□Failed □Closed □IHH State of Maine Health Inspection Report Page 1 of 5																	
Fsi	<del> </del>					No. of Risk Factor/Intervention Groups Out No. of Repeat Risk Factor/Intervention Groups Out						Out	1	Date		3/24/2 9:00	2015 ΔΜ
	DAMADA CONFEDENCE CENTED						Certified Food Protection Manager						Υ		-	11:45	
License Expiry Date/EST. ID# Address						City Zip Code Telep				phone							
11/19/2015 / 151 490 PLEASANT ST										٠÷	'-784-23						
License Type Owner Name  MUN - EATING AND LODGING ADAMAR ASSO LLP											Risk Cate	gory					
IVI	UN	- EATING		ADAMAR ASSO LLP	CTO	Regular											
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										lation							
Со	mpli	ance Statu	S		cos	R		С	Com	pliance Sta	tus					(	cos R
				upervision			ļ	ıcl			tially Hazardous				•		
1		IN	PIC present, demonstra performs duties	ates knowledge, and				16 17		IN IN	Proper cooking				lding		+
				loyee Health			1 ⊢	18		IN	Proper reheating procedures for hot holding  Proper cooling time & temperatures					+	
2		IN	Management awarenes			$ldsymbol{\square}$	19 IN Proper hot holding temperatures										
3		IN		g, restriction & exclusion	_	<u> </u>	1 2	20	· · · · · · · · · · · · · · · · · · ·								
4		IN	, ,	drinking, or tobacco use		Т	1 2	21		IN	Proper date marking & disposition						
5		IN	No discharge from eyes				1 2	22		IN	Time as a public health control: procedures & rec					cord	
			Preventing Conta	mination by Hands			Consumer Advisory										
6		IN	Hands clean & properly	y washed			<u>ا</u> ا	23		IN	Consumer advi		d for ra	aw or			
7		IN	No bare hand contact with RTE foods or approved				Ш	-			undercooked foods						
			alternate method properly followed		+	┢	Į ⊨	+			Highly Susceptible Populations  Pasteurized foods used; prohibited foods not						
8		IN	Adequate handwashing facilities supplied & accessible  Approved Source			_	2	24		IN	offered						
9		IN			$\overline{}$	Т	1					Chemical					
10			Food obtained from app		+	╁	1 2	25		IN	Food additives	: approved &	prope	rly us	ed		Т
11		IN IN	Food received at prope	· · · · · · · · · · · · · · · · · · ·	+	╁	1 2	26		IN	Toxic substance	es properly id	dentifi	ed, st	ored & us	sed	
		IIN	<u>-</u>	ood in good condition, safe, & unadulterated equired records available: shellstock tags			Conformance with Approved Procedures										
12		IN	parasite destruction				٦	27		IN	Compliance wi	th variance, s	pecial	ized <sub>l</sub>	process,		
			Protection from Contamination & HACCP plan														
13 IN Food separated & protected Risk Factors a						are improper prac	ctices or proced	durae id	lontific	ad as the m	noet						
14 OUT Food-contact surfaces: cleaned and sanitized						Х	1				buting factors of f	•					
15		IN	Proper disposition of re reconditioned, & unsafe	eturned, previously served, e food							control measure						
		•		GOOD	RET/	۱L	PR	AC	CTIC	CES							
			Good Retail Practices are	preventative measures to control the	addition	on o	f pat	hog	gens	, chemicals,	and physical obje	cts into foods.					
Ма	rk "X	(" in box if n	umbered item is not in com	pliance Mark "X" in appropriat	e box f	or C	OS a	and	l/or F	R COS	=corrected on-site	e during inspec	tion	R=re	epeat viola	ation	
					cos	R										(	cos R
			Safe Food and	Water			1				Proper Us	e of Utensils					
28	IN		d eggs used where requ			Г	4	11   I	IN	In-use uten	sils: properly sto	ored					
	IN	Water & ic	e from approved source			Ι	] [4	12	IN	Utensils, ed	quipment, & line	ns: properly s	tored,	dried	d, & hand	led	
30	IN	Variance o	btained for specialized p	processing methods			4	13	X :	Single-use	& single-service	articles: prop	erly s	tored	l & used		
			Food Temperature (	Control			4	14	IN	Gloves use	d properly						
31	IN	•	oling methods used; ade	quate equipment for							Utensils, Equip						
		temperatu				╄	4	15	ХΙ		ı-food contact sı		able,				×
	2 IN Plant food properly cooked for hot holding		$\perp$	1	┧┝	properly designed, constructed, & used						-					
33			thawing methods used		+	_	46 IN Warewashing facilities: installed, maintained, & used; test strips						$\dashv$				
34	IN	Thermome	ters provided and accur		_	ㅗ	1 4	17	X	Non-food c	ontact surfaces						
c= '	Food Identification Physical Facilities																
35 IN Food properly labeled; original container							4 ⊢	-	_		water available;						_
Prevention of Food Contamination  36   N   Insects, rodents, & animals not present					<u> </u>	T	9 H	-	_		nstalled; proper						-
36   IN   Insects, rodents, & animals not present   37   IN   Contamination prevented during food preparation, storage & display						+	- ⊢	-	_		waste water pro			ام.9	leanod		+
-	38 IN Personal cleanliness						51 N Toilet facilities: properly constructed, supplied, & cleaned  52 N Garbage & refuse properly disposed; facilities maintained					+					
-							52   N   Garbage & refuse properly disposed; facilities maintained   53   X   Physical facilities installed, maintained, & clean					×					
-	, , , ,							-	$\rightarrow$		rentilation & ligh				sed		+^
۳		TTUSTINING II	and a vegetables	S 100			בו נ	- 1	^	, .ucquate V	Chaladon & light	ang, ucalylial	ou ait	uo ut	<u>.</u>		
Per	Person in Charge (Signature)  Date: 3/24/2015																
Hea	ilth I	nspector (S	signature)	An Or	-	>				Follow-	up: YES	NO Da	ate of F	ollov	v-up:		

	State of Mair	ne Health Inspect	ion Repor	t	Page 2 of 5			
Establishment Name		As Authorized b	y 22 MRSA §	2496	Date 3/24/2015			
RAMADA CONFERENCE CENTER								
License Expiry Date/EST. ID#   1/19/2015   / 151	Address 490 PLEASANT ST	City / State LEWISTON	/ <b>ME</b>	Zip Code 04240-3938	Telephone 207-784-2331			
	Temp	erature Observat	ions					
Location	Temperature		Notes					
cooler	39							
wash cycle	160							
cooler	38							
hot water	110 plus							
cooler	40							
rinse cycle	180							
turkey and veggies	165							

Person in Charge (Signature)

Health Inspector (Signature)



## State of Maine Health Inspection Report

Date 3/24/2015

**RAMADA CONFERENCE CENTER** 

**Establishment Name** 

License Expiry Date/EST. ID# 11/19/2015 / 151

Address 490 PLEASANT ST City / State LEWISTON

ME

Zip Code 04240-3938 Page 3 of 5

### **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

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

INSPECTOR NOTES: utensils put away dirty-corretced on site-clean interior of ice machine

43: 4-904.11.(A).(C): N: Single service/use items are improperly handled/stored/displayed/dispensed.

INSPECTOR NOTES: straws-remove from counter acquire dispensers-or cover straws

45: 4-204.12: N: Equipment openings, closures and deflectors are improperly designed and constructed.

INSPECTOR NOTES: replace all split door seals on refrigeration units

45: 4-204.16: N: Beverage tubing and/or cold plate improperly installed in contact with stored ice.

INSPECTOR NOTES: ice for drinks cannot be in direct contact with tubing or cold plate

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 exterior of ice machines remove duct tape-clean sides and back of cooking equipment

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: install missing molding server area counter top

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

INSPECTOR NOTES: replace cracked floor tiles repace walk-in cooler flooring-replace water damaged ceiling tiles-re-paint walls where paingt is chippng or gouged

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

INSPECTOR NOTES: replace missing molding floor to wall junctures

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

INSPECTOR NOTES: clean exterior of trash barrels and clean shelving

54: 6-202.12: N: Ventilation may cause food contamination.

INSPECTOR NOTES: clean all ceiling vents

Person in Charge (Signature)

Man / Ram

Date: 3/24/2015

Health Inspector (Signature)

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	t	Page 4 of 5			
Establishment Name					Date 3/24/2015
RAMADA CONFERENCE CENTER					
License Expiry Date/EST. ID# 11/19/2015 / 151	Address 490 PLEASANT ST	City / State LEWISTON	ME	Zip Code 04240-3938	

## **Inspection Notes**

#### 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 ] 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.

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 ). 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.

Gave PIC copy of Employee Health and personal hygiene booklet-no bare hand contact -employee health awareness-date marking and bodily fluid clean-up vomit procedures

Inspected rooms 111 no violation-room 123 no violation room 135 no violation-room 142 repair walls-room 149 closet door glass cracked replace

Person in Charge (Signature)

Date: 3/24/2015

Health Inspector (Signature)

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State of Maine Health Inspection Report								
Establishment Name					D <u>ate</u>	3/24/2015		
RAMADA CONFERENCE CENTER								
License Expiry Date/EST. ID# 11/19/2015 / 151	Address 490 PLEASANT ST	City / State LEWISTON	ME	Zip Code 04240-3938				

# **Inspection Notes**

Justin Sirois is a CFPM exp 8/21/2017 cert # 9358413 Designate middle sink for handwashing on prep line-- install guards-paper towels and signage-soap remove soap dispener from 1 unit in the 3 bay sink area

Recommendation that ice machines be replaced

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Date: 3/24/2015

Person in Charge (Signature)

Health Inspector (Signature)