

Failed  Closed  IHH

# State of Maine Health Inspection Report

Establishment Name <b>FORAGE MARKET</b>	As Authorized by 22 MRSA § 2496	Critical Violations	3	Date	6/1/2017
		Non-Critical Violations	6	Time In	9:30 AM
		Certified Food Protection Manager	Y	Time Out	10:30 AM

License Expiry Date/EST. ID# 5/17/2017 / 26059	Address 180 LISBON ST	City LEWISTON	Zip Code 04240	Telephone 207-333-6840
License Type MUN - EATING PLACE	Owner Name FORAGE MARKET INC	Purpose of Inspection Regular	License Posted	Risk Category

## 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

Compliance Status			COS	R	Compliance Status		COS	R	
<b>Supervision</b>					<b>Potentially Hazardous Food Time/Temperature</b>				
1	IN	PIC present, demonstrates knowledge, and performs duties			16	IN	Proper cooking time & temperatures		
<b>Employee Health</b>					<b>Consumer Advisory</b>				
2	IN	Management awareness; policy present			23	IN	Consumer advisory provided for raw or undercooked foods		
3	IN	Proper use of reporting, restriction & exclusion			<b>Highly Susceptible Populations</b>				
<b>Good Hygienic Practices</b>					<b>Chemical</b>				
4	OUT	Proper eating, tasting, drinking, or tobacco use			24	IN	Pasteurized foods used; prohibited foods not offered		
5	IN	No discharge from eyes, nose, and mouth			<b>Conformance with Approved Procedures</b>				
<b>Preventing Contamination by Hands</b>					25	IN	Food additives: approved & properly used		
6	IN	Hands clean & properly washed			26	IN	Toxic substances properly identified, stored & used		
7	IN	No bare hand contact with RTE foods or approved alternate method properly followed			<b>Protection from Contamination</b>				
8	IN	Adequate handwashing facilities supplied & accessible			27	IN	Compliance with variance, specialized process, & HACCP plan		
<b>Approved Source</b>					<b>Risk Factors</b> are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health Interventions are control measures to prevent foodborne illness or injury.				
9	IN	Food obtained from approved source							
10	IN	Food received at proper temperature							
11	IN	Food in good condition, safe, & unadulterated							
12	IN	Required records available: shellstock tags parasite destruction							
13	IN	Food separated & protected							
14	IN	Food-contact surfaces: cleaned and sanitized							
15	IN	Proper disposition of returned, previously served, reconditioned, & unsafe food							

## GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Mark "X" in box if numbered item is not in compliance Mark "X" in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation

Safe Food and Water			COS	R	Proper Use of Utensils		COS	R	
28	IN	Pasteurized eggs used where required			41	IN	In-use utensils: properly stored		
29	IN	Water & ice from approved source			42	IN	Utensils, equipment, & linens: properly stored, dried, & handled		
30	IN	Variance obtained for specialized processing methods			43	IN	Single-use & single-service articles: properly stored & used		
<b>Food Temperature Control</b>					44	IN	Gloves used properly		
31	IN	Proper cooling methods used; adequate equipment for temperature control			<b>Utensils, Equipment and Vending</b>				
32	IN	Plant food properly cooked for hot holding			45	X	Food & non-food contact surfaces cleanable, properly designed, constructed, & used		X
33	IN	Approved thawing methods used			46	X	Warewashing facilities: installed, maintained, & used; test strips		
34	IN	Thermometers provided and accurate			47	X	Non-food contact surfaces clean		
<b>Food Identification</b>					<b>Physical Facilities</b>				
35	IN	Food properly labeled; original container			48	IN	Hot & cold water available; adequate pressure		
<b>Prevention of Food Contamination</b>					49	IN	Plumbing installed; proper backflow devices		
36	IN	Insects, rodents, & animals not present			50	IN	Sewage & waste water properly disposed		
37	IN	Contamination prevented during food preparation, storage & display			51	IN	Toilet facilities: properly constructed, supplied, & cleaned		
38	X	Personal cleanliness			52	IN	Garbage & refuse properly disposed; facilities maintained		
39	IN	Wiping cloths: properly used & stored			53	X	Physical facilities installed, maintained, & clean		
40	IN	Washing fruits & vegetables			54	IN	Adequate ventilation & lighting; designated areas used		

Person in Charge (Signature)

Date: 6/1/2017

Health Inspector (Signature)

Follow-up:  YES  NO Date of Follow-up:

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License Expiry Date/EST. ID# 5/17/2017 / 26059	Address 180 LISBON ST	City / State LEWISTON / ME	Zip Code 04240	Telephone 207-333-6840

## Temperature Observations

Location	Temperature	Notes
hot water	110 plus	
sandwich bar	50+	all items discarded and denatured
soup	153	hot holding
walk-in cooler	32	
frig	30	

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Date: 6/1/2017

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Page 3 of 4

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City / State  
LEWISTON ME

Zip Code  
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## 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

4: 2-401.11: C: Food employee is eating, drinking, or using any tobacco where the contamination of exposed FOOD; clean EQUIPMENT, UTENSILS, and LINENS; unwrapped SINGLE-SERVICE and SINGLE-USE ARTICLES; or other items needing protection can result.

INSPECTOR NOTES: drinks need covers

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

INSPECTOR NOTES: sandwich bar out of temp Butter 47 and pickled onions 50 degrees all food items discarded and denatured

22: 3-501.19.(A): C: No written procedures maintained or available at the facility for food to be held with time as the only control.

INSPECTOR NOTES: documentation needed -log in and out on sandwiches left out at room temp

38: 2-402.11: N: Food Employees not wearing effective hair restraints.

INSPECTOR NOTES: need to wear hair restraints when preparing food

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

INSPECTOR NOTES: replace split door seals where needed refrigeration units

46: 4-302.14: N: No chemical test kit available.

INSPECTOR NOTES: on order per owner

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 and oven on range and clean culinary sink

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

INSPECTOR NOTES: paint walls warewashing areas

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

INSPECTOR NOTES: clean floors and walls through-out facility

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Page 4 of 4

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## Inspection Notes

### RED FOLDER-EMPLOYEE HEALTH POLICY

Employee Health Policy left and explained the policy with the PIC. Please retain information as you will be asked next year during your inspection to provide the employee Health Policy information which was left with the PIC.

### 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](mailto: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](mailto: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](mailto: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.

CFPM: Zachary Bureau ID# 13628713 exp 5/12/2021

Clean ice machine at least quarterly.

Person in Charge (Signature)



Date: 6/1/2017

Health Inspector (Signature)

