	□Failed □Closed □IHH State of Maine Health Inspection Report Page 1 of 5																
Critical Violations									Date	)	5/17/2017						
ı		shment Na	me	As Authorized by 22 MRSA § 2496	Non-C	Non-Critical Violations					4	Time	e In	2:45			
VA	LS	DRIVE IN			Certified Food Protection Manager						Υ	Time	Out	<u>3:30</u>	<u>PM</u>		
Lic	ens	e Expiry Da	te/EST. ID#	Address	City Zip Code				Zip Code		Tele	phone					
6/2	29/2	2017	/ 146	925 SABATTUS ST	LEWISTON 04240-37				04240-373	37	207	-784-5	592				
Lic	License Type Owner Name					Purpose of Inspection License Posted					ted	F	Risk Cat	egory			
М	UN	- EATING	B PLACE	LAWRENCE, CHRISTOPH	ER J	R J Regular											
			FOOI	DBORNE ILLNESS RISK FA	СТО		-		UBLI	C HEA	LTH INTER	VENTIONS	}				
	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																
<u></u>									cos R								
	Шрп	iance otatu		Supervision							ally Hazardous	Food Time/T	emper	ature			
1		IN	PIC present, demonstr	ates knowledge, and		П	16	ò	IN	l F	Proper cooking	j time & temp	eratur	es			
Ľ			performs duties			Ц	17		IN	l F	Proper reheatii	ng procedure	s for h	ot hol	lding		
_		INI	-	loyee Health			18	3	IN	l F	Proper cooling	time & tempe	erature	es			
3		IN IN	Management awarenes	ss; policy present g, restriction & exclusion	-	Н	19	_	IN	l F	Proper hot hold	ding tempera	tures				
Ŭ		IIV		gienic Practices			20	_	IN		Proper cold ho	lding tempera	atures				
4		IN		drinking, or tobacco use		П	21	-	IN		Proper date ma						
5		IN	No discharge from eye				22	2	IN	1 1	Time as a publi	c health cont	rol: pr	ocedu	ıres & r	ecord	
			Preventing Conta	amination by Hands							Consui	mer Advisory					
6		IN	Hands clean & properly	y washed		Ш	23		IN	. I	Consumer advi		d for ra	aw or			
7		IN	No bare hand contact v	with RTE foods or approved					11.4	٠ ار	ındercooked fe						$\vdash$
		IIN	alternate method propo	erly followed		Ц					Highly Susce						
8		IN	Adequate handwashing	g facilities supplied & accessible		Щ	24	ļ.	IN		Pasteurized for	ods used; pro	hibited	d food	ls not		
			Approv	ved Source							offered	Oh! 1					
9		IN	Food obtained from ap	proved source			25		18.1			Chemical					
10		IN	Food received at prope	er temperature			25 26		IN		ood additives		<u> </u>				
11		IN	Food in good condition	, safe, & unadulterated			20	<u>'</u>	IN		Toxic substanc	_ · · ·			ored & u	used	<u> </u>
12		IN	Required records avail	lable: shellstock tags				_		Conf	formance with	Approved Pr	ocedu	res			
12		IIN	parasite destruction				27	·	IN		Compliance wit	th variance, s	pecial	ized p	orocess	,	
			Protection fr	rom Contamination			IL				& HACCP plan						
13		IN	Food separated & prot	ected		Ш		Ris	k Facto	<b>ors</b> a	re improper prac	ctices or proce	dures id	lentifie	d as the	most	
14		IN	Food-contact surfaces	: cleaned and sanitized		Ш		pre	evalent	contribu	ting factors of f	oodborne illne	ss or ii	niurv. F	Public He	ealth	
15		IN		eturned, previously served,				•			control measures						
			reconditioned, & unsaf			<u> </u>											
				GOOD													
			Good Retail Practices are	preventative measures to control the	additio	on of	path	ogen	ıs, cher	micals, ar	nd physical obje	cts into foods.					
Ма	rk ">	" in box if n	umbered item is not in com	npliance Mark "X" in appropriat	e box f	or CC	OS ar	nd/or	rR	COS=c	corrected on-site	e during inspec	tion	R=re	epeat vio	lation	
					cos	R											COS R
			Safe Food and	Water							Proper Us	e of Utensils					
28	IN	Pasteurize	ed eggs used where requ	uired	Т		41	lin	l <sub>In-us</sub>	e utensi	ls: properly sto						1 1
29			e from approved source			H	42	_	_		ipment, & line		tored	dried	l & han	halh	
30			btained for specialized		$\dashv$	Н	43	-	<del>                                     </del>		single-service				-		$\vdash \vdash$
۳			Food Temperature (				44	-	Ť	es used		ar aoico. pro	Porty 3	.o.cu	~ 43EU		$\vdash \vdash$
		Proper co	oling methods used; ade		Т	П	1		10.01		tensils, Equip	ment and Ven	dina				
31	IN	temperatu	-	and oquipmont for					Food		ood contact su						
32	IN		properly cooked for hot	holding	+	H	45	IN			igned, constru						
33	IN		thawing methods used		+	Н	46	IN	<u> </u>		g facilities: inst			S Hear	d: tast a	trine	$\vdash$
-	IN		eters provided and accur	rata	-	Н	47	-	1		tact surfaces	-	mieu, c	x uset	u, 1631 S	ıı ıpə	$\vdash$
37	11.4	THEITHOINE	·				7/	1114	INOII-	1000 001							
25	Food Identification Physical Facilities  St   N   Food properly labeled; original container   48   N   Hot & cold water available; adequate pressure																
33	11.4	T OOG PTOP	Prevention of Food Con				49	-	_								$\vdash$
26	v I	Incosts			×		50	-	_		talled; proper						$\vdash\vdash$
36 37			odents, & animals not provented during for		_	Н	51	-	1		aste water prop			۱ - ۱	oorod		$\vdash\vdash$
37 38	37 N Contamination prevented during food preparation, storage & display				+	$\vdash$	_	-	_		es: properly co		• •				$\vdash\vdash$
38					+	$\vdash$	52   N   Garbage & refuse properly disposed; facilities maintained     53   X   Physical facilities installed, maintained, & clean					$\vdash\vdash$					
-	IN		ths: properly used & sto	reu	+	Н	53	_	<del></del>								$\vdash\vdash$
40	IIN	vvasning fi	ruits & vegetables		Щ.		54	ı X	Ageo	<sub>q</sub> uate vei	ntilation & light	ung; designa	ted are	as us	ea		
Per	Person in Charge (Signature)  Date: 5/17/2017																
	ealth Inspector (Signature)																
		2F-2310. (C	J		1		<u> </u>		I								

	State of M	aine Hea	alth Inspect	ion Repo	ort	Page 2 of 5
Establishment Name VALS DRIVE IN		As Authorized b	Date 5/17/2017			
License Expiry Date/EST. ID# 6/29/2017 / 146	Address 925 SABATTUS S	•	City / State LEWISTON	/ <b>ME</b>	Zip Code 04240-3737	Telephone 207-784-5592
	Ten	peratur	e Observati	ions		
Location	Temperature			Notes		
hamburg	36					
hot water	110 plus					
cooler	38					

Person in Charge (Signature)

Health Inspector (Signature)

Date: 5/17/2017

# **State of Maine Health Inspection Report**

Page 3 of 5

Establishment Name

**VALS DRIVE IN** 

License Expiry Date/EST. ID# Address City / State Zip Code 6/29/2017 / 146 925 SABATTUS ST LEWISTON ME 04240-3737

## **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

36: 6-202.15: N: Outer openings are not protected from the entry of insects or rodents.

INSPECTOR NOTES: keep doors closed if no screening(door were open)cos

53: 6-501.12: N: The physical facilities are not clean.

INSPECTOR NOTES: clean all runners and mats

54: 6-202.11: N: Lights not shielded.

INSPECTOR NOTES: need light shields

54: 6-501.14.(A): N: Ventilation not clean.
INSPECTOR NOTES: grease build-up

Person in Charge (Signature)

Health Inspector (Signature)



Date: 5/17/2017

HHE-601(a)Rev.01/07/10 Page 3 of 5

	Page 4 of 5				
Establishment Name					Date 5/17/2017
VALS DRIVE IN					
License Expiry Date/EST. ID# 6/29/2017 / 146	Address 925 SABATTUS ST	City / State LEWISTON	ME	Zip Code 04240-3737	

# **Inspection Notes**

#### RED FOLDER-EMPLOYEE HEALTH POLICY

Employee Health Policy left and explained the policy with the PIC. Please retain information as you will be asked next year during your inspection to provide the employee Health Policy information which was left with the PIC.

### Certified Food Protection Manager

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 within 90 days of a new eating establishment opening or 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 your inspector [ Susan Reny ] by emailing to [ sreny@lewistonmaine.gov ] or faxing to 207-795-5071. A copy may also be sent to Carol Gott, Health Inspection Program, 286 Water St. 3rd Floor, Augusta, ME 04333 or carol.gott@maine.gov.

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

## 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. Handlers are required to use gloves, utensils, deli papers, etc., to avoid bare hand contact with ready-to-eat food;
- Establishments must have clean-up procedures for employees to follow following vomiting and diarrheal events;
- Responsibilities of the person in charge for ill employees (exclusions and restrictions); and,
- 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 the inspector when the critical violation has been addressed at 207-( 513-3125 Ext 3224 ) or email ( sreny@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, which are outlined in Sections 7, 8 and 9 of the Rules Relating to the Administration and Enforcement of Establishments Licensed by the Health Inspection Program available at http://www.maine.gov/healthinspection. 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.

Christopher Lawrence CERT# 9198426 exp 6/14/2017

Person in Charge (Signature)	Mo dem	Date: 5/17/2017
Health Inspector (Signature)	Jh ~~~~~	

HHE-601(a)Rev.01/07/10 Page 4 of 5

State of Maine Health Inspection Report						e 5 of 5
Establishment Name					Date !	5/17/2017
VALS DRIVE IN						
License Expiry Date/EST. ID# 6/29/2017 / 146	Address 925 SABATTUS ST	City / State LEWISTON	ME	Zip Code 04240-3737		

# **Inspection Notes**

New freezer on site rear of building

Seasonal business

Person in Charge (Signature)

Health Inspector (Signature)

Date: 5/17/2017

HHE-601(a)Rev.01/07/10