| | □Failed □Closed □IHH State of Maine Health Inspection Report Page 1 of 4 | | | | | | | | | | | | | | |
|---|--|----------------|---|---------------------------------------|--|-----------------------|---|------------------------------------|--------------|---------------------------------|--|----------|--------------------|-------------|----------------|
| | | | | | | | | Risk Factor/InterventionViolations | | | | | Date | | 2014 |
| _ | Establishment Name As Authorized by 22 MRSA § 2496 N K & J FOOD SERVICE | | | | | | No. of Repeat Risk factor / Intervention Violation Score | | | | ntional) | 0 | Time In Time Ou | | 30 AM 30 AM |
| Lic | License Expiry Date/EST. ID# Address | | | | | | City | | | 333.3 (0) | Zip Code | | Telepho | | JU AIVI |
| 6/21/2015 / 23322 61 ALFRED PLOURDE PKW) | | | | | ۷Y | | | | | 04240 | | • | 6-3561 | | |
| License Type Owner Name | | | | | | Purpose of Inspection | | | n | License Posted Risk Category | | | | | |
| MUN - EATING PLACE K & J FOOD SERVICE | | | | | | | Regular Yes | | | | | • | | | |
| | | | | | | | S 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 COS=corrected on-site during inspection R=repeat violation | | | | | | | | | | | | | | |
| Со | Compliance Status Cos R Compliance Status Cos R | | | | | | | | | | | | | | |
| Supervision PIC present, demonstrates knowledge, and | | | | | | | Potentially Hazardous Food Time/Temperature 16 IN Proper cooking time & temperatures | | | | | | | | |
| 1 | performs duties | | | ates knowledge, and | | | | | | ting procedures for hot holding | | | | + | |
| | | | Empl | loyee Health | | | 18 | _ | IN | Proper cooling | <u> </u> | | | 5 | |
| 2 | | IN | Management awarenes | | + | Н | 19 | | IN | Proper hot hold | | | | | |
| 3 | | IN | | g, restriction & exclusion | _ | Н | 20 | | IN | Proper cold ho | lding tempera | atures | | | |
| 4 | | IN | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | drinking, or tobacco use | Т | П | 21 | | IN | Proper date ma | arking & disp | osition | | | |
| 5 | | IN | No discharge from eye | | 工 | | 22 | | IN | Time as a publi | public health control: procedures & record | | | | |
| | | | | mination by Hands | | | Consumer Advisory | | | | | | | | |
| 6 | | IN | Hands clean & properly | | + | Н | 23 | | IN | Consumer advi | | d for ra | aw or | | |
| 7 | | IN | | with RTE foods or approved | | | | | | Highly Susce | | tions | | | |
| 8 | | OUT | Adaquate handwashing | g facilities supplied & accessible | + | Н | | | | Pasteurized for | | | l foods n | ot | |
| | | 001 | <u> </u> | red Source | | Щ | 24 | | IN | offered | ouo uoou, pro | | | | |
| 9 | | IN | Food obtained from app | | Т | П | | | | | Chemical | | | | |
| 10 | | IN | Food received at prope | | + | Н | 25 | | IN | Food additives | : approved & | prope | rly used | | |
| 11 | | IN | Food in good condition | · · · · · · · · · · · · · · · · · · · | + | H | 26 | | IN | Toxic substance | es properly i | dentifi | ed, store | d & used | |
| | | | Required records avail | | + | Н | | | | Conformance with | Approved Pr | ocedu | res | | |
| 12 | | IN | parasite destruction | g. | | | 27 | | IN | Compliance wi | th variance, s | special | ized prod | ess, | |
| | | | Protection fr | om Contamination | | | ΙШ | | | & HACCP plan | | | | | |
| 13 | | IN | Food separated & prote | ected | | | Г | Ris | k Factors | are improper prac | ctices or proce | dures id | entified as | the most | |
| 14 | | OUT | | | | Ц | prevalent contributing factors of foodborne illness or injury. Public Health | | | | | | | | |
| 15 | 15 IN Proper disposition of returned, previously served, reconditioned, & unsafe food | | | | | | Interventions are control measures to prevent foodborne illness or injury. | | | | | | | | |
| | | | | GOOD F | RETA | AIL I | PRA | CT | ICES | | | | | | |
| | | | Good Retail Practices are | preventative measures to control the | additio | on of | patho | ogen | s, chemica | lls, and physical obje | cts into foods. | | | | |
| Ma | rk "> | (" in box if n | umbered item is not in com | pliance Mark "X" in appropriate | box f | or CC | OS an | nd/or | R C | OS=corrected on-site | during inspec | ction | R=repea | t violation | |
| | | | | | cos | R | | | | | | | | | cos R |
| | | | Safe Food and | Water | | | | | | Proper Us | e of Utensils | | | | |
| 28 IN Pasteurized eggs used where required | | | | | T | | 41 IN In-use utensils: properly stored | | | | | | | | |
| 29 | IN | Water & ic | e from approved source | | \top | П | 42 | + | | equipment, & line | | stored. | dried, & | handled | |
| 30 | IN | Variance o | btained for specialized | orocessing methods | | П | 43 | IN | | se & single-service | | | | | |
| Food Temperature Control | | | | | | 44 | IN | Gloves u | sed properly | | | | | | |
| 31 | IN | Proper co | oling methods used; ade | quate equipment for | Т | | Utensils, Equipment and Vending | | | | | | | | |
| | | temperatu | re control | | _ | Ш | 45 | IN | | ıon-food contact รเ | | | | | |
| 32 | IN | | properly cooked for hot | holding | | Ш | | | properly | designed, constru | cted, & used | | | | $\bot \bot$ |
| 33 | IN | | thawing methods used | | _ | Ш | 46 | - | | shing facilities: inst | | ined, 8 | k used; te | st strips | $\perp \perp$ |
| 34 | IN | Thermome | eters provided and accur | | | Щ | 47 | IN | Non-food | d contact surfaces | | | | | |
| | | | Food Identificati | | | | | _ | | | al Facilities | | | | |
| 35 N Food properly labeled; original container | | | | | | Ц | 48 | + | | ld water available; | | | | | ++ |
| | | | Prevention of Food Conf | | 7 | | 49 | + | | g installed; proper | | | | | ++ |
| 36 | IN | | dents, & animals not pro | | + | \vdash | 50 | - | | & waste water pro | | | | | ++ |
| 36 IN Insects, rodents, & animals not present 37 IN Contamination prevented during food preparation, storage & display | | | + | Н | 51 IN Toilet facilities: properly constructed, supplied, & cleaned | | | | | | | ++ | | | |
| 38 IN Personal cleanliness | | | | | + | Н | 52 IN Garbage & refuse properly disposed; facilities maintained | | | | | | | ++ | |
| 39 N Wiping cloths: properly used & stored | | | | | | Н | 53 X Physical facilities installed, maintained, & clean | | | | | | ++ | | |
| 40 N Washing fruits & vegetables 54 N Adequate ventilation & lighting; designated areas used | | | | | | | | | | | | | | | |
| Person in Charge (Signature) Date: 8/7/2014 | | | | | | | | | | | | | | | |
| Health Inspector (Signature) Follow-up: YES NO Date of Follow-up: | | | | | | | | | | | | | | | |
| | | (- | - • | | | | | | | | | | | | |

| | State of M | aine Hea | ılth Inspect | ion Repo | rt | Page 2 of 4 | | | | |
|---|---------------------------|-----------------|-------------------------------------|----------|----|---------------------------|--|--|--|--|
| Establishment Name K & J FOOD SERVICE | | As Authorized b | Date 8/7/2014 | | | | | | | |
| License Expiry Date/EST. ID# 6/21/2015 / 23322 | Address 61 ALFRED PLOU | RDE PKWY | City / State RDE PKWY LEWISTON / ME | | | Telephone 207-926-3561 | | | | |
| Temperature Observations | | | | | | | | | | |
| Location | Temperature | - | | Notes | | | | | | |
| Milk | 38 | | | | | | | | | |
| tuna salad | 32 | | | | | | | | | |
| cooler | 38 | | | | | | | | | |
| Hot Water | 110 plus | | | | | | | | | |

Person in Charge (Signature)

Health Inspector (Signature)



State of Maine Health Inspection Report Page 3 of 4

Establishment Name

K & J FOOD SERVICE License Expiry Date/EST. ID#

/23322

6/21/2015

Address
61 ALFRED PLOURDE PKWY

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

8: 5-205.11.(B): N: Hand washing facility being used for other than hand washing.

INSPECTOR NOTES: cooking utensils on side boardWalmart responsible

14: 4-601.11.(A): C: Equipment food-contact surfaces and utensils are not clean to sight and touch.

INSPECTOR NOTES: potato peeler only cleaned once a day-must be cleaned within 4 hour period--knife put dirty correcedt on site

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

INSPECTOR NOTES: clean walls

53: 6-501.16: N: Mops are not being properly stored.

INSPECTOR NOTES: mop in standing water-corrected on site

Person in Charge (Signature)

Health Inspector (Signature)

Date: 8/7/2014

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|---|-----------------------------------|--------------------------|----|-------------------|---------------|
| Establishment Name | | | | | Date 8/7/2014 |
| K & J FOOD SERVICE | | | | | |
| License Expiry Date/EST. ID# 6/21/2015 / 23322 | Address 61 ALFRED PLOURDE PKWY | City / State LEWISTON | ME | Zip Code 04240 | |

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.

Keith Daigle is a CFPM CERT# 9198421 Exp 6/14/2017

Person in Charge (Signature)

Date: 8/7/2014

Health Inspector (Signature)

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