□Failed □Closed □IHH State of Maine Health Inspection Report Page 1 of 4																	
Establishment Name				[.		No. of Risk Factor/Intervention Groups Out No. of Repeat Risk Factor/Intervention Groups Out							1	Date		11/1 ⁴ 2:00	4/2014 DM
		R KING				Certified Food Protect					<u>'</u>				e Out	3:00	
License Expiry Date/EST. ID# Address						City						Zip Code		Tele	phone		
12/28/2014 / 132 827 LISBON ST						LEWISTON					04240-6635 207-783-2825			825			
License Type Owner Name						Purpose of Inspection License Posted Ri					Risk Cat	egory					
MUN - EATING PLACE BERUBE, ROBERT & MICHA								ula									
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																
Co	mplia	nce Statu		upervision	cos R Compliance Status Potentially Hazardous Food Time/Temperature									cos			
1		IN	PIC present, demonstra	•	16 IN Proper cooking time & temperatures								\Box				
			performs duties	AA 60		Ц	1	_		IN	Proper reheatii	ng procedure	s for h	ot ho	lding		
2		IN	Management awarenes	loyee Health			18	_		IN	Proper cooling			es			
3		IN		g, restriction & exclusion	+	Н	19	_		IN	Proper hot hold						
				jienic Practices			2			IN	Proper cold ho						\vdash
4		IN		drinking, or tobacco use	\bot	Ш	_	_		IN IN	r reper anne mang er arepeeraen						
5		IN	No discharge from eyes, nose, and mouth Preventing Contamination by Hands				1	22 IN Time as a public health control: procedures & red Consumer Advisory						ecoru			
6		IN	Hands clean & properly	-	$\overline{}$	П	Consumer advisory Consumer advisory provided for raw or							<u> </u>			
				with RTE foods or approved	+	H	23	3		IN	undercooked fo			01			
7		IN	alternate method prope	• • •				T			Highly Susce	ptible Popula	tions				
8		IN	Adequate handwashing	g facilities supplied & accessible		П	24	4		IN	Pasteurized for	ods used; pro	hibited	l food	ds not		
			Approv	ed Source	Ė		Ē	1			offered						Щ
9		IN	Food obtained from app	proved source				-				Chemical					
10		IN	Food received at prope	er temperature			2			IN	Food additives:			_			
11		IN	Food in good condition	, safe, & unadulterated				<u> </u>		IN	Toxic substanc			_	ored & u	used	
12		Required records available: shellstock tags						Conformance with Approved Procedures									
			parasite destruction			Ц	27	7		IN	Compliance with & HACCP plan	th variance, s	pecial	ized	process.	,	
40		INI	Protection from Contamination				<u>ا</u> ا	_			Ta TiAoor plan						<u>Ц</u>
13 14	<u> </u>					Н		1	Risk I	Factors	are improper prac	ctices or proced	dures id	entifi	ed as the	most	
Н	Drawn disposition of naturated provinced, consider										outing factors of f						
15		IN	reconditioned, & unsafe					<u></u>	nter	ventions are	control measures	s to prevent fo	odborn	e illn	ess or in	jury.	
			0 10 1 10 11	GOOD I						-							
				preventative measures to control the				_									
Ma	rk "X"	' in box if nu	umbered item is not in com	ppliance Mark "X" in appropriate	box f	or C(OS a	and	or R	e cos	=corrected on-site	during inspec	tion	R=re	epeat vio	lation	
					cos	R											COS R
Safe Food and Water								Proper Use of Utensils									
28 IN Pasteurized eggs used where required						Ш	- 1	1	_		sils: properly sto						oxdot
					\perp	Ш	- ⊢	-	_		quipment, & line						$\sqcup \bot$
30	IN \	Variance o			Щ	- ⊢	-	_		& single-service	articles: pro	perly s	torec	& used		$\vdash \vdash$	
	1		Food Temperature (_		4	4	N C	Gloves use	<u> </u>		-4:				\Box
31	IIN I	Proper cod temperatu	oling methods used; ade	quate equipment for				T	1-		Utensils, Equip						
32				holding	+	Н	4	5	(I		i-food contact su esigned, constru		abie,				
-					+	Н	1	properly designed, constructed, & used 46 IN Warewashing facilities: installed, maintained, & used; test strips							\vdash		
33 N Approved thawing methods used 34 N Thermometers provided and accurate						H	ı ⊢	47 X Non-food contact surfaces clean							×		
9.1		mermome	Food Identificati				Physical Facilities							^			
35 IN Food properly labeled; original container								8 1	ΝT	lot & cold	water available;		essure				
Prevention of Food Contamination							l ⊢	+	_		nstalled; proper						
36 IN Insects, rodents, & animals not present							_	50 IN Sewage & waste water properly disposed									
37 IN Contamination prevented during food preparation, storage & display						П	5	51 IN Toilet facilities: properly constructed, supplied, & cleaned									
38 IN Personal cleanliness							5	52 IN Garbage & refuse properly disposed; facilities maintained									
39 IN Wiping cloths: properly used & stored							5	53 X Physical facilities installed, maintained, & clean							х		
40	IN \	Washing fr	ruits & vegetables	,			5		N A	Adequate v	entilation & ligh	ting; designat	ted are	as us	sed		
Person in Charge (Signature) Date: 11/14/2014																	
	Health Inspector (Signature) Follow-up: YES NO Date of Follow-up:																

	Page 2 of 4											
Establishment Name BURGER KING		As Authorized b	Date 11/14/2014									
License Expiry Date/EST. ID# 12/28/2014 / 132	Address 827 LISBON ST		City / State LEWISTON	/ ME	Zip Code 04240-6635	Telephone 207-783-2825						
Temperature Observations												
Location	Temperature	-										
cooler	38											
chicken nuggets	150 plus	hh										
friied patty	165	hh										
hot water	110 plus											

Person in Charge (Signature)

Health Inspector (Signature)



Date: 11/14/2014

State of Maine Health Inspection Report

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Establishment Name

License Expiry Date/EST. ID#

/132

BURGER KING

12/28/2014

Date 11/14/2014

DONGEN KING

Address 827 LISBON ST City / State LEWISTON

ME

Zip Code 04240-6635

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: tops of squeeze bottles put away still had residue--corrected on site

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

INSPECTOR NOTES: repalce door seals freezer by fryolater

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 exterior of trash containers-clean door seals refrigeration units

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

INSPECTOR NOTES: repair all cove base-seal properly

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

INSPECTOR NOTES: clean all walls

Person in Charge (Signature)

In any

Health Inspector (Signature)

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Date: 11/14/2014

	Page 4 of 4					
Establishment Name					Date	11/14/2014
BURGER KING						
License Expiry Date/EST. ID# 12/28/2014 / 132	Address 827 LISBON ST	City / State LEWISTON	ME	Zip Code 04240-6635		

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] 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.

Meagan Gilbert is a CFPM exp 2/23/2017 cert# 8855133

Person in Charge (Signature)

Date: 11/14/2014

Health Inspector (Signature)

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