

Failed  Closed  IHH

# State of Maine Health Inspection Report

Establishment Name <b>RAMADA HOTEL &amp; CONFERENCE CENTER</b>		As Authorized by 22 MRSA § 2496		Critical Violations	1	Date	3/21/2018
				Non-Critical Violations	7	Time In	9:30 AM
				Certified Food Protection Manager	Y	Time Out	11:30 AM
License Expiry Date/EST. ID#	Address	City	Zip Code	Telephone			
3/29/2018 / 151	490 PLEASANT ST	LEWISTON	04240-3938	207-784-2331			
License Type	Owner Name	Purpose of Inspection	License Posted	Risk Category			
MUN - EATING AND LODGING	ATITHI GROUP LEWISTON LLC	Regular	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	R
<b>Supervision</b>									
1	IN	PIC present, demonstrates knowledge, and performs duties			16	IN	Proper cooking time & temperatures		
<b>Employee Health</b>									
2	IN	Management awareness; policy present			17	IN	Proper reheating procedures for hot holding		
3	IN	Proper use of reporting, restriction & exclusion			18	IN	Proper cooling time & temperatures		
<b>Good Hygienic Practices</b>									
4	IN	Proper eating, tasting, drinking, or tobacco use			19	IN	Proper hot holding temperatures		
5	IN	No discharge from eyes, nose, and mouth			20	OUT	Proper cold holding temperatures		
<b>Preventing Contamination by Hands</b>									
6	IN	Hands clean & properly washed			21	IN	Proper date marking & disposition		
7	IN	No bare hand contact with RTE foods or approved alternate method properly followed			22	IN	Time as a public health control: procedures & record		
8	OUT	Adequate handwashing facilities supplied & accessible			<b>Consumer Advisory</b>				
<b>Approved Source</b>									
9	IN	Food obtained from approved source			23	IN	Consumer advisory provided for raw or undercooked foods		
10	IN	Food received at proper temperature			<b>Highly Susceptible Populations</b>				
11	IN	Food in good condition, safe, & unadulterated			24	IN	Pasteurized foods used; prohibited foods not offered		
12	IN	Required records available: shellstock tags parasite destruction			<b>Chemical</b>				
<b>Protection from Contamination</b>									
13	OUT	Food separated & protected		X	25	IN	Food additives: approved & properly used		
14	IN	Food-contact surfaces: cleaned and sanitized			26	IN	Toxic substances properly identified, stored & used		
15	IN	Proper disposition of returned, previously served, reconditioned, & unsafe food			<b>Conformance with Approved Procedures</b>				
27 IN 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

Compliance Status			cos	R	Compliance Status			cos	R
<b>Safe Food and Water</b>									
28	IN	Pasteurized eggs used where required			<b>Proper Use of Utensils</b>				
29	IN	Water & ice from approved source			41	IN	In-use utensils: properly stored		
30	IN	Variance obtained for specialized processing methods			42	IN	Utensils, equipment, & linens: properly stored, dried, & handled		
<b>Food Temperature Control</b>									
31	IN	Proper cooling methods used; adequate equipment for temperature control			43	IN	Single-use & single-service articles: properly stored & used		
32	IN	Plant food properly cooked for hot holding			44	IN	Gloves used properly		
33	IN	Approved thawing methods used			<b>Utensils, Equipment and Vending</b>				
34	IN	Thermometers provided and accurate			45	X	Food & non-food contact surfaces cleanable, properly designed, constructed, & used		
<b>Food Identification</b>									
35	IN	Food properly labeled; original container			46	IN	Warewashing facilities: installed, maintained, & used; test strips		
<b>Prevention of Food Contamination</b>									
36	IN	Insects, rodents, & animals not present			47	X	Non-food contact surfaces clean		
37	IN	Contamination prevented during food preparation, storage & display			<b>Physical Facilities</b>				
38	IN	Personal cleanliness			48	IN	Hot & cold water available; adequate pressure		
39	IN	Wiping cloths: properly used & stored			49	IN	Plumbing installed; proper backflow devices		
40	IN	Washing fruits & vegetables			50	IN	Sewage & waste water properly disposed		
51 IN Toilet facilities: properly constructed, supplied, & cleaned									
52 IN Garbage & refuse properly disposed; facilities maintained									
53 X Physical facilities installed, maintained, & clean									
54 IN Adequate ventilation & lighting; designated areas used									

Person in Charge (Signature)

*X Paul Bel...*

Date: 3/21/2018

Health Inspector (Signature)

*[Handwritten Signature]*

Follow-up:  YES  NO Date of Follow-up:

# State of Maine Health Inspection Report

Establishment Name <b>RAMADA HOTEL &amp; CONFERENCE CENTER</b>		As Authorized by 22 MRSA § 2496		Date <b>3/21/2018</b>
License Expiry Date/EST. ID# <b>3/29/2018 / 151</b>	Address <b>490 PLEASANT ST</b>	City / State <b>LEWISTON / ME</b>	Zip Code <b>04240-3938</b>	Telephone <b>207-784-2331</b>

## Temperature Observations

Location	Temperature	Notes
meat	38	
wash cycle	158	
butter	70	buffet line out
rinse cycle	190	
STUFFING	139	hot holding
walk in cooler	39	
cooler	38	
hot water	110 plus	

Person in Charge (Signature)

*x Paul Belin*

Date: 3/21/2018

Health Inspector (Signature)

*[Handwritten Signature]*

# State of Maine Health Inspection Report

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**Establishment Name**

RAMADA HOTEL & CONFERENCE CENTER

Date 3/21/2018

License Expiry Date/EST. ID#  
3/29/2018 /151

Address  
490 PLEASANT ST

City / State  
LEWISTON ME

Zip Code  
04240-3938

## 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

8: 6-301.11: N: Hand cleanser not available at hand wash sink or lavatory.

INSPECTOR NOTES: need soap sink by cooking area corrected on site

8: 6-301.14: N: Hand wash signage not provided for employee hand sink or lavatory.

INSPECTOR NOTES: need handwashing sign warewashing area hand sink

13: 3-302.11.(A).(1).(A): N: Raw Ready-to-Eat food not protected from cross contamination from raw animal foods during storage, preparation, holding, or display.

INSPECTOR NOTES: raw fish stored above produce corrected on site

20: 3-501.16.(A).(2): C: PHF not maintained at 41 F or less.

INSPECTOR NOTES: butter packets 70 degrees buffet line corrected on site

45: 4-101.19: N: Nonfood contact surfaces of equipment that requires frequent cleaning not constructed of a corrosion-resistant, nonabsorbent, and smooth material.

INSPECTOR NOTES: door seal on large cooler needs to be replaced it is made of absorbent material

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 sides of cooking equipment/clean interior of ovens

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

INSPECTOR NOTES: replace all cracked or missing floor tiles through kitchen facility -repair ceilings some are water damaged or missing

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

INSPECTOR NOTES: clean in back of all equipment -floors and walls

Person in Charge (Signature)

X Paul Belton

Date: 3/21/2018

Health Inspector (Signature)



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RAMADA HOTEL & CONFERENCE CENTER					
<b>License Expiry Date/EST. ID#</b>	<b>Address</b>	<b>City / State</b>	<b>ME</b>	<b>Zip Code</b>	
3/29/2018 / 151	490 PLEASANT ST	LEWISTON		04240-3938	

## Inspection Notes

**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](mailto: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](mailto: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](mailto: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 John Thibeau exp 6/16/2018

Person in Charge (Signature)

*X Paul Beland*

Date: 3/21/2018

Health Inspector (Signature)

*[Handwritten Signature]*

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# State of Maine Lodging Inspection Report

<b>Establishment Name</b> RAMADA HOTEL & CONFERENCE CENTER		<small>As Authorized by 22 MRSA § 2491-2501</small>		<b>Critical Violations</b>	0	<b>Date:</b>	3/21/18
				<b>Non-Critical Violations</b>	1	<b>Time in</b>	9:30 AM
						<b>Time out</b>	11:30AM
<b>EST. ID #</b> 151	<b>Owner Name</b> ATITHI GROUP LEWISTON LLC	<b>Location Street</b> 490 PLEASANT ST		<b>Location City</b> LEWISTON			
<b>Lic. Expiration</b> 03/29/18	<b>License Posted</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<b>License Type</b> MUN - EATING AND LODGING			<b>Purpose of Inspection</b> Regular		

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
<b>Administration</b>					<b>Rooms</b>				
1	IN	Licensing			13	OUT	Maintained		
2	IN	Register / Records			14	IN	Cleanliness		
<b>Premises</b>					15	IN	Illumination		
3	IN	Water Supply			16	IN	Ventilation		
4	IN	Sewage Disposal			17	IN	Utensils		
5	IN	Plumbing			<b>Bathrooms</b>				
6	IN	Electrical			18	IN	Maintained		
7	IN	Ice			19	IN	Cleanliness		
8	IN	Vermin / Animal Control			20	IN	Fixtures		
9	IN	Garbage / Refuse			21	IN	Ventilation		
10	IN	Laundry / Storage			22	IN	Waste Receptacle		
11	IN	Oil / Gas Equipment							
12	IN	Life Safety Codes							

## REFERRALS

Referred to:	Date	Referred to:	Date	Referred to:	Date
<input type="checkbox"/> Attorney General's Office		<input type="checkbox"/> Fire Marshal		<input type="checkbox"/> Department of Education	
<input type="checkbox"/> Department of Agriculture		<input type="checkbox"/> Liquor Licensing		<input type="checkbox"/> Inland Fisheries & Wildlife	
<input type="checkbox"/> Subsurface Wastewater Program		<input type="checkbox"/> State Police		<input type="checkbox"/> Tobacco Enforcement	
<input type="checkbox"/> Drinking Water Program		<input type="checkbox"/> Disease Control		<input type="checkbox"/> Board of Pesticide Control	
<input type="checkbox"/> Marine Resources		<input type="checkbox"/> Municipality CEO/LPI		<input type="checkbox"/> Other	

		Date: 3/21/2018
Person in Charge (Signature)		
		
Health Inspector (Signature)		
SUSAN RENY		
Follow-up: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Date of Follow-up:

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## Observations and Corrective Actions

13: 2-B.(1): N: The floors, walls, ceilings, windows and ventilation in common areas associated with sleeping rooms are not clean and/or not properly maintained.

INSPECTOR NOTES:

		<b>Date:</b> 3/21/2018
<b>Person in Charge (Signature)</b>		<b>Follow-up:</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <b>Date of Follow-up:</b>
<b>Health Inspector (Signature)</b> SUSAN RENY		

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### INSPECTION NOTES

Room 145 no violations-room 202 no violations-room 201 no violations-room 214 no violations-room 241 repair wall by AC-room#13 ---265 no violations  
New sprinkler system installed

48 rooms to be renovated this year 1/3 completed tp date

		<b>Date:</b> 3/21/2018
<b>Person in Charge (Signature)</b>		<b>Follow-up:</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <b>Date of Follow-up:</b>
<b>Health Inspector (Signature)</b> SUSAN RENY		