

Failed Closed IHH

State of Maine Health Inspection Report

Establishment Name SONDER & DRAM INC	As Authorized by 22 MRSA § 2496	Critical Violations	2	Date	6/4/2018
		Non-Critical Violations	5	Time In	1:00 PM
		Certified Food Protection Manager	Y	Time Out	3:40 PM

License Expiry Date/EST. ID# / 27272	Address 12 ASH ST	City LEWISTON	Zip Code 04240	Telephone 207-240-4624
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License Type EATING PLACE TIER 2	Owner Name SONDER DRAM INC	Purpose of Inspection New Establishment Report	License Posted No	Risk Category
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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					Potentially Hazardous Food Time/Temperature			
1	IN	PIC present, demonstrates knowledge, and performs duties			16	IN	Proper cooking time & temperatures	
Employee Health					17	IN	Proper reheating procedures for hot holding	
2	IN	Management awareness: policy present			18	IN	Proper cooling time & temperatures	
3	IN	Proper use of reporting, restriction & exclusion			19	IN	Proper hot holding temperatures	
Good Hygienic Practices					20	IN	Proper cold holding temperatures	
4	IN	Proper eating, tasting, drinking, or tobacco use			21	IN	Proper date marking & disposition	
5	IN	No discharge from eyes, nose, and mouth			22	IN	Time as a public health control: procedures & record	
Preventing Contamination by Hands					Consumer Advisory			
6	IN	Hands clean & properly washed			23	OUT	Consumer advisory provided for raw or undercooked foods	
7	IN	No bare hand contact with RTE foods or approved alternate method properly followed			Highly Susceptible Populations			
8	IN	Adequate handwashing facilities supplied & accessible			24	IN	Pasteurized foods used; prohibited foods not offered	
Approved Source					Chemical			
9	IN	Food obtained from approved source			25	IN	Food additives: approved & properly used	
10	IN	Food received at proper temperature			26	IN	Toxic substances properly identified, stored & used	
11	IN	Food in good condition, safe, & unadulterated			Conformance with Approved Procedures			
12	IN	Required records available: shellstock tags parasite destruction			27	IN	Compliance with variance, specialized process, & HACCP plan	
Protection from Contamination					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.			
13	IN	Food separated & protected						
14	OUT	Food-contact surfaces: cleaned and sanitized						
15	IN	Proper disposition of returned, previously served, reconditioned, & unsafe food						

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

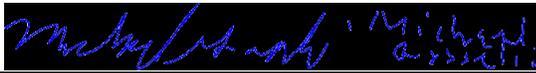
Person in Charge (Signature)	<i>Michael...</i>	Date: 6/4/2018
Health Inspector (Signature)	<i>Lou...</i>	Follow-up: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Date of Follow-up:

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Temperature Observations

Location	Temperature	Notes
Water	39	Walk in cooler
Water	137	Restrooms
Water	37	Top left of deli cooler unit
Water	127	Handwashing sink behind bar
Water	137	3 bay sink
Water	36	Drawer of deli cooler unit
Water	39	Bar cooler

Person in Charge (Signature)		Date: 6/4/2018
Health Inspector (Signature)		

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License Expiry Date/EST. ID#
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12 ASH ST

City / State
LEWISTON

ME

Zip Code
04240

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

14: 4-702.11: C: Food contact surfaces not sanitized before use after cleaning.

INSPECTOR NOTES: Ice machine needs to be emptied and then sanitized to manufacturers reccomondation.

23: 3-603.11.(A): C: There is no consumer advisory.

INSPECTOR NOTES: Required on menu.

51: 5-501.17: N: Covered receptacle not provided. (Female use)

INSPECTOR NOTES: Cover trash receptacles.

51: 6-202.14: N: Toilet room not enclosed, with a self closing, tight fitting door.

INSPECTOR NOTES: Install self closing measures to two restroom doors.

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

INSPECTOR NOTES: Brick walls in restrooms and near 3 bay sink need a smooth, cleanable surface. Floor concrete expansion cracks need seal. Minimize exposer to over ice machine.

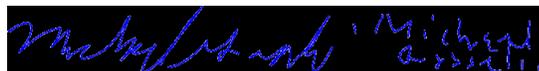
53: 6-201.12: N: Utility lines and pipes were installed unnecessarily exposed as to obstruct or prevent cleaning of floors, walls, or ceilings, or installed on the floor.

INSPECTOR NOTES: Install gutter under sewer line in dish area.

53: 6-201.13.(A): N: Floor and wall junctures are not enclosed and sealed.

INSPECTOR NOTES: Seal all floor to wall transitions in kitchen, bar and dish area.

Person in Charge (Signature)



Date: 6/4/2018

Health Inspector (Signature)



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Inspection Notes

Granting 30 day conditional license pending corrective action. Please provide proof of corrective action via email.

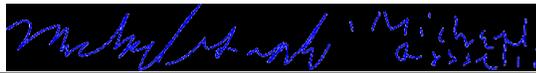
Admin. note not populated

CFPM Michael Gosselin expiration 2/25/2019

CFPM Thomas Ardia expiration 11/14/2020

Check with fire marshall's office to determine if fryolator is too close to 2 burner range. (with or without splash gaurd?)

Person in Charge (Signature)



Date: 6/4/2018

Health Inspector (Signature)

