□Failed □Closed □IHH State of Maine Health Inspection Report									Pag	e 1 of 4	ŀ						
C					Critic	Critical Violations					1	Date	2/3	2022	2		
Establishment Name				As Authorized by 22 MRSA § 2496 No		Non-Critical Violations						0	Time In		0 PM	_	
AN	IGE	LOS PIZZ	Α	(Certif	ed F	ood	Pro	tecti	on Manag	ger		Υ	Time O	ıt <u>3:0</u>	O PM	
Lic	ens	e Expiry Da	te/EST. ID#	Address		Cit	У					Zip Code		Telepho	ne		
12	/31	/2022	/ 19382	365 SABATTUS ST		LE	WI	IST	ON			04240		207-24	11-3304		
License Type Owner Name						Purpose of Inspection					License Posted Risk Category				,		
М	MUN - EATING PLACE ANGELOS PIZZA LEWISTON Regular						Yes Medium										
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS																	
	C	Circle desig	nated compliance status	(IN, OUT, N/O, N/A) for each number	red it	em				Mai	rk"X" in appropı	riate box for C	OS an	d/or R			
	IN:	=in complian	ice OUT=not in complia	nce N/O=not observed N/A=n	ot app	licab	le			COS=0	corrected on-site	during inspecti	on	R=repe	eat violatio	n	
Со	Compliance Status								cos R Compliance Status								R
Supervision							Potentially Hazardous Food Time/Temperature										
1		IN	PIC present, demonstra	ates knowledge, and			16			IN	Proper cooking					_	$oxed{\!$
			performs duties	loyee Health	-		17 18			IN	Proper reheati				g	+	\vdash
2		IN	Management awarenes	-	Т	П	19	_		IN IN	Proper cooling			es		+	H
3		IN	Proper use of reporting	g, restriction & exclusion	\perp		20			DUT	Proper hot hold Proper cold ho					х	х
		INI		jienic Practices			21			IN	Proper date ma					+^	H
4 5		IN IN	Proper eating, tasting, No discharge from eyes	drinking, or tobacco use s. nose, and mouth	+	\vdash	22	-		IN	Time as a publi				s & record	1	\vdash
Ť				mination by Hands							<u> </u>	mer Advisory					
6		IN	Hands clean & properly		T	П		T			Consumer advi		d for ra	aw or		T	
			No bare hand contact v	with RTE foods or approved		П	23	1		IN	undercooked fo						
7		IN	alternate method prope	erly followed							Highly Susce	ptible Popula	tions				
8		IN	Adequate handwashing	g facilities supplied & accessible			24	1		IN	Pasteurized for	ods used; pro	hibited	d foods n	ot		
			Approv	ed Source			_				offered						Ц
9		IN	Food obtained from app	proved source			0.5					Chemical					
10		IN	Food received at prope	er temperature			25 26			IN	Food additives:					-	H
11		IN	Food in good condition	, safe, & unadulterated			20	1_		IN	Toxic substanc				d & used		Ш
12		IN	Required records avail	able: shellstock tags				_		Co	nformance with					_	
تـــا		114	parasite destruction			Ц	27	7		IN	Compliance with	th variance, s	pecial	ized pro	cess,		
				om Contamination			Ш				& HACCP plan						
13		IN	Food separated & protected Risk Factors are improper practices or procedures identified as the most														
14		IN	Food-contact surfaces:		-	Н		рі	evale	ent contrib	uting factors of f	oodborne illne	ss or ir	njury. Pub	lic Health		
15		IN	reconditioned, & unsafe	eturned, previously served, e food			L	In	terve	ntions are	control measures	s to prevent fo	odborn	e illness	or injury.		
			•	GOOD F	ET/		DD /	۸۲٦	TICE	:0							
			Good Retail Practices are	preventative measures to control the							and physical obie	cts into foods.					
Ma	rk "\	X" in boy if n	umbered item is not in com				•	•			corrected on-site		tion	R-rene:	at violation		
IVIC	.11. /	X III DOX II III	umbered item is not in com	ipilance iviality in appropriate		т т	T	iiu/c	,, ,,		-corrected on-site	during maped	,tion	п-терес	at violation	cos	ь
			0-f- Fdd	144-4	cos	l"						£144 44				003	'n
Safe Food and Water 28 IN Pasteurized eggs used where required								. 1	1.		-	e of Utensils					
28 29			ed eggs used where requ		-	Н	-	1 IN			sils: properly sto						
\vdash	_		e from approved source		+	Н	42	+	+		uipment, & line					+	
30	IIN	variance C	btained for specialized p Food Temperature (<u> </u>			43	-	_	_	& single-service	articles: pro	perly s	tored &	used	+	
	_	Duamanaa	•		_		44	+ 1111	JGI		<u> </u>	mont and Van	dina				
31	IN	temperatu	oling methods used; ade re control	quate equipment for				T	En		Utensils, Equipa						
32	IN	•	properly cooked for hot	holding	+	Н	45	5 IN			signed, constru		ubie,				
-	IN		thawing methods used	Holding	+	Н	46	6 IN	÷		ng facilities: inst		inad 8	ricod: to	et etrine		
34	_			rate	+	Н	-	7 IN	+		ontact surfaces		u, c	. aoca, t	-31 311 IPS	+	
34 N Thermometers provided and accurate Food Identification							-	1	1.40	11 1000 00		al Facilities					
35 IN Food properly labeled; original container							48	вТім	Но	t & cold v	water available;		essure				
Prevention of Food Contamination							49	-	_							\top	
36 IN Insects, rodents, & animals not present							49 IN Plumbing installed; proper backflow devices 50 IN Sewage & waste water properly disposed							\top			
	IN Contamination prevented during food preparation, storage & display				\top	Ħ	51 N Toilet facilities: properly constructed, supplied, & cleaned										
-	IN		leanliness		\top	Н	52	-	+		refuse properly					\top	
					\top	П	53 IN Physical facilities installed, maintained, & clean										
40	-		ruits & vegetables		\top	П	54	4 IN	+		entilation & light						
Г				The I colle	2												
Person in Charge (Signature) Health Inspector (Signature) LOUIS LACHANCE Date: 2/3/2022 Follow-up: YES NO Date of Follow-up:																	
	Health Inspector (Signature)																
ı	Health Inspector (Signature) LOUIS LACHANCE									Follow-u	ıp: YES	NO Da	ate of F	ollow-up):		
ت	0		-							l							

	State of	Maine He	alth Inspec	tion Repo	ort	Page 2 of 4
Establishment Name ANGELOS PIZZA		As Authorized b	Date 2/3/2022			
License Expiry Date/EST. ID# 12/31/2022 / 19382	Address 365 SABATTUS	ST	City / State LEWISTON	/ ME	Zip Code 04240	Telephone 207-241-3304
	Te	emperatur	e Observat	ions		
Location	Temperature			Notes		
Hot holding	178*	meatball and sa	uce			
Pizza area reach in	36*	sliced ham				
Kitchen reach in (bottom)	49*	cooked pasta				
Hand wash sink	112*					
Walk in cooler	39*	sliced salami				
Take out	190*	pizza				

Person in Charge (Signature)

Health Inspector (Signature) LOUIS LACHANCE How Lehre

Establishment Name ANGELOS PIZZA License Expiry Date/EST. ID# Address 365 SABATTUS ST LEWISTON ME 04240 Page 3 of 4 Date 2/3/2022 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

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

INSPECTOR NOTES: **REPEAT** Cooked pasta elevated in temperature. Product discarded. Thermostat to cooler adjusted. *COS discarded

Person in Charge (Signature)

Health Inspector (Signature) LOUIS LACHANCE Low Lahre

Date: 2/3/2022

HHE-601(a)Rev.01/07/10 Page 3 of 4

	Page 4 of 4				
Establishment Name					Date 2/3/2022
ANGELOS PIZZA					
License Expiry Date/EST. ID# 12/31/2022 / 19382	Address 365 SABATTUS ST	City / State LEWISTON	ME	Zip Code 04240	

Inspection Notes

Certified Food Protection Manager: Taulant Llambri Exp. 4/11/24

Every eating establishment must employ on its staff a Certified Food Protection Manager (CFPM). Some establishments are exempt from this requirement. A CFPM certificate must accompany the application for a new establishment and change of ownership. A CFPM must be hired within 60 days of the departure of the last CFPM leaving employment. Eating establishments must post in a conspicuous area the certification of the CFPM(s), and the certificate must be made available to the Department upon request. 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 Casandra Lavallee, Health Inspection Program, 286 Water St. 3rd Floor, Augusta, ME 04333, casandra.lavallee@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 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

Violation Correction Timeframe

Critical violations should be corrected on site, but in any event, within 10 days. The licensee must contact your inspector, Laurie Davis when the critical violation has been addressed at 207-592-5573 or laurie.davis@maine.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.

Person in Charge (Signature)

Health Inspector (Signature) LOUIS LACHANCE Low Lahre

Date: 2/3/2022

HHE-601(a)Rev.01/07/10

Page 4 of 4