□Failed □Closed □IHH State of Maine Health Inspection Report Page 1 of 4																
							Critical Violations							Date 2		2020
_		shment Na	AS AUTHORIZED BY LE MINOR & LAGO			tical Violations				1	Time Ir	-	9:55 <i>F</i>			
									od Protection Manager			_	Time 0		10:45	AM
License Expiry Date/EST, ID# Address 10/10/2010						City			'		Zip Code		Teleph			
10/19/2018 / 6535 884 LISBON ST						LEWISTOI							207-6			
License Type Owner Name						Purpose of Inspection License Posted				Risk Category						
MUN - EATING PLACE PIKE, STEPHAN							New Establishment Report No					Lo	w			
			FOOL	BORNE ILLNESS RISK FA	СТО	RS	AND	PU	JBLIC H	EALTH INTER	VENTIONS					
Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item Mark"X" in appropriate box for COS and/or IN=in compliance OUT=not in compliance N/O=not observed N/A=not applicable COS=corrected on-site during inspection R													eat vio	lation		
Compliance Status Cos R Compliance Status														os R		
Co	mpi	iance Statu		upervision	Jood			0011	•	entially Hazardous	Food Time/T	emper	ature			,03 11
PIC present, demonstrates knowledge, and				ates knowledge, and	П	П	16		IN							
			performs duties Employee Health			Щ	17	_	IN					ng		
2		IN Management awareness; policy present			Т	Ħ	18		IN Proper cooling time & temperatures IN Proper hot holding temperatures						_	
3		IN Proper use of reporting, restriction & exclusion				ธ	19 20									_
			Good Hygienic Practices				21		IN	Proper cold holding temperatures Proper date marking & disposition						+
<u>4</u> 5		IN IN	Proper eating, tasting, drinking, or tobacco use				22		IN	Time as a public health control: procedures & record						-
3		IIN	IN No discharge from eyes, nose, and mouth Preventing Contamination by Hands					Consumer Advisory						coru		
6		IN	Hands clean & properly		\top	П	П	Consumer advisory provided for raw or					aw or			\top
		No bare hand contact with RTE foods or approved			+	Н	23	IN undercooke								
7		IN	alternate method properly followed							Highly Susceptible			tible Populations			
8		IN	Adequate handwashing	g facilities supplied & accessible		П	24	24 IN Pasteurized foods used; pr				rohibited foods not				
			Approved Source							offered						_
9		IN	Food obtained from approved source				05				Chemical					
10		IN	Food received at prope	ood received at proper temperature			25 26		IN	Food additives						_
11		IN	Food in good condition	ood in good condition, safe, & unadulterated			20		IN	Toxic substanc	<u> </u>			ed & us	sed	
12		IN	Required records avail	able: shellstock tags			Н,	1		Conformance with						_
	parasite destruction				Ц	27		IN	Compliance wi	th variance, s	pecial	ized pro	cess,			
	Protection from Contamination			—		ᆜ			& HACCP plan							
13		IN Food separated & protected			+	Н	Risk Factors are improper practices or procedures identified as the most									
14		IN Food-contact surfaces: cleaned and sanitized			+	Н		prevalent contributing factors of foodborne illness or injury. Public Health								
Proper disposition of returned, previously served, reconditioned, & unsafe food							L	Interventions are control measures to prevent foodborne illness or injury.								
			,	GOOD I	RFT/	AII F	PRΔ	CTI	ICES							
			Good Retail Practices are	preventative measures to control the						s, and physical obje	ects into foods.					
Ma	ark ")	X" in box if n	umbered item is not in com	pliance Mark "X" in appropriate	e box f	or CC	DS an	nd/or	B CO	S=corrected on-site	e during inspec	tion	R=rene	eat viola	ation	
1410		· · · · · · · · · · · · · · · · · · ·		man X in appropriate	cos	т т	T	10/01		-0-001100100 011 0110	o daring inopoc	7.11011	п-горс	out viole		os R
Safe Food and Water							Proper Use of Utensils									
00	IN I	Dootousine			_		44	Liki		•						-
28	8 IN Pasteurized eggs used where required				+	Н	-	IN		ensils: properly sto					+	+
30	IN	Water & ice from approved source Variance obtained for specialized processing methods			+	Н	42	-		equipment, & line					ied	+
30							43	-		e & single-service sed properly	arucies: pro	регіў S	tored &	usea	\dashv	+
Food Temperature Control							44	LIIA	Gioves us	Utensils, Equip	ment and Von	dina				
31	31 IN Proper cooling methods used; adequate equipment for temperature control							П	Food & no	on-food contact su						$\overline{}$
32	IN	•	properly cooked for hot	holding	+	H	45	IN		designed, constru						
33	IN		thawing methods used	norumg	+	Н	46	IN		hing facilities: inst			k used:	test str	ins	
	34 IN Thermometers provided and accurate					H	47	-		contact surfaces					.,,,,	+
Food Identification											al Facilities					
35 IN Food properly labeled; original container								liΝ	Hot & col	d water available;		essure			Т	Т
Prevention of Food Contamination							48	-		installed; proper					-	\top
36	Insects, rodents, & animals not present					П	-	-		k waste water pro						\top
37						Ħ	51	-		ilities: properly co			, & clea	ned		\top
38 IN Personal cleanliness						П	52	-				-			$\neg \uparrow$	$\neg \vdash$
39 IN Wiping cloths: properly used & stored						П	52 IN Garbage & refuse properly disposed; facilities maintained 53 IN Physical facilities installed, maintained, & clean						\dashv			
40 IN Washing fruits & vegetables						П	54	-		ventilation & ligh				d		\top
	!			S/h ()	0	ì	ľ									
Person in Charge (Signature) Health Inspector (Signature) LOUIS LACHANCE Date: 2/14/2020 Follow-up: YES NO Date of Follow-up:																
			Signature)			f					24101					
	Health Inspector (Signature) LOUIS LACHANCE								Follow	v-up: YES	NO D	ate of F	Follow-u	p:		
L	LOUIS LAUTIAINGE									· <u> </u>	_			-		

	State of	Maine He	alth Inspect	tion Repo	ort	Page 2 of 4
Establishment Name HOMETOWN NUTRITION		As Authorized b	Date 2/14/2020			
License Expiry Date/EST. ID# 10/19/2018 / 6535	Address 884 LISBON ST		City / State LEWISTON	/ ME	Zip Code 04240-6584	Telephone 207-689-5093
	Te	emperatu	re Observat	ions		
Location	Temperature	-		Notes		
Water	110*	Restroom				
Water	35*	True cooler				
Water	108*	Handwash sink				
Water	115*	3 bay				

Date: 2/14/2020

Person in Charge (Signature)

Health Inspector (Signature) LOUIS LACHANCE

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State of Maine Health Inspection Report Establishment Name HOMETOWN NUTRITION License Expiry Date/EST. ID# Address 884 LISBON ST City / State LEWISTON ME 04240-6584 Zip Code 04240-6584

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

54: 6-202.11: N: Lights not shielded.

INSPECTOR NOTES: Ceiling light bulbs in preperation and service area need protective coating or plastic shielding.

Person in Charge (Signature)

Health Inspector (Signature) LOUIS LACHANCE



Date: 2/14/2020

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Establishment Name HOMETOWN NUTRITION License Expiry Date/EST. ID# Address City / State 10/19/2018 / 6535 884 LISBON ST LEWISTON ME 04240-6584

Inspection Notes

**OK to issue license pending Lewiston Fire inspection and approval. (207) 513-3002 ext 3603 Ryan Coleman

** Finish appropriate sign permits with City of Lewiston

Certified Food Protection Manager: Exempt

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 at the time of a new eating establishment opening or within 60 days of 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 Carol Gott, Health Inspection Program, 286 Water St. 3rd Floor, Augusta, ME 04333, carol.gott@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 has 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

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. * Establishments must have clean-up procedures for employees to follow following vomiting and diarrheal events. * 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 Louis Lachance when the critical violation has been addressed at 207-513-3125 extension 3224 or at llachance@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. 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

Date: 2/14/2020

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