]Fa	iled	Closed IHH	State of Maine H	lea	lth	ıIn	ısı	oectio	n Report	t		Page	e 1 of 4	ŀ	
				<u> </u>		Critical Violations							Date		1/2019	
		shment Na /AY	me	AS AUTHORIZED BY LE MINOR & LAGO	Non-C				ons ection Mana	ngor		4 Y	Time In Time Ou		PM D PM	—
_			te/EST. ID#	Address	Certii	Cit		riou	ection Mana	igei	Zip Code	Y	Telepho		J PIVI	=
		е Ехрігу Da 2020	/ 9345	133 LISBON ST			-	STO	N		04240-711	ıq	207-78			
	_	e Type	7 3 3 4 3								License Pos			Category	,	_
		- EATING	PLACE	MAINSUSA CORP			egul				Yes			3 <u>-</u>	'	
					СТО	TORS AND PUBLIC HEALTH INTERVENTIONS										
								, , ,								
		ircle desig ı =in complian	•	(IN, OUT, N/O, N/A) for each number nce N/O=not observed N/A=r	ered ite		le			ark"X" in appropo corrected on-site				at violatio	า	
Со	mpl	iance Statu	s		cos	R		Com	pliance Sta	itus					cos	R
Supervision							Potentially Hazardous Food Time/Temperature									
1		IN	PIC present, demonstra performs duties	ates knowledge, and			16 17		IN	Proper cooking					++	_
				loyee Health			18		IN IN	Proper reheati Proper cooling				9	+	_
2		IN	Management awarenes			口	19		IN	Proper hot hole					+	_
3		IN		g, restriction & exclusion		Ц	20		IN	Proper cold ho	Iding tempera	atures			\top	_
4		IN		jienic Practices drinking, or tobacco use	$\overline{}$	\blacksquare	21		IN	Proper date ma					\top	_
5		IN	No discharge from eyes			▤	22		IN	Time as a publi	ic health cont	rol: pro	ocedures	& record	ı	
			Preventing Conta	mination by Hands						Consu	mer Advisory					
6		IN	Hands clean & properly	y washed		Ц	23		IN	Consumer advi		d for ra	w or			
7		IN		vith RTE foods or approved						undercooked f		••				
_			alternate method prope	•	+	Н				Pasteurized for	ptible Popula		l foodo na		-	
8		IN		g facilities supplied & accessible		Ц	24		IN	offered	oas usea; pro	mbited	i iooas ne	λ		
9		IN		red Source	$\overline{}$	Н					Chemical					
10		IN	Food obtained from app		+	Н	25		IN	Food additives	: approved &	prope	ly used		ТТ	_
11		IN	Food received at prope	· · · · · · · · · · · · · · · · · · ·	-	Н	26		IN	Toxic substance				l & used		_
Н		IIN	Food in good condition Required records avail		+	Н			C	onformance with	Approved Pr	ocedu	res			
12		IN	parasite destruction	able. Shelistook tags			27		IN	Compliance wi	th variance, s	pecial	ized proc	ess,	ПТ	_
			Protection fr	om Contamination					IIN	& HACCP plan						
13		OUT	Food separated & prote	ected		П	Г	Piel	k Factors	are improper pra	ctices or proces	durae id	antified as	the most		
14		IN	Food-contact surfaces:	cleaned and sanitized						buting factors of 1	•					
15		IN	· ·	eturned, previously served,						e control measure						
			reconditioned, & unsafe			Ш										
			Cood Potail Prostings are	GOOD I preventative measures to control the						and physical chic	oto into foodo					
١.,				•				•					_			
Ma	rk ")	C" in box if n	umbered item is not in com	ppliance Mark "X" in appropriate	cos	т т)S an	d/or	R COS	S=corrected on-site	e during inspec	tion	R=repea	t violation		
															cos	R
Safe Food and Water										•	se of Utensils					
28	-		d eggs used where requ			Ш	-	IN		nsils: properly sto					$\perp \perp$	
29	IN		e from approved source		+	\sqcup	\vdash	IN		quipment, & line					++	
30	IN	variance c	btained for specialized p Food Temperature (43	IN		& single-service	articles: pro	perly s	tored & u	sed	++	_
	-	D	<u> </u>		_		44	IN	Gloves use	Utensils, Equip	ment and Ven	dina				_
31	IN	temperatu	oling methods used; ade re control	quate equipment for		$ \ $			Food & nor	n-food contact su					 	
32	IN		properly cooked for hot	holding	+	Н	45	X		esigned, constru		abic,				Х
33	IN		thawing methods used		+	Н	46	IN		ing facilities: ins		ined. 8	k used: te	st strips	\top	_
34	IN		eters provided and accur	rate	\top	Ħ	47	IN		contact surfaces					† †	_
			Food Identificati								al Facilities					
35 IN Food properly labeled; original container							48	IN	Hot & cold	water available;		essure			\Box	
			Prevention of Food Cont	tamination			49	IN	Plumbing i	nstalled; proper	backflow dev	ices				
	IN Insects, rodents, & animals not present						50	IN	Sewage &	waste water pro	perly dispose	d				_
37	IN	Contamina	ation prevented during fo	ood preparation, storage & display			51	IN	Toilet facil	ities: properly co	nstructed, su	pplied	, & clean	ed		
38	IN	Personal c	leanliness			\Box	52	IN	Garbage &	refuse properly	disposed; fac	cilities	maintain	ed	$oxed{\Box}$	_
39	IN	Wiping clo	ths: properly used & sto	red	\perp	Ш	53	Х		cilities installed,					$\perp \downarrow$	Х
40	IN	Washing fi	ruits & vegetables				54	IN	Adequate	ventilation & ligh	ting; designa	ted are	as used			
Per	son	in Charge (Signature)	enghane con	Cto	ne	760	hai	(jo		Date:	9/24/2	019			
		nspector (S		\rightarrow \sim \sim \sim \sim \sim							- 10-					_
		LACHANCE	•	Dows Fach	ary	Cl.			Follow-	up: YES	NO D	ate of F	ollow-up	:		
	_															_

	Page 2 of 4								
Establishment Name SUBWAY			Date 9/24/2019						
License Expiry Date/EST. ID# 8/12/2020 / 9345	Address 133 LISBON S	г		City / State LEWISTON	/ ME		Zip Code 04240-7119	Telephone 207-786-4629	
Temperature Observations									
Location				Notes					
Cold cuts	38*	Sandwich	cooler						
Quat sanitizer	200 ppm	3 bay sink							
Meatballs	178*	Hot holding	9						
Spinach	41*	Sandwich	cooler						
Marinara sauce	37*	Rear coole	er						
Water	116*	Hand wash	n (restro	pom)					
Water	108*	Hand wash	n (sand	wich line)					

Person in Charge (Signature)

Health Inspector (Signature) LOUIS LACHANCE



Date: 9/24/2019

State of Maine Health Inspection Report

Page 3 of 4

Establishment Name Date 9/24/2019

SUBWAY

License Expiry Date/EST. ID# Address City / State Zip Code 8/12/2020 / 9345 133 LISBON ST LEWISTON ME 04240-7119

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

13: 3-302.11.(A).(4): N: Food subject to cross-contamination from dirty and unsanitized equipment or utensils.

INSPECTOR NOTES: Food storage cambros holding bags of condiments unclean and has old food debris. Wash, rinse and sanitize food pans after use.

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: **REPEAT** Wood used to support large cooler are unsealed. Replace wood with smooth, sealed, easily cleanable surface. Show proof of compliance within 30 days of this report.

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

INSPECTOR NOTES: **REPEAT** Multiple sections of broken and missing floor tiles in kitchen area. Replace all broken tiles and show compliance within 30 days of this report.

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

INSPECTOR NOTES: Coving below 3 bay sink is seperated from wall. Repair and show proof of compliance within 30 days of this report.

Person in Charge (Signature)

Health Inspector (Signature) LOUIS LACHANCE



Down Farhance

Date: 9/24/2019

State of Maine Health Inspection Report Page 4 of 4 9/24/2019 Date **Establishment Name SUBWAY** License Expiry Date/EST. ID# **Address** Zip Code City / State 8/12/2020 /9345 133 LISBON ST LEWISTON ME 04240-7119

Inspection Notes

*FIND AND POST CITY OF LEWISTON CURRENT FOOD SERVICE ESTABLISHMENT LICENSE Certified Food Protection Manager: Amanda Maxwell Exp. 3/28/23

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 at the time of a new eating establishment opening or within 60 days of 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 Carol Gott, Health Inspection Program, 286 Water St. 3rd Floor, Augusta, ME 04333, carol.gott@maine.gov or faxing to 207-287-3165.

Please include the name of your establishment and the establishment ID# with your certification(s).

Employee Health Policy:

The Health Inspection Program has implemented an educational public health initiative on Employee Health on March 1, 2017. The policy handouts will be provided to you by your inspector and reviewed during inspection for compliance. They are also available on the Program's website: http://www.maine.gov/healthinspection

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. * Establishments must have clean-up procedures for employees to follow following vomiting and diarrheal events. * 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 Louis Lachance when the critical violation has been addressed at 207-513-3125 extension 3224 or at llachance@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. 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.

Date: 9/24/2019

Person in Charge (Signature)

Havis Lashanico

Health Inspector (Signature) LOUIS LACHANCE

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