]Fail	led 🗌	Closed IHH	State of Maine F								t	_		Page 1 of 4		
-						o. of Risk Factor/InterventionViolations o. of Repeat Risk factor / Intervention Violations							0	Dat Tim	7/0/	2014 D PN	
			TIC ASSOCIATION	AS AUTHORIZED BY 22 MITTOR & 2430							_	otional)		1	e Out 3:30		
Lic	ense	Expiry Da	te/EST. ID#	Address		Cit	ty					Zip Code		Tele	ephone		
11.	/22/	2014	/ 183	37 PARK ST		LE	EW	'IS	ТО	N		04240-719		207	7-782-9285		
License Type Owner Name						Purpose of Inspection License Posted							Risk Category	,			
MUN - CLASS A TAVERN DERBY ATHLETIC ASSOC Regular FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS																	
			F00I	BORNE ILLNESS RISK FA	сто	RS	AN	ID	PU	BLIC HE	ALTH INTER	VENTIONS	•				
		rcle desigr in complian	•	(IN, OUT, N/O, N/A) for each numbe nce N/O=not observed N/A=not			le				ark"X" in approp				R repeat violation	า	
Compliance Status					cos	R	R Compliance Status								cos	R	
· · · · · · · · · · · · · · · · · · ·				upervision						, ,	us Food Time/Temperature						
1		IN	PIC present, demonstra performs duties	ates knowledge, and			1	_		IN IN	Proper cooking Proper reheati				olding	-	╁
			•	loyee Health			18	_		IN	Proper cooling	<u> </u>			Juling	+	H
2		IN	Management awarenes		\bot	П	19	_		IN	Proper hot hold					+	t
3		IN		g, restriction & exclusion pienic Practices		Н	2	20		IN	Proper cold ho	lding tempera	atures				
4		IN		drinking, or tobacco use	\Box	口	2	_		IN	Proper date ma						
5		IN	No discharge from eyes			Ц	2:	2		IN	Time as a publi		rol: pr	oced	lures & record	<u> </u>	<u> </u>
		15.1		mination by Hands	_	\blacksquare		-			1	mer Advisory				_	_
6		IN	Hands clean & properly		+	Н	23	3		IN	Consumer advi		d for ra	aw or	r		
7		IN	alternate method prope	vith RTE foods or approved				t			Highly Susce		tions				t
8		OUT		g facilities supplied & accessible		H	24	1		IN	Pasteurized for			d foo	ds not	_	Т
				red Source		_	<u></u>	<u>"</u> _		114	offered					丄	上
9		IN	Food obtained from app	proved source		П		_				Chemical				_	
10		IN	Food received at prope	er temperature		П	2			IN	Food additives			_		-	╀
11		IN	Food in good condition	, safe, & unadulterated				اه:		IN	Toxic substance	<u> </u>		_	tored & used	<u> </u>	L
12		IN	Required records avail	able: shellstock tags				_		Co	onformance with					_	_
			parasite destruction			Ц	27	7		IN	Compliance wi & HACCP plan	th variance, s	pecial	ized	process,		
10		INI		rom Contamination	_	\blacksquare	ᆫ	_			a i i i coi pian					<u> —</u>	_
13 14		IN	IN Food separated & protected IN Food-contact surfaces: cleaned and sanitized			Н		1	Risk	Factors	are improper pra	ctices or proce	dures id	lentifi	ed as the most		
Drange diagonition of returned proviously served					+	Н		prevalent contributing factors of foodborne illness or injury. Public Health Interventions are control measures to prevent foodborne illness or injury.									
15		IIN	reconditioned, & unsaf	e food	\perp			<u> </u>			e control measure	s to prevent fo	odborn	ie ilin	iess or injury.		
			Cood Potail Practices are	GOOD F preventative measures to control the							and physical chic	ota into fooda					
Ma	rl "V"	" in boy if n	umbered item is not in com	•			•	·			=corrected on-site		tion	D_r	epeat violation		
ivia	IK A	III DOX II III	umbered item is not in com	ipilance ivialik X iii appropriate	cos	_	J3	anu	101 1	1 003	s=corrected orr-site	s during inspec	lion	n=i	epeat violation	cos	I R
Cafe Food and Water							H				December 11s	se of Utensils				1000	<u> </u>
Safe Food and Water 28 IN Pasteurized eggs used where required					_		1	H II	мΤ	In was was	•					1	
29			rized eggs used where required & ice from approved source			Н	-	+	_		sils: properly sto		tored	drie	d & handlad	+	┢
30	** *		btained for specialized			Н	- ⊢	-	_	-	& single-service	<u> </u>			-	+	┢
			Food Temperature (4	-	$\overline{}$	Gloves use		pi 0	3			+	T
31	INI I	Proper cod	oling methods used; ade	quate equipment for	T						Utensils, Equip	ment and Ven	ding				
31	1111	temperatu	re control		\perp	Ш	Δ	5 >	٦,	Food & non	n-food contact su	ırfaces clean	able,				
32	_	Plant food	properly cooked for hot	holding	\perp	П	L	4	_	properly de	esigned, constru	cted, & used					L
33	_		thawing methods used		\perp	Ш	-	6 >	-		ing facilities: ins	-	ined, 8	k use	ed; test strips		L
34	IN .	Thermome	eters provided and accur			Ц	4	7	N	Non-food c	ontact surfaces					\perp	L
	I .		Food Identificati		_			<u> </u>	T			al Facilities				_	
35	IN		erly labeled; original con			Щ	⊢ ⊢	-	_		water available;					+	\vdash
Prevention of Food Contamination							49 N Plumbing installed; proper backflow devices						+	1			
36 N Insects, rodents, & animals not present 37 X Contamination prevented during food preparation, storage & display				+	Н	to any an anticompany and any and any and any and any and any and any any and any any and any any and any any							+	\vdash			
-	-	Contamination prevented during food preparation, storage & display Personal cleanliness			+	H	51 N Toilet facilities: properly constructed, supplied, & cleaned 52 N Garbage & refuse properly disposed; facilities maintained							+	\vdash		
-	38 IN Personal cleanliness 39 IN Wiping cloths: properly used & stored				+	H	52 N Garbage & refuse properly disposed; facilities maintained 53 X Physical facilities installed, maintained, & clean							H			
40	_		ruits & vegetables		\top	H	_	_	_		entilation & ligh				sed	+	t
•		n Charge (X Thursa Temp	le					· · · · · ·			4/3/20			<u> </u>	
	Person in Charge (Signature) Date: 4/3/2014 Health Inspector (Signature) Person in Charge (Signature) Date: 4/3/2014																

State of Maine Health Inspection Report											
Establishment Name DERBY ATHLETIC ASSOCIATION		As Authorized by 22 MRSA § 2496	Date 4/3/2014								
License Expiry Date/EST. ID# 11/22/2014 / 183	Address 37 PARK ST	City / State Zip Code LEWISTON / ME 04240-7195	Telephone 207-782-9285								
Temperature Observations											
Location	Temperature	Notes									
hot water	110 plus										
mustard	40										
ketchup	40										
beer	39										
milk	40										

Person in Charge (Signature)

Ino On

Date: 4/3/2014

Health Inspector (Signature)

State of Maine Health Inspection Report

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4/3/2014 Date **Establishment Name**

DERBY ATHLETIC ASSOCIATION

License Expiry Date/EST. ID# **Address** City / State LEWISTON Zip Code 11/22/2014 **37 PARK ST** 04240-7195 /183

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: 6-301.12: N: Sanitary towels / hand drying device not provided for hand wash sink or lavatory.

INSPECTOR NOTES: corrected on site

37: 3-307.11: N: Food not protected from other sources of contamination.

INSPECTOR NOTES: ice machine clean upper level interior

45: 4-202.16: N: Non-food contact surfaces are improperly designed and constructed.

INSPECTOR NOTES: paint all cupboards

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

INSPECTOR NOTES: need new ones

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

INSPECTOR NOTES: re-surface floors bar area

Person in Charge (Signature)

Health Inspector (Signature)

Date: 4/3/2014

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	Page 4 of 4					
Establishment Name					D <u>ate</u>	4/3/2014
DERBY ATHLETIC ASSOCIATION						
License Expiry Date/EST. ID# 11/22/2014 / 183	Address 37 PARK ST	City / State LEWISTON	ME	Zip Code 04240-7195		

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.

Tammy Plourde is a CFPM Cert# 10727185 Cert# 2/14/2019

Upon major renovations a ceiling needs to be installed....

Person in Charge (Signature)

Date: 4/3/2014

Health Inspector (Signature)

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