

Failed  Closed  IHH

# State of Maine Health Inspection Report

|  |                                 |                                   |   |          |           |
|--|---------------------------------|-----------------------------------|---|----------|-----------|
| Establishment Name<br><b>LEES EAT IN</b> | As Authorized by 22 MRSA § 2496 | Critical Violations               | 1 | Date     | 1/20/2017 |
|  |                                 | Non-Critical Violations           | 1 | Time In  | 1:30 PM   |
|  |                                 | Certified Food Protection Manager | Y | Time Out | 2:00 PM   |

|  |                             |                                  |                       |                           |
|--|-----------------------------|----------------------------------|-----------------------|---------------------------|
| License Expiry Date/EST. ID#<br>1/27/2017 / 7220 | Address<br>475 PLEASANT     | City<br>LEWISTON                 | Zip Code<br>04240     | Telephone<br>207-777-1394 |
| License Type<br>MUN - EATING PLACE               | Owner Name<br>LEE, PAULETTE | Purpose of Inspection<br>Regular | License Posted<br>Yes | 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  | OUT | Proper date marking & disposition                           | X |
| 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                                       | IN | 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.

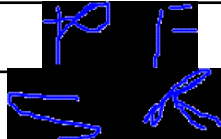
Mark "X" in box if numbered item is not in compliance Mark "X" in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation

| Compliance Status                       |    |   | COS | R | Compliance Status                      |    | 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                                     | 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  |   |
| <b>Food Identification</b>              |    |   |     |   | <b>Physical Facilities</b>             |    |  |   |
| 35                                      | IN | Food properly labeled; original container                               |     |   | 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                                      | X  | Personal cleanliness  |     | X | 52                                     | IN | Garbage & refuse properly disposed; facilities maintained                          |   |
| 39                                      | IN | Wiping cloths: properly used & stored                                   |     |   | 53                                     | IN | Physical facilities installed, maintained, & clean                                 |   |
| 40                                      | IN | Washing fruits & vegetables   |     |   | 54                                     | IN | Adequate ventilation & lighting; designated areas used                             |   |

Person in Charge (Signature)

Date: 1/20/2017

Health Inspector (Signature)



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

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|   |                                |  |                          |                                  |
|---|--------------------------------|--|--------------------------|----------------------------------|
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| <b>License Expiry Date/EST. ID#</b><br>1/27/2017 / 7220 | <b>Address</b><br>475 PLEASANT | <b>City / State</b><br>LEWISTON / ME   | <b>Zip Code</b><br>04240 | <b>Telephone</b><br>207-777-1394 |

## Temperature Observations

| Location     | Temperature | Notes |
|--------------|-------------|-------|
| cooler       | 37          |       |
| hot water    | 110+        |       |
| Pies         | 41          |       |
| sandwich bar | 39          |       |

Person in Charge (Signature)



Date: 1/20/2017

Health Inspector (Signature)



# State of Maine Health Inspection Report

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Establishment Name

LEES EAT IN

Date 1/20/2017

License Expiry Date/EST. ID#  
1/27/2017 /7220

Address  
475 PLEASANT

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

21: 3-501.17.(D): C: Date marking system used at the Eating Establishment does not meet the criteria list in code.

INSPECTOR NOTES: need to date mark Repeat no dates on food items to date mark

38: 2-402.11: N: Food Employees not wearing effective hair restraints.

INSPECTOR NOTES: need hair restraints repeat

Person in Charge (Signature)

Date: 1/20/2017

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|   |                                |                                    |                          |                       |  |
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| <b>License Expiry Date/EST. ID#</b><br>1/27/2017 / 7220 | <b>Address</b><br>475 PLEASANT | <b>City / State</b><br>LEWISTON ME | <b>Zip Code</b><br>04240 |                       |  |

## Inspection Notes

DHHS Blurb attached: 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.

Jane Burns Exp 10/15/2017 ID 9486422

Person in Charge (Signature)

Date: 1/20/2017

Health Inspector (Signature)