used; prohibited food				d foods n	ot		Γ				
			Approved Source offered										L			
9		IN	Food obtained from app	proved source							Chemical					
10		IN	Food received at prope	er temperature			25 26		IN	Food additives			_			⊢
11		IN	Food in good condition	, safe, & unadulterated			20		IN	Toxic substance				d & use	d	L
12		IN	Required records avail	able: shellstock tags			Н		C	Conformance with						
-	_		parasite destruction			Ц	27		IN	Compliance wi	th variance, s	special	ized pro	cess,		İ
10		INI		om Contamination		\vdash	닏			Ta Thou plan						<u> </u>
13 14					+	Н		Risl	k Factors	are improper prac	ctices or proce	dures id	lentified a	s the mos	st	
	Proper disposition of returned previously served															
15 IN Proper disposition of returned, previously served, reconditioned, & unsafe food										/.						
				GOOD I	RETA	IL F	PRA	CTI	CES							
			Good Retail Practices are	preventative measures to control the	additio	n of p	patho	gens	s, chemicals	s, and physical obje	cts into foods.					
Ma	rk ")	(" in box if n	umbered item is not in com	ipliance Mark "X" in appropriate	e box f	or CC	S an	d/or	R CO	S=corrected on-site	e during inspec	tion	R=repe	at violatio	on	
					cos	R									cos	R
			Safe Food and	Water			Proper Use of Utensils									
28	IN	Pasteurize	d eggs used where requ	ired	Т	П	41 IN In-use utensils: properly stored									
29	IN	Water & ic	e from approved source			П	42	IN	IN Utensils, equipment, & linens: properly stored, dried, & handled							Г
30	IN					П	43 IN Single-use & single-service articles: properly stored & used									
			Food Temperature (Control			44 IN Gloves used properly									Г
31 N Proper cooling methods used; adequate equipment for										Utensils, Equip	ment and Ven	ding				
		temperatu	re control		\perp	Ш	45	х		n-food contact su						х
32	IN	Plant food	properly cooked for hot	holding	\perp	Ц	Ľ	Ш	properly d	lesigned, constru	cted, & used				$-\!$	<u> </u>
33	IN	Approved	thawing methods used			Ш	46	IN	Warewash	ning facilities: inst	talled, mainta	ined, 8	& used; t	est strip	s	L
34	IN	Thermome	ters provided and accur	rate	\perp	Ц	47	IN	Non-food	contact surfaces	clean					L
			Food Identification		Physical Facilities											
35 IN Food properly labeled; original container								48 N Hot & cold water available; adequate pressure						$-\!$	<u> </u>	
6.5	, I		Prevention of Food Cont		1		49	-		installed; proper					-	\vdash
	IN Insects, rodents, & animals not present				+	Н	50 N Sewage & waste water properly disposed						\dashv	\vdash		
37 N Contamination prevented during food preparation, storage & display						Н	51 N Toilet facilities: properly constructed, supplied, & cleaned						\dashv	\vdash		
38 N Personal cleanliness 39 N Wiping cloths: properly used & stored							52 N Garbage & refuse properly disposed; facilities maintained 53 N Physical facilities installed, maintained, & clean						\vdash			
39 40	IN IN			reu	+	Н	53 54	IN Y							\dashv	\vdash
+0	пV	vvasning fi	ruits & vegetables	Maria			_	^_	Auequate	ventilation & ligh	ung, designa	teu are	ะสร นรัยป			
Per	Person in Charge (Signature) Health Inspector (Signature) LOUIS LACHANCE Date: 8/21/2019 Follow-up: YES NO Date of Follow-up:															
		nspector (S	signature)	2. 7 1						_						_
				Jours Marke		- 4	*		Follow	-up: YES	NO D	ate of F	ollow-u) :		
<u> </u>	LOUIS LACHANCE Follow-up: YES V NO Date of Follow-up:															

Address 12 MOLLISON	As Authorized by 22 MRSA § 2496 City / State LEWISTON / ME Date 8/21/2019 Zip Code 04240-5806 Telephone 207-783-0336
12 MOLLISON	City / State Zip Code Telephone
	1771 1211/21 1711/21
T	emperature Observations
-	Notes Plated for service
100	Plated for service
37*	Salad cooler unit
174*	Kitchen, hot holding
50-99 ppm	Waitstaff station
120*	Women's restroom hand wash sink
50-99 ppm	Cooking line sanitizer bucket
163*	Buffet, hot holding
122*	Bar area hand wash sink
43*	Salad bar
44*	Salad bar
122*	Kitchen hand wash
37*	Walk in cooler
	Temperature 166* 37* 174* 50-99 ppm 120* 50-99 ppm 163* 122* 43* 44*

	State of	Maine I	Heal	th Inspect	Page 3 of 5				
Establishment Name MARCOS				s Authorized b	Date 8/21/2019				
License Expiry Date/EST. ID# 11/27/2019 / 18141	Address 12 MOLLISON	WAY		City / State LEWISTON	/ ME	Zip Code 04240-5806	Telephone 207-783-0336		
Temperature Observations									
Location	Temperature	-			Notes				
Sliced lemon	38*	Bar cooler							
High temp. dish	155*/180*+	Wash/rince	cycles						
Cooked sausage	41*	2 door reac	h in coo	er					

Person in Charge (Signature)

Health Inspector (Signature) LOUIS LACHANCE



Date: 8/21/2019

State of Maine Health Inspection Report Establishment Name MARCOS License Expiry Date/EST. ID# Address City / State Zip Code 11/27/2019 / 18141 12 MOLLISON WAY LEWISTON ME 04240-5806

Observations and Corrective Actions

Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 and 8-406.11 of the Food Code

45: 4-501.11: N: Equipment in disrepair.

INSPECTOR NOTES: **REPEAT** Walk in floor panel is not sealed and is lifted. Repair or replace to be smooth and easily cleanable.

54: 6-202.12: N: Ventilation may cause food contamination.

INSPECTOR NOTES: Walk in cooler ventilation allowing for pooled, condensing water from fan unit to drip onto walk in floor or any items stored below. Repair system to eliminate condensation or properly drain pooled water.

Person in Charge (Signature)

Health Inspector (Signature)
LOUIS LACHANCE



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Date: 8/21/2019

State of Maine Health Inspection Report Page 5 of 5 8/21/2019 Date **Establishment Name MARCOS** License Expiry Date/EST. ID# **Address** Zip Code City / State 11/27/2019 /18141 12 MOLLISON WAY LEWISTON ME 04240-5806

Inspection Notes

Certified Food Protection Manager: Steven Tyler exp. 6/12/22 cert.# 15210190

Unless directed otherwise, all Eating Establishments are required to submit a copy of their Certified Food Protection Manager (CFPM) certificate. A CFPM must be hired at the time of a new eating establishment opening or within 60 days of when a CFPM leaves employment. For a list of CFPM courses and trainers go to

http://www.maine.gov/healthinspection/training.htm

Please provide a copy of this certification(s) to Carol Gott, Health Inspection Program, 286 Water St. 3rd Floor, Augusta, ME 04333, carol.gott@maine.gov or faxing to 207-287-3165.

Please include the name of your establishment and the establishment ID# with your certification(s).

Employee Health Policy:

The Health Inspection Program has implemented an educational public health initiative on Employee Health on March 1, 2017. The policy handouts will be provided to you by your inspector and reviewed during inspection for compliance. They are also available on the Program's website: http://www.maine.gov/healthinspection

2013 Maine Food Code Adoption:

The Maine Food Code was adopted in October of 2013. Please refer to our website for a copy,

http://www.maine.gov/healthinspection. Following are a few of the major changes: * No Bare Hand Contact with Ready-To-Eat Food. * Establishments must have clean-up procedures for employees to follow following vomiting and diarrheal events. * Date marking of Ready-to-eat potentially hazardous foods.

Violation Correction Timeframe:

Critical violations should be corrected on site, but in any event, within 10 days. The licensee must contact Louis Lachance when the critical violation has been addressed at 207-513-3125 extension 3224 or at llachance@lewistonmaine.gov. Non-critical violations must be corrected within 30 days. Failure to satisfactorily correct these violations before the follow-up inspection may result in enforcement proceedings by the Department to include fines and penalties. License renewals can be denied if violations are not corrected within the noted timeframes.

C= Critical violation and NC= Non-critical violation:

"Critical violation" means a provision of the Food Code that, if in non-compliance, is more likely than other violations to contribute to food contamination, illness or environmental health hazard.

Additional Inspection Fee:

License fees provide for two inspections per year. When additional inspections are required, the Department may charge an additional \$100 fee to cover the costs of each additional inspection or visit.

Document Retention/Posting:

Pursuant to the Maine Food Code, the establishment's current license must be displayed. In addition, a sign or placard must be posted in a conspicuous area notifying consumers that a copy of the most recent inspection report is available upon request. CFPM certificates must be posted in a conspicuous area and must be available to the Department upon request.

Person in Charge (Signature)

Health Inspector (Signature)

LOUIS LACHANCE

Date: 8/21/2019

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