

Failed Closed IHH

State of Maine Health Inspection Report

Establishment Name BLAKE STREET TOWERS	As Authorized by 22 MRSA § 2496	No. of Risk Factor/Intervention Groups Out	2	Date	10/7/2014
		No. of Repeat Risk Factor/Intervention Groups Out	0	Time In	9:45 AM
		Certified Food Protection Manager	N	Time Out	10:30 AM

License Expiry Date/EST. ID# 6/16/2015 / 19111	Address 70 BLAKE ST	City LEWISTON	Zip Code 04240-7150	Telephone 207-783-1423
License Type	Owner Name LEWISTON HOUSING AUTHOR	Purpose of Inspection Regular	License Posted	Risk Category

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	R
Supervision								
1	OUT	PIC present, demonstrates knowledge, and performs duties			16	IN		
Employee Health								
2	IN	Management awareness; policy present			17	IN		
3	IN	Proper use of reporting, restriction & exclusion			18	IN		
Good Hygienic Practices								
4	IN	Proper eating, tasting, drinking, or tobacco use			19	IN		
5	IN	No discharge from eyes, nose, and mouth			20	IN		
Preventing Contamination by Hands								
6	IN	Hands clean & properly washed			21	IN		
7	IN	No bare hand contact with RTE foods or approved alternate method properly followed			22	IN		
8	OUT	Adequate handwashing facilities supplied & accessible			Consumer Advisory			
Approved Source								
9	IN	Food obtained from approved source			23	IN		
10	IN	Food received at proper temperature			Highly Susceptible Populations			
11	IN	Food in good condition, safe, & unadulterated			24	IN		
12	IN	Required records available: shellstock tags parasite destruction			Chemical			
Protection from Contamination								
13	IN	Food separated & protected			25	IN		
14	IN	Food-contact surfaces: cleaned and sanitized			26	IN		
15	IN	Proper disposition of returned, previously served, reconditioned, & unsafe food			Conformance with Approved Procedures			
<div style="border: 1px solid black; padding: 5px;"> <p>Risk Factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health Interventions are control measures to prevent foodborne illness or injury.</p> </div>								

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Mark "X" in box if numbered item is not in compliance 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	R
Safe Food and Water								
28	IN	Pasteurized eggs used where required			Proper Use of Utensils			
29	IN	Water & ice from approved source			41	IN		
30	IN	Variance obtained for specialized processing methods			42	IN		
Food Temperature Control								
31	IN	Proper cooling methods used; adequate equipment for temperature control			43	IN		
32	IN	Plant food properly cooked for hot holding			44	IN		
33	IN	Approved thawing methods used			Utensils, Equipment and Vending			
34	IN	Thermometers provided and accurate			45	IN		
Food Identification								
35	IN	Food properly labeled; original container			46	IN		
Prevention of Food Contamination								
36	IN	Insects, rodents, & animals not present			47	X		
37	IN	Contamination prevented during food preparation, storage & display			Physical Facilities			
38	IN	Personal cleanliness			48	IN		
39	IN	Wiping cloths: properly used & stored			49	IN		
40	IN	Washing fruits & vegetables			50	IN		
<div style="border: 1px solid black; padding: 5px;"> <p>Person in Charge (Signature)  Date: 10/7/2014</p> </div>								
<div style="border: 1px solid black; padding: 5px;"> <p>Health Inspector (Signature)  Follow-up: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Date of Follow-up:</p> </div>								

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Temperature Observations

Location	Temperature	Notes
Tuna Casserole	165	brought in from seniors plus
stainless steel frig	39	
hot water	110 plus	
Frig	40	

Person in Charge (Signature)



Date: 10/7/2014

Health Inspector (Signature)



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City / State
LEWISTON ME

Zip Code
04240-7150

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

1: 2-102.12: N: No Certified Food Protection Manager.

INSPECTOR NOTES: needed

8: 6-301.12: N: Sanitary towels / hand drying device not provided for hand wash sink or lavatory.

INSPECTOR NOTES: needed

47: 4-602.13: N: Non-food contact surfaces are not cleaned at a frequency necessary to preclude accumulation of soil residues.

INSPECTOR NOTES: clean all door seals refrigeration units

Person in Charge (Signature)



Date: 10/7/2014

Health Inspector (Signature)



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Inspection Notes

Person in Charge (Signature)



Date: 10/7/2014

Health Inspector (Signature)

