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Establishment Name <u>ALABAMA BBQ</u>		As Authorized by 22 MRSA §2496		No. of Risk Factor/Intervention Violations		Date <u>6-12-15</u>
License/EST. ID# <u>24871</u>		Address <u>415 SAGBROS</u>		No. of Repeat Risk Factor/Intervention Violations		Time In _____
License Posted <input type="checkbox"/> Yes <input type="checkbox"/> No		Owner Name <u>VINCENT ORAN</u>		City/State <u>LEWISTON</u>		Time Out _____
		Zip Code <u>04240</u>		Score (optional)		Telephone <u>923-6666</u>
		Purpose of Inspection <u>REGULAR</u>		Est. Type <u>DELIC</u>		Risk Category

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS						
Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item				Mark "X" in appropriate box for COS and/or R		
IN=in compliance OUT=not in compliance N/O=not observed N/A=not applicable				COS=corrected on-site during inspection R=repeat violation		

Compliance Status		COS	R
Supervision			
1	IN OUT	PIC present, demonstrates knowledge, and performs duties	
Employee Health			
2	IN OUT	Management awareness; policy present	
3	IN OUT	Proper use of reporting, restriction & exclusion	
Good Hygienic Practices			
4	IN OUT N/O	Proper eating, tasting, drinking, or tobacco use	
5	IN OUT N/O	No discharge from eyes, nose, and mouth	
Preventing Contamination by Hands			
6	IN OUT N/O	Hands clean & properly washed	
7	IN OUT N/A N/O	No bare hand contact with RTE foods or approved alternate method properly followed	
8	IN OUT	Adequate handwashing facilities supplied & accessible	
Approved Source			
9	IN OUT	Food obtained from approved source	
10	IN OUT N/A N/O	Food received at proper temperature	
11	IN OUT	Food in good condition, safe, & unadulterated	
12	IN OUT N/A N/O	Required records available: shellstock tags, parasite destruction	
Protection from Contamination			
13	IN OUT N/A	Food separated & protected	
14	IN OUT N/A	Food-contact surfaces: cleaned & sanitized	
15	IN OUT	Proper disposition of returned, previously served, reconditioned, & unsafe food	

Compliance Status		COS	R
Potentially Hazardous Food Time/Temperature			
16	IN OUT N/A N/O	Proper cooking time & temperatures	
17	IN OUT N/A N/O	Proper reheating procedures for hot holding	
18	IN OUT N/A N/O	Proper cooling time & temperatures	
19	IN OUT N/A N/O	Proper hot holding temperatures	
20	IN OUT N/A	Proper cold holding temperatures	
21	IN OUT N/A N/O	Proper date marking & disposition	
22	IN OUT N/A N/O	Time as a public health control: procedures & record	
Consumer Advisory			
23	IN OUT N/A	Consumer advisory provided for raw or undercooked foods	
Highly Susceptible Populations			
24	IN OUT N/A	Pasteurized foods used; prohibited foods not offered	
Chemical			
25	IN OUT N/A	Food additives: approved & properly used	
26	IN OUT	Toxic substances properly identified, stored, & used	
Conformance with Approved Procedures			
27	IN OUT N/A	Compliance with variance, specialized process, & HACCP plan	

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.

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		

Safe Food and Water		COS	R
28	Pasteurized eggs used where required		
29	Water & ice from approved source		
30	Variance obtained for specialized processing methods		
Food Temperature Control			
31	Proper cooling methods used; adequate equipment for temperature control		
32	Plant food properly cooked for hot holding		
33	Approved thawing methods used		
34	Thermometers provided & accurate		
Food Identification			
35	Food properly labeled; original container		
Prevention of Food Contamination			
36	Insects, rodents, & animals not present		
37	Contamination prevented during food preparation, storage & display		
38	Personal cleanliness		
39	Wiping cloths: properly used & stored		
40	Washing fruits & vegetables		

Proper Use of Utensils		COS	R
41	In-use utensils: properly stored		
42	Utensils, equipment & linens: properly stored, dried, & handled		
43	Single-use & single-service articles: properly stored & used		
44	Gloves used properly		
Utensils, Equipment and Vending			
45	Food & non-food contact surfaces cleanable, properly designed, constructed, & used		
46	Warewashing facilities: installed, maintained, & used; test strips		
47	Non-food contact surfaces clean		
Physical Facilities			
48	Hot & cold water available; adequate pressure		
49	Plumbing installed; proper backflow devices		
50	Sewage & waste water properly disposed		
51	Toilet facilities: properly constructed, supplied, & cleaned		
52	Garbage & refuse properly disposed; facilities maintained		
53	Physical facilities installed, maintained, & clean		
54	Adequate ventilation & lighting; designated areas used		

Person in Charge (Signature) <u>[Signature]</u>		Date: <u>6-12-15</u>
Health Inspector (Signature) <u>[Signature]</u>		Follow-up: YES NO (Circle one) Follow-up Date:

State of Maine Health Inspection Report

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As Authorized by 22 MRSA §§ 2496

Establishment ACUABAMA BBQ

License/EST. ID # 24871

Date 6-12-11

Address DHAS

Address 415 SABATTUS

City/State

Zip Code 04240

Telephone 483-6666

TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
<u>HOT WATER</u>	<u>110F</u>				
<u>COOL</u>	<u>38</u>				

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	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
	<u>DITTS BLURB ATTACHED</u>
	<u>CFPM Milk Service cert # 81807 EXP 2/6/2016</u>
<u>53</u>	<u>clean floors - walls</u>
<u>53</u>	<u>Repair Ceiling Tiles (Missing)</u>
<u>8</u>	<u>Hand Sanitizer Has Glove Lightening Bottle</u>
<u>8</u>	<u>Need Paper Towels COS HANDS</u>
<u>8</u>	<u>Need Hand Soap COS HANDS</u>
<u>53</u>	<u>Mop Needs To Be Air Dried - Hung Up</u>
<u>36</u>	<u>Doors Need Screens</u>
<u>53</u>	<u>Replace Glass window (R)</u>
	<u>Garb Dealer FDA Hand Book</u>
	<u>Reason Hygiene - 170 B ARE HARD</u>
	<u>CONTACT - DATE MARKING -</u>
	<u>Bodily FLUID Clean up</u>
	<u>note: Using ELICABER Anne's</u>
	<u>MOP SINK</u>

Person in Charge (Signature)

Date 6-12-11

Health Inspector (Signature)

Date 6-12-11