

Failed  Closed  IHH

# State of Maine Health Inspection Report

|  |                                 |   |   |          |          |
|--|---------------------------------|---|---|----------|----------|
| Establishment Name<br><b>SIMONES HOT DOG STAND INC</b> | As Authorized by 22 MRSA § 2496 | No. of Risk Factor/Intervention Violations          | 1 | Date     | 8/5/2014 |
|  |                                 | No. of Repeat Risk factor / Intervention Violations | 0 | Time In  | 9:45 AM  |
|  |                                 | Score (optional)                                    |   | Time Out | 10:30 AM |

|  |                                |                                  |                        |                           |
|--|--------------------------------|----------------------------------|------------------------|---------------------------|
| License Expiry Date/EST. ID#<br>12/29/2014 / 142 | Address<br>99 CHESTNUT ST      | City<br>LEWISTON                 | Zip Code<br>04240-7702 | Telephone<br>207-782-8431 |
| License Type<br>MUN - EATING PLACE               | Owner Name<br>SIMONES, JAMES G | Purpose of Inspection<br>Regular | License Posted         | Risk Category             |

## 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>                       |     |  |     |   | <b>Potentially Hazardous Food Time/Temperature</b>  |    |   |   |  |
| 1  | IN  | PIC present, demonstrates knowledge, and performs duties                           |     |   | 16  | IN | Proper cooking time & temperatures                          |   |  |
| <b>Employee Health</b>                   |     |  |     |   | 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                             |   |  |
| <b>Good Hygienic Practices</b>           |     |  |     |   | 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        |   |  |
| <b>Preventing Contamination by Hands</b> |     |  |     |   | <b>Consumer Advisory</b>  |    |   |   |  |
| 6  | IN  | Hands clean & properly washed  |     |   | 23  | IN | Consumer advisory provided for raw or undercooked foods     |   |  |
| 7  | IN  | No bare hand contact with RTE foods or approved alternate method properly followed |     |   | <b>Highly Susceptible Populations</b>   |    |   |   |  |
| 8  | IN  | Adequate handwashing facilities supplied & accessible                              |     |   | 24  | IN | Pasteurized foods used; prohibited foods not offered        |   |  |
| <b>Approved Source</b>                   |     |  |     |   | <b>Chemical</b>   |    |   |   |  |
| 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                                      |     |   | <b>Conformance with Approved Procedures</b>   |    |   |   |  |
| 12                                       | IN  | Required records available: shellstock tags parasite destruction                   |     |   | 27  | IN | Compliance with variance, specialized process, & HACCP plan |   |  |
| <b>Protection from Contamination</b>     |     |  |     |   | <b>Risk Factors</b> 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                                       |     | X |   |    |   |   |  |
| 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

|   |    |   | COS | R |  |    | COS  | R |  |
|---|----|---|-----|---|--|----|--|---|--|
| <b>Safe Food and Water</b>              |    |   |     |   | <b>Proper Use of Utensils</b>          |    |  |   |  |
| 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                       |   |  |
| <b>Food Temperature Control</b>         |    |   |     |   | 44                                     | IN | Gloves used properly   |   |  |
| 31                                      | IN | Proper cooling methods used; adequate equipment for temperature control |     |   | <b>Utensils, Equipment and Vending</b> |    |  |   |  |
| 32                                      | IN | Plant food properly cooked for hot holding                              |     |   | 45                                     | X  | Food & non-food contact surfaces cleanable, properly designed, constructed, & used | X |  |
| 33                                      | IN | Approved thawing methods used   |     |   | 46                                     | X  | Warewashing facilities: installed, maintained, & used; test strips                 |   |  |
| 34                                      | IN | Thermometers provided and accurate                                      |     |   | 47                                     | X  | Non-food contact surfaces clean  | X |  |
| <b>Food Identification</b>              |    |   |     |   | <b>Physical Facilities</b>             |    |  |   |  |
| 35                                      | X  | Food properly labeled; original container                               | X   | X | 48                                     | IN | Hot & cold water available; adequate pressure                                      |   |  |
| <b>Prevention of Food Contamination</b> |    |   |     |   | 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                                     | IN | 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)  Date: 8/5/2014

Health Inspector (Signature)  Follow-up:  YES  NO Date of Follow-up:

# State of Maine Health Inspection Report

|  |                           |                                 |                        |                           |
|--|---------------------------|---------------------------------|------------------------|---------------------------|
| Establishment Name<br><b>SIMONES HOT DOG STAND INC</b> |                           | As Authorized by 22 MRSA § 2496 |                        | Date <u>8/5/2014</u>      |
| License Expiry Date/EST. ID#<br>12/29/2014 / 142       | Address<br>99 CHESTNUT ST | City / State<br>LEWISTON / ME   | Zip Code<br>04240-7702 | Telephone<br>207-782-8431 |

## Temperature Observations

| Location      | Temperature | Notes       |
|---------------|-------------|-------------|
| hot water     | 110 plus    |             |
| milk          | 31          |             |
| frig          | 38          |             |
| sausage patty | 33          |             |
| chili         | 176         | hot holding |
| frig          | 39          |             |

Person in Charge (Signature)



Date: 8/5/2014

Health Inspector (Signature)



# State of Maine Health Inspection Report

Page 3 of 4

**Establishment Name**

**SIMONES HOT DOG STAND INC**

Date **8/5/2014**

**License Expiry Date/EST. ID#**  
**12/29/2014 / 142**

**Address**  
**99 CHESTNUT ST**

**City / State**  
**LEWISTON ME**

**Zip Code**  
**04240-7702**

## 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: 4-601.11.(A): C: Equipment food-contact surfaces and utensils are not clean to sight and touch.

INSPECTOR NOTES: clean potato peeler corrected on site

35: 3-602.11.(A).(B): N: Packaged food not properly labeled.

INSPECTOR NOTES: corrected on site

45: 4-202.15: N: Can openers improperly designed and constructed.

INSPECTOR NOTES: clean corrected on site

45: 4-204.12: N: Equipment openings, closures and deflectors are improperly designed and constructed.

INSPECTOR NOTES: clean frig door seals corrected on site

46: 4-301.12.(A): N: A manual ware washing sink with at least three compartments not provided.

INSPECTOR NOTES: 2 bays need to be sealed leaking

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 around all equipment

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

INSPECTOR NOTES: repair wall by grill, seal needed

53: 6-501.11: N: The physical facilities are in disrepair.

INSPECTOR NOTES: paint shelving-repaint shelving above handsink

Person in Charge (Signature)



Date: 8/5/2014

Health Inspector (Signature)



# State of Maine Health Inspection Report

Page 4 of 4

Establishment Name

SIMONES HOT DOG STAND INC

Date 8/5/2014

License Expiry Date/EST. ID#  
12/29/2014 / 142

Address  
99 CHESTNUT ST

City / State  
LEWISTON

ME

Zip Code  
04240-7702

## Inspection Notes

george Simones is a CFPM CERT# 9832110 Exp 3/6/2018  
Certified Food Protection Manager

- Unless directed otherwise, effective January 18, 2012 establishments have to have a Certified Food Protection Manager (CFPM) at each establishment per 10-144 CMR, Chapter 201, Section 2.
- A CFPM must be hired within 90 days of a new establishment opening or when the only CFPM leaves the employment of the establishment.
- For a list of CFPM courses and trainers go to: [www.maine.gov/healthinspection/training.htm](http://www.maine.gov/healthinspection/training.htm)
- Upon completion of the CFPM course, please fax cover sheet and course certificate to (207) 287-3165. On the cover letter please send to the attention of Carol Gott and include your establishment name and establishment license number. Her phone number is 287-5675. You can also mail a copy, with establishment ID number, to her at 286 Water St, 3rd Floor, 11 State House Station, Augusta, ME 04333-0011.

### Violation Correction Time Frame

- 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. Please send an e-mail to [sreny@lewistonmaine.gov](mailto:sreny@lewistonmaine.gov) or call Susan Reny at 513-3125 etx 3224].
- Non-critical violations must be corrected no later than 90 calendar days after the inspection. The Department may approve a compliance schedule that extends beyond the time limits if a written schedule of compliance is submitted by the Permit Holder and no health hazard exists or will result from allowing an extended schedule for compliance.
- Failure to satisfactorily correct these violations before the follow-up inspection may result in enforcement proceedings by the Department, which are outlined in Sections 7, 8, and 9 of 10-144 CMR Chapter 201 available at: [www.maine.gov/dhhs/eng/el/rules.htm](http://www.maine.gov/dhhs/eng/el/rules.htm)

### Documentation Retention

- A copy of the most recent inspection report must be maintained at the establishment and be made available to the public upon request.
- A copy of all CFPM certificates must be maintained at the establishment.
- The establishment's current license must be displayed.

Person in Charge (Signature)

Date: 8/5/2014

Health Inspector (Signature)