]Fai	led 🔲	Closed □IHH	State of Maine H	lea	ltł	า I	n	sp	ectio	n Report	 t		P	age 1	of 4		
				No. of Risk Factor/InterventionViolations							0	Date Time		6/16/20 2:00 PI		4		
SA	MS	ITALIAN I	FOOD	, ,							Score <i>(op</i>	otional)		Time	e Out	3:30	PM	_
Lic	ense	Expiry Da	te/EST. ID#	Address		Ci	ity					Zip Code		Tele	phone			
9/2	27/2	014	/ 161	268 MAIN ST		LI	EW	IS	101	1		04240-702	24	207	7-782-2	550		
License Type Owner Name						Pı	Purpose of Inspection			License Pos	Risk Category		egory					
М	UN	- EATING		SAMS ITALIAN FOODS			egu											
			FOOL	BORNE ILLNESS RISK FA	СТО	RS	AN	ID	PUI	BLIC HE	ALTH INTER	VENTIONS	}					
		ircle desigr	=	(IN, OUT, N/O, N/A) for each number			ole				ark"X" in approp				R repeat vic	olation		
	Compliance Status								omn						<u>'</u>		cos	В
Compliance Status Supervision						, n	R Compliance Status Potentially Hazardous Food Time/Temperature									003	···	
1		IN	PIC present, demonstra	ates knowledge, and	\top		10	6		IN	Proper cooking		•					Г
·			performs duties			Ц	1	7		IN	Proper reheati	ng procedure	s for h	ot ho	lding			
2		IN	-	loyee Health			18	_		IN	Proper cooling			es				
3		IN	Management awarenes Proper use of reporting	s; policy present , restriction & exclusion	+	Н	19			IN	Proper hot hold							L
				jienic Practices			2	_		OUT	Proper cold ho						Х	L
4		IN		drinking, or tobacco use			2	_		IN	Proper date ma							L
5		IN	No discharge from eyes			\sqcup	2:	2		IN	Time as a publi		rol: pr	oced	ures & re	ecord		
		15.1		mination by Hands	_			_			1	mer Advisory	1.6					
6		IN	Hands clean & properly	,	+	Н	23	3		IN	Consumer advi		a tor ra	aw or				ĺ
7		IN	No bare hand contact with RTE foods or approved alternate method properly followed					t				ptible Populations						
8		OUT			+	Н		٠			Pasteurized for			d foor	ds not			Н
Ů		001		g facilities supplied & accessible			24	4		IN	offered	ouo uoou, pro	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		30 1100			ĺ
9		IN			Т							Chemical						
10			Food obtained from app		+	Н	2	5		IN	Food additives	: approved &	prope	rly us	ed			Г
11		IN IN	Food received at prope	· · · · · · · · · · · · · · · · · · ·	+	Н	2	6		IN	Toxic substance		-	_		sed		Г
		IIN	Food in good condition Required records avail		+	Н		_		Co	onformance with	Approved Pr	ocedu	res				
12		IN	parasite destruction	able. Shellstock tags			27	Ţ			Compliance wi				process.			Г
			•	om Contamination		Н	2	1		IN	& HACCP plan	,,	, · · · · ·	,	,,			ĺ
13		IN	Food separated & prote		$\overline{}$		<u>ا</u> ا	Ė			1						_	_
14		IN	Food-contact surfaces:		+	H				actors	are improper pra	•						
15		IN		eturned, previously served,							buting factors of t e control measure							
				GOOD F	RETA	VIL.	PR	AC	TIC	ES								
			Good Retail Practices are	preventative measures to control the					_	_	and physical obje	cts into foods.						
Ma	rk "X	" in box if n	umbered item is not in com	ppliance Mark "X" in appropriate	hox f	or Co	OS a	and	or R	COS	=corrected on-site	e during inspec	tion	R=re	epeat viol	ation		
		50%		phanes many mappingmate		R	П	2	0			y dailing intopol			opout 1.o.	u	cos	R
							١Ŀ				D11-	£114					000	
Safe Food and Water 28 N Pasteurized eggs used where required						-	Н.	را د	. I.		•	e of Utensils						
28			,		+	╆	1 H	1	_		sils: properly sto						Н	_
29 30			ce from approved source			+	4:	-	_		quipment, & line					nea	Н	
30	IIN	variance c	Food Temperature (<u> </u>	4	_	_		& single-service	articles: pro	periy s	torec	a & usea		Н	
	T	Proper se	<u> </u>		T	T	4	<u>→ </u>	14 0	noves use	d properly Utensils, Equip	ment and Von	dina				Ш	
31	31 N Proper cooling methods used; adequate equipment for temperature control						ıF	T	l e	nod & non	n-food contact su							
32	-		properly cooked for hot	holdina	+	\vdash	4	5	\ I		esigned, constru		,					
-	_		· · · · ·		+	\vdash	4	6	Ť				ined s	مورا في	d: test et	rips	Н	
-	33 IN Approved thawing methods used 34 X Thermometers provided and accurate					\vdash	46 N Warewashing facilities: installed, maintained, & used; test strips 47 X Non-food contact surfaces clean								Н	Х		
9.1	^	THEITHORIC	Food Identificati		Х		H	. 1	` '	1011-1000-0		al Facilities						Î
35	IN I	Food prop	erly labeled; original con		T	T	4:	8 I	N TE	lot & cold	water available;		essure					
33		piop	Prevention of Food Cont				4	-	_		<u>·</u>						Н	
36 IN Insects, rodents, & animals not present					T	Т	49 N Plumbing installed; proper backflow devices 50 N Sewage & waste water properly disposed							Н				
37 IN Contamination prevented during food preparation, storage & display					+	+	5	-			ties: properly co			. & cl	leaned		Н	
38	-	Personal c		p. opa. adoii, otor ago a diopiay	+	+	5	-	_		refuse properly		• •				H	_
-	-			red	+	\vdash	5	-	_		cilities installed,						H	Х
39 IN Wiping cloths: properly used & stored 40 IN Washing fruits & vegetables					+	\vdash	5	_	— <u> </u>		entilation & ligh				sed		Н	
Person in Charge (Signature) Date: 6/16/2014											ı							
Hea	ilth li	nspector (S	Signature)	Van			-			Follow-	up: YES	NO D	ate of F	ollov	v-up:			

State of Maine Health Inspection Report											
Establishment Name SAMS ITALIAN FOOD		As Authorized by 22 MRSA § 2496				Date 6/16/2014					
License Expiry Date/EST. ID# 9/27/2014 / 161	Address 268 MAIN ST	•	City / State LEWISTON	/ ME	Telephone 207-782-2550						
Temperature Observations											
Location	Temperature			Notes							
meatballs	140 plus	hot holding									
hot water	100 plus										
chicken salad	46	corrected on site									
Sandwich bar	left side	36									
sandwich bar	right side	40									

Person in Charge (Signature)

Health Inspector (Signature)



State of Maine Health Inspection Report

Page 3 of 4

6/16/2014

Establishment Name

SAMS ITALIAN FOOD

9/27/2014

License Expiry Date/EST. ID#

/161

Address 268 MAIN ST

City / State LEWISTON

ME

Zip Code 04240-7024

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

8: 5-203.11: C: Inadequate number of hand wash facilities.

INSPECTOR NOTES: install handwashing sink in warewashing room

20: 3-501.16.(A).(2): C: PHF not maintained at 41 F or less.

INSPECTOR NOTES: chicken salad--corrected on site

34: 4-302.12.(A): N: Inadequate number of food temperature measuring devices provided.

INSPECTOR NOTES: needed all refrigeration units-corrected on site

45: 4-101.11.(D): N: Utensils or equipment food contact surfaces not smooth / easily cleanable.

INSPECTOR NOTES: replace sandwich bar door seals

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 sandwich bar door seals

53: 6-101.11.(A): N: Indoor surfaces are not properly constructed as to be smooth, durable, and easily cleanable or constructed of nonabsorbent material in areas of moisture.

INSPECTOR NOTES: repair stair thread

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

INSPECTOR NOTES: sand and paint walls in warewashing area--paint ceiling tiles water damage

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

INSPECTOR NOTES: install cove base where needed and re-glue areas pulling away from walls

Person in Charge (Signature)

Health Inspector (Signature)

Xonh an

Date: 6/16/2014

	State of Maine Health Inspection Report Page 4 of 4								
Establishment Name					Date 6/16/2014				
SAMS ITALIAN FOOD									
License Expiry Date/EST. ID# 9/27/2014 / 161	Address 268 MAIN ST	City / State LEWISTON	ME	Zip Code 04240-7024					

Inspection Notes

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
- 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 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

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.

James chapman is a CFPM 6/19/2017 exp

Person in Charge (Signature)

Date: 6/16/2014

Health Inspector (Signature)

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