□ Failed □ Closed □ IHH State of Maine Health Inspection Report Page 1 of 4																		
Establishment Name As Authorized by 22 MRSA § 2496 LEWISTON VARIETY II					Critical Violations							3				/18/2017		
					_	Critical Violations					8				:45 AM			
					Certif	Certified Food Protection Manager				Υ	Time C		11:45	11:45 AM				
License Expiry Date/EST. ID# Address						City				Zip Code			Teleph		000			
6/16/2018 / 24679 88 RUSSELL ST						LEWISTON						tod	207-3	_				
License Type Owner Name						Purpose of Inspection License Posted F Regular					Kis	sk Cat	egory					
MUN - EATING PLACE KIM BUN LLC							-		IDI IO	LIEAL THE INTERN	/ENTIONS						_	
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																	
Co	Compliance Status Cos R Compliance Status Cos R										R							
Supervision PIC present, demonstrates knowledge, and					Potentially Hazardous Food Time/Temperature 16 IN Proper cooking time & temperatures								-	_				
1		IN	performs duties	ates knowledge, and			17		IN	Proper cooking	<u> </u>			ina		\dashv	_	
			Emp	loyee Health			18		IN	Proper cooling				9		_	_	
2		IN		anagement awareness; policy present 19 roper use of reporting, restriction & exclusion			IN		Proper hot holding temperatures									
3		IN		Good Hygienic Practices			20		IN	Proper cold ho	Proper cold holding temperatures							
4		OUT	-	drinking, or tobacco use	Х	П	21 OUT Proper date marking & disp			osition					Χ			
5		IN	No discharge from eye			П	22	, , , , , , , , , , , , , , , , , , , ,							ecord			
				amination by Hands		_	Consumer Advisory											
6		IN	Hands clean & properly		_	Ц	23	21 INI I		Consumer advi	Consumer advisory provided for raw or							
7		IN		with RTE foods or approved			Н			Highly Susce		tions						
8		OUT	Adaguate handwashin	•	+	Н				Pasteurized for			d foods	not				
H		001	Adequate handwashing facilities supplied & accessible Approved Source				24		IN	offered	ouo uoou, pro	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	110000					
9		IN	Food obtained from ap		$\overline{}$	П					Chemical							
10		IN	Food received at prope	•	+	Н	25		IN	Food additives:	approved &	prope	rly used	ı				
11		IN		, safe, & unadulterated	+	Н	26		IN	Toxic substanc	bstances properly identified, stored & used							
		IIN	Required records avail		+	Н				Conformance with Approved Procedures								
12		IN	parasite destruction	able. Shellstook tags			27		IN	Compliance wi	th variance, s	special	ized pro	ocess,	,			
Н			Protection fi	rom Contamination			Ľ		IIN	& HACCP plan								
13		IN	Food separated & prot	ected		П	Т	Piel	k Factors	are improper prac	ctices or proces	duras id	lantified	as tha i	moet			
14		IN Food-contact surfaces: cleaned and sanitized				Risk Factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health												
15																		
ш			reconditioned, & unsai	GOOD	DET!)D A	OT!	IOFO									
			Good Retail Practices are	preventative measures to control the						icals, and physical obje	cts into foods							
	۱۱. ای	/" in how if n		·			-	-					D ron		lation			
IVIa	IK /	K III DOX II II	umbered item is not in con	npliance Mark "X" in appropriat			JS an	IQ/OI	n	COS=corrected on-site	during inspec	HOII	R=repe	eat viol		000	_	
_					cos	Ľ	┖									cos	н	
Safe Food and Water							Proper Use of Utensils											
	28 IN Pasteurized eggs used where requi 29 IN Water & ice from approved source				_		41	IN		utensils: properly sto						_		
	_		e from approved source obtained for specialized		nothodo		42	-		s, equipment, & linens: properly stored, dried, & handl use & single-service articles: properly stored & used					\dashv			
30	IN	variance				Ш	43	-	_ <u> </u>		articles: pro	perly s	tored &	used		+		
H	_	D	Food Temperature			1	44 IN Gloves used properly									_		
31	IN	temperatu	oling methods used; ade re control	quate equipment for			Utensils, Equipment and Vending Food & non-food contact surfaces cleanable,							1	T			
32	IN			holding	+	Н	45	IN	ı									
33	Х		Plant food properly cooked for hot holding properly designed, constructed, & use properly designed, constructed, & use Approved thawing methods used 46 IN Warewashing facilities: installed, mair						trine	\dashv	_							
34			eters provided and accur	rate	+	Н	47	_		od contact surfaces		u, C	. aocu,		00	\dashv	_	
۳		mermone	·				iii		11011-10		al Facilities							
35	Food Identification 35 IN Food properly labeled; original container								Hot &	cold water available;		essure				Т		
			Prevention of Food Con				48 49	-		ing installed; proper						1	_	
36	х	Insects, ro	dents, & animals not pr				50	-		je & waste water proj						\dashv	_	
37	Х		·	ood preparation, storage & display	,	П	\vdash	IN		facilities: properly co			, & clea	aned		\dashv	_	
38 X Personal cleanliness			х	П	52	-		ge & refuse properly		• •				\dashv	_			
39 X Wiping cloths: properly used & stored				\top	х	53	Х		al facilities installed,						1	х		
40 IN Washing fruits & vegetables						П	54	IN		ate ventilation & light				d		T		
X \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \																		
Par	son	in Charge /	Signature\	10 AA AI()C)						Date:	7/18/2	017					
. 61	Person in Charge (Signature) Date: 7/18/2017																	
<u>.</u>		mama = 1 · · · /5	Name (me)	ext exce)_	and the same of th		Fol	llow-up: YES	NO D	ate of F	Follow-u	ıp:				
неа	ıπ I	rispector (S	oignature)	Health Inspector (Signature) Follow-up: YES ✓ NO Date of Follow-up:														

	State of M	Health Inspection Report Page 2 of 4									
Establishment Name LEWISTON VARIETY II		As Authorized by 22 MRSA § 2496 Date 7/18/2017									
License Expiry Date/EST. ID# 6/16/2018 / 24679	Address 88 RUSSELL ST	City / State Zip Code Telephone 207-312-5882									
Temperature Observations											
Location	Temperature	Notes									
hot water	110 plus										
walk-in cooler	40										
sandwich bar	38										

Person in Charge (Signature)

In der

Date: 7/18/2017

Health Inspector (Signature)

State of Maine Health Inspection Report

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Establishment Name Date 7/18/2017

LEWISTON VARIETY II

License Expiry Date/EST. ID# Address City / State Zip Code 6/16/2018 / 24679 88 RUSSELL ST LEWISTON ME 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

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: employee eating in kitchen corrected on site

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

INSPECTOR NOTES: bags of rice in front of handsink corrected on site

21: 3-501.17.(D): C: Date marking system used at the Eating Establishment does not meet the criteria list in code.

INSPECTOR NOTES: no date marking procedure-must date mark

33: 3-501.13: N: Improper thawing.

INSPECTOR NOTES: thawing in sink corrected on site

36: 6-501.111.(C): C: Pests found on premises due to not using proper methods to control them.

INSPECTOR NOTES: ants on [premisescontact license pest management services

37: 3-305.11: N: Food not protected from contamination during storage.

INSPECTOR NOTES: food items stored on floor-must be kept 6 inches off the floor

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

INSPECTOR NOTES: needed

39: 4-101.16: N: Unacceptable use of sponges.

INSPECTOR NOTES: sponges not allowed

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 shelving uits and mop sink

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

INSPECTOR NOTES: replace all cracked and mssing floor tiles-replace water leak ceiling tiles

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

INSPECTOR NOTES: clean all floors and walls

Person in Charge (Signature)

Date: 7/18/2017

Health Inspector (Signature)

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	Page 4 of 4					
Establishment Name					Date	7/18/2017
LEWISTON VARIETY II						
License Expiry Date/EST. ID# 6/16/2018 / 24679	Address 88 RUSSELL ST	City / State LEWISTON	ME	Zip Code 04240		

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] 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. CFPM Kim Bun Exp 5/28/2019

Person in Charge (Signature)

Date: 7/18/2017

Health Inspector (Signature)

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