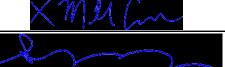
	□Failed □Closed □IHH State of Maine Health Inspection Report Page 1 of 4																
						o. of Risk Factor/Intervention Groups Out							1	Date	te 7/6/2	2015	
		shment Na		As Authorized by 22 MRSA & 2496		Rep	eat	Ris	k Fac	tor/Inter	vention Groups (	Out	0	Tim		0 AN	_
LIS	SBC	N DONUT	SINC		Certified Food Prote			otect	ion Mana	ger		Υ	Tim	e Out <u>10:4</u>	5 AI	VL_	
Lic	ens	e Expiry Da	te/EST. ID#	Address		City Zip Code							Tel	ephone			
7/3	30/2	2015	/ 23431	828 LISBON ST	LEWISTON							04240		207-577-5995			
Lic	ens	е Туре	Owner Name	Purpose of Inspection License Posted							Risk Category						
М	JN	- EATING	PLACE	LISBON DONUTS INC		Regular											
FOODBORNE ILLNESS RISK FACTORS AND I									LIC HE	AI TH INTER	VENTIONS	1					
	C	ircle desig	nated compliance status	(IN, OUT, N/O, N/A) for each number	red it	em				Ma	rk"X" in appropr	riate box for C	OS an	d/or	R		
IN=in compliance OUT=not in compliance N/O=not observed N/A=not						licab	le			COS=	corrected on-site	during inspecti	on	R=	repeat violation	l	
Co	mpli	iance Statu	S		cos	R		Co	ompli	ance Stat	tus					cos	R
Supervision											tially Hazardous				e		
1		IN	PIC present, demonstra performs duties	ates knowledge, and			16			IN	Proper cooking					$\vdash$	
				loyee Health	_		17			IN	Proper reheati	-			olding	$\vdash$	
2		IN	Management awarenes	•	$\overline{}$	П	19	_		IN	Proper cooling Proper hot hold			es		+	
3		IN	Proper use of reporting	g, restriction & exclusion	$\perp$		20	_		IN	Proper cold ho					+	
		IN I		jienic Practices			2			IN	Proper date ma	<u> </u>				++	
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				lures & record	T	
				mination by Hands							<u> </u>	mer Advisory					
6		IN	Hands clean & properly	-	$\top$	П		Τ			Consumer advi		d for ra	aw o	r	П	
			No bare hand contact v	vith RTE foods or approved		П	23	3		IN	undercooked fo						
7		IN	alternate method prope	erly followed							Highly Susce	ptible Popula	tions				
8		OUT	Adequate handwashing	g facilities supplied & accessible	х		24	4		IN	Pasteurized for	ods used; pro	hibited	d foo	ds not		
			Approv	ed Source				_			offered					ш	
9		IN	Food obtained from app	proved source				-1		15.1		Chemical				т т	
10		IN	Food received at prope	er temperature			25			IN	Food additives:			_		+	
11		IN	Food in good condition	, safe, & unadulterated				9		IN	Toxic substanc	<u> </u>			tored & used	<u>Ш</u>	
12 IN Required records available: shellstock tags							_		Co	nformance with					т т		
'-		11 V	parasite destruction			Ш	27	7		IN	Compliance with	th variance, s	pecial	ized	process,		
				om Contamination			Ш				& HACCP plan						
13		IN	Food separated & prote		_	Ш		R	tisk Fa	ctors	are improper prac	ctices or proced	dures id	lentifi	ied as the most		
14 IN Food-contact surfaces: cleaned and sanitized prevalent contributing factors of foodborne illness or injury. Public Healt							Public Health										
15		IN	reconditioned, & unsafe	,,			Į	Ir	nterve	ntions are	control measures	s to prevent fo	odborn	e illr	ness or injury.		
				GOOD F	) DET/	11 1	) D	۸ ۵	TICE	=6							
			Good Retail Practices are	preventative measures to control the						_	and physical obje	cts into foods.					
Ma	rl/ "\	(" in boy if n	umbered item is not in com	•			•	Ŭ			=corrected on-site		tion	D_r	repeat violation		
IVIA	.IK /	C III DOX II III	umbered item is not in com	ipliance Mark A III appropriate			73 a	ai iu/	UI IN	003	=corrected orr-site	turing inspec	lion	n=i	repeat violation	loosl	_
					cos	Ľ	L									cos	К
	_		Safe Food and					,			•	e of Utensils					
28	-		ed eggs used where requ		$\perp$	Н	$\vdash$	1 1	_		sils: properly sto					+	
-	IN		e from approved source		+	$\vdash$	42	-	_	•	quipment, & line				-	++	
30	IN	variance o	btained for specialized	-		Щ	43	_	+		& single-service	articles: prop	perly s	tore	d & used	$\vdash$	
	-	Direction	Food Temperature (		7		44	4   1	۱ [Gl		d properly	mont! \/-	dies			$\perp$	
31	IN	Proper cod temperatu	oling methods used; ade re control	quate equipment for				T	le-		Utensils, Equip					1 1	
32	IN	· ·		holding	+	${m H}$	45	5 1	N I		-food contact su signed, constru		able,				
-	IN		properly cooked for hot thawing methods used	nording	+	Н	46	6 IN	÷		ng facilities: inst		incd (	2 110-	ad: toet etrine	++	
34				rato	+	Н	$\vdash$	7 IN	_		•		mi <del>c</del> u, c	x use	ou, teat attips	++	
34 N Thermometers provided and accurate  Food Identification							47   IN   Non-food contact surfaces clean   Physical Facilities										
35	IN I	Food prop	erly labeled; original con		T		48 IN Hot & cold water available; adequate pressure								T		
			Prevention of Food Cont				49	-	_		nstalled; proper					+	
36	IN	Insects, ro	dents, & animals not pro		$\top$	П	50	-			waste water proj					t	
37	IN			ood preparation, storage & display	$\top$	Н	5	-	+		ties: properly co			, & c	leaned	† †	
37 IN Contamination prevented during food preparation, storage & display 38 IN Personal cleanliness				$\top$	П	52	-	-							1 1		
39 IN Wiping cloths: properly used & stored					$\top$	П	52   N   Garbage & refuse properly disposed; facilities maintained							1 1			
40	-		ruits & vegetables		1	П	54	_	-		entilation & light				ısed	1 1	
			<u> </u>	$\sqrt{m} L C$			_										
Per	Person in Charge (Signature)  Date: 7/6/2015																
Hea	ılth I	nspector (S	Signature)		2					Follow-u	up: YES	<b>√</b> NO Da	ate of F	Follo	w-up:		

	State of M	aine Hea	alth Inspect	tion Repo	ort	Page 2 of 4					
Establishment Name LISBON DONUTS INC		As Authorized b	Date 7/6/2015								
License Expiry Date/EST. ID# 7/30/2015 / 23431	Address 828 LISBON ST	•	City / State LEWISTON	/ ME	Zip Code 04240	Telephone 207-577-5995					
Temperature Observations											
Location	Temperature	_		Notes							
hot water`110 plus	110 plus										
sandwich bar	41										
cooler	35										

Person in Charge (Signature)

Health Inspector (Signature)



	State of Maine Heal	th Inspection	Report		Pa	ge 3 of 4
Establishment Name					Dat <u>e</u>	7/6/2015
LISBON DONUTS INC						
License Expiry Date/EST. ID# 7/30/2015 / 23431	Address 828 LISBON ST	City / State LEWISTON	ME	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

8: 5-205.11.(A): N: Hand wash facility not accessible.

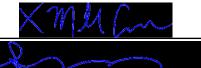
INSPECTOR NOTES: boxes--removed corrected on site

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: repair walls

Person in Charge (Signature)

Health Inspector (Signature)



Date: 7/6/2015

	State of Maine Health Inspection Report Pag							
Establishment Name					D <u>ate</u>	7/6/2015		
LISBON DONUTS INC								
License Expiry Date/EST. ID# 7/30/2015 / 23431	Address 828 LISBON ST	City / State LEWISTON	ME	Zip Code 04240				

## **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.

Shantel Fournier is a CFPM 11818794 exp 12/5/2019 bodily fluid policy is in place--fda handbook given to owner

Person in Charge (Signature)

Date: 7/6/2015

Health Inspector (Signature)

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