□Failed □Closed □IHH State of Maine Health Inspection Report Page 1 of 5																	
	Criti						itical Violations						0 1	Date 6		5/7/2017	
CAMO ITALIAN CANDWICH CHOPPE						Non-Critical Violations							3	Tim		00 AI	
						Certified Food Protection Manager						1	Υ	_):00 <i>F</i>	<u> M</u>
License Expiry Date/EST. ID# Address						City Zip Code						1 -			ephone		
12/28/2017 / 168 902 LISBON ST						LEWISTON											
License Type Owner Name						Purpose of Inspection License Posted Risk Category						ory					
MUN - EATING PLACE SAMS ITALIAN FOODS							Regular										
			FOOL	DBORNE ILLNESS RISK FA	СТО	RS	AN	D F	וטי	BLIC HE	ALTH INTER	VENTIONS					
	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																
Compilarice datas								Compliance Status cos R								s R	
		1	PIC present, demonstra	upervision	_	Potentially Hazardous Food Time/Temperature 16 IN Proper cooking time & temperatures								_			
1		IN	performs duties	ates knowledge, and			17			IN	Proper reheati				oldina	-	+
				loyee Health			18	_		IN	Proper cooling	•			namy		+
2		IN	Management awarenes		\bot	Ц	19	_		IN	Proper hot hold						T
3		IN		g, restriction & exclusion		Щ	20			IN	Proper cold ho	lding tempera	atures				
4		IN	30	drinking, or tobacco use	Т	П	21	1		IN	Proper date ma	arking & disp	osition				
5		IN	No discharge from eye			口	22	2		IN	Time as a publi	ic health cont	rol: pr	oced	ures & reco	rd	
			Preventing Conta	amination by Hands								mer Advisory					
6		IN	Hands clean & properly			Ш	23 IN undergooked foods								1		
7		IN		with RTE foods or approved							undercooked fo		**				+
8		INI	alternate method prope	•	+	Н		-			Highly Susce Pasteurized for			d foor	de not		+
ů		IN	<u> </u>	g facilities supplied & accessible			24	4		IN	offered	ous useu, pro	ilibitet	1000	us not		
9		IN			$\overline{}$	П						Chemical					
10			Food obtained from ap	·	+	Н	25	ī		IN	Food additives	: approved &	prope	rly us	sed	Т	Т
11		IN IN	Food received at proper Food in good condition	· · · · · · · · · · · · · · · · · · ·	+	Н	26	6		IN	Toxic substance	es properly i	dentifi	ed, st	tored & use	d	
		IIN			+	Н				Co	nformance with	Approved Pr	ocedu	res			
12		IN	Required records available: shellstock tags parasite destruction				27	\overline{I}		IN	Compliance wi	th variance, s	pecial	ized	process,		Τ
			Protection from Contamination				11 4	& HACCP plan									
13 IN Food separated & protected						П	٦	-	iek I	Factors	are improper prac	ctices or proces	durae id	lontifi	ad as the mos	.+	
14 IN Food-contact surfaces: cleaned and sanitized										outing factors of f	•						
15 IN Proper disposition of returned, previously served, reconditioned, & unsafe food											control measure						
			reconditioned, & unsai		DET 4			۷٥.	TIC	\FC							
			Good Retail Practices are	GOOD I preventative measures to control the						-	and physical obje	ects into foods					
Ma	الا الا العام	" in how if n						·			=corrected on-site		tion	D =	epeat violatio		
IVIA	IK A	III DOX II III	umbered item is not in com	npliance Mark "X" in appropriate		_	J5 a	ITIQ/C	ח זט	005	=corrected on-site	e during inspec	HOII	H=I	epeat violatio		.l .
			0.55.1.1	SAC -	cos	Ľ	Ш									CO	S R
			Safe Food and						. 1.		-	se of Utensils				-,-	,
28 29			ed eggs used where requ		+	Н	-	1 1	_		se utensils: properly stored nsils, equipment, & linens: properly stored, dried, & handled					+	+
	_		e from approved source		+	\vdash	42	-	_		• • •				-	<u> </u>	+
30 N Variance obtained for specialized processing methods Food Temperature Control						Щ	43	-	_		& single-service	articles: pro	perly s	torec	a & used	+	+
		Droper ==			ı		44	4 IN	۸ I.	Gloves use	a properly Utensils, Equip	ment and Van	dina				_
31	IIN I	Proper cod temperatu	oling methods used; ade re control	quate equipment for				T	Te		-food contact su					Т	Т
32 IN Plant food properly cooked for hot holding				+	H	45	5 X			esigned, constru							
33 IN Approved thawing methods used			\top	H	46	6 IN	÷		-			& use	d: test strin	s	T		
34 IN Thermometers provided and accurate					+	Н	46 N Warewashing facilities: installed, maintained, & used; test strips 47 X Non-food contact surfaces clean						+				
Food Identification Physical Facilities																	
													Τ				
Prevention of Food Contamination						49 IN Plumbing installed; proper backflow devices						1					
36 IN Insects, rodents, & animals not present 37 IN Contamination prevented during food preparation, storage & display						П	50	0 11	_		waste water pro						T
							51 IN Toilet facilities: properly constructed, supplied, & cleaned										
38 IN Personal cleanliness							52 IN Garbage & refuse properly disposed; facilities maintained										
39	39 IN Wiping cloths: properly used & stored						53	_	_	_	cilities installed,						
40	IN	Washing fr	ruits & vegetables			Ш	54	4 IN	۱ /	Adequate v	entilation & ligh	ting; designa	ted are	eas u	sed		
Person in Charge (Signature) Date: 6/7/2017																	
	Person in Charge (Signature) Date: 6/7/2017 Health Inspector (Signature) Person in Charge (Signature) Date: 6/7/2017																

	State of Mai	ne Health Inspect	ion Repor	t	Page 2 of 5		
Establishment Name		As Authorized b	As Authorized by 22 MRSA § 2496				
SAMS ITALIAN SANDWICH SHOPPI	E						
License Expiry Date/EST. ID# 12/28/2017 / 168	Address 902 LISBON ST	City / State LEWISTON	/ ME	Zip Code 04240-6125	Telephone 207-782-4444		
		erature Observat	ions				
Location	Temperature		Notes				
Milk	34						
dressing	38						
sauce	38						
chicken	32						
tuna salad	38						
hot water	110 plus						
egg beaters	38						

Person in Charge (Signature)

In Person

Date: 6/7/2017

Health Inspector (Signature)

State of Maine Health Inspection Report

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Date 6/7/2017

Establishment Name

SAMS ITALIAN SANDWICH SHOPPE

License Expiry Date/EST. ID# 12/28/2017 / 168

Address 902 LISBON ST City / State LEWISTON

ME

Zip Code 04240-6125

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: 4-204.12: N: Equipment openings, closures and deflectors are improperly designed and constructed.

INSPECTOR NOTES: repalce door seal spaghetti bar area

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 culinary sink piping under sink area

53: 6-201.11: N: Floors, walls, and ceilings are not smooth and easily cleanable.

INSPECTOR NOTES: replace worn floor tiles

Person in Charge (Signature)

Health Inspector (Signature)



Date: 6/7/2017

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State of Maine Health Inspection Report Page 4 of 5 6/7/2017 Date **Establishment Name SAMS ITALIAN SANDWICH SHOPPE** License Expiry Date/EST. ID# **Address** Zip Code City / State 12/28/2017 /168 902 LISBON ST LEWISTON ME 04240-6125

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.

- 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.

CFPM: Matthew McCarthy Exp 2//6/2022 CERT# 1473323

Upon major renovations need to install mop sink and 3 bay sink

Person in Charge (Signature)	× Mast Mc Courts	Date: 6/7/2017
Health Inspector (Signature)	In Rund	

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State of Maine Health Inspection Report Page 5 of 5								
Establishment Name SAMS ITALIAN SANDWICH SHOPPE								
License Expiry Date/EST. ID# 12/28/2017 / 168	Address 902 LISBON ST	City / State LEWISTON	ME	Zip Code 04240-6125				
Inspection Notes								

Person in Charge (Signature)

Health Inspector (Signature)

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Date: 6/7/2017