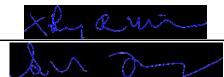
| | □ Failed □ Closed □ IHH State of Maine Health Inspection Report Page 1 of 5 | | | | | | | | | | | | | | | |
|---|---|----------------|--|---|---|--------------------------------------|--|--------------------------|--|---|-----------------------------|--------------------------|-----------|-----------------|--------|----------|
| <u></u> | | | | | | Critical Violations | | | | | | | Date | <u>14/</u> | | 2017 |
| WEDDED AVENUE COOLAL OLUD | | | | | Non-Critical Violations Cortified Food Protection Manager | | | | | | 2 Y | - | | 10:23 11:00 | | |
| 0. | | | | | Certii | Certified Food Protection Manager | | | | | 7:- Codo | Y | _ | | 11.00 | AIVI |
| License Expiry Date/EST. ID# Address | | | | | | City Zip Code D4240-6 | | | | | 04240-610 | 10 | 1 . | ohone -782-9 | 677 | |
| 6/20/2018 / 6710 957 LISBON ST | | | | | | +- | | _ | Inspect | ion | License Pos | | <u> </u> | isk Cat | | |
| License Type Owner Name MUN - EATING PLACE WEBBER AVENUE SOCIAL | | | | | | | • | | mspecu | .011 | Yes | | | isk Cat | egui y | |
| IVI | UN | - EATING | | WEBBER AVENUE SOCIA | | | _ | | 151.10 | | | | <u> </u> | | | |
| | | | FOOI | DBORNE ILLNESS RISK FA | СТО | RS | ANL | PU | JBLIC | HEALTH INTER | VENTIONS | | | | | |
| | 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 | |
| | | | | Supervision | Potentially Hazardous Food Time/Temperature | | | | | | | - | | | | |
| 1 | | IN | PIC present, demonstr performs duties | ates knowledge, and | | | 16 17 | | IN IN | Proper cooking time & temperatures Proper reheating procedures for hot holding | | | | | | - |
| | | | | loyee Health | | 18 IN Proper cooling time & temperat | | | | | | | | | | |
| 2 | | IN | Management awarenes | | | \square | 19 IN Proper hot holding temperat | | | | | | | | | |
| 3 | | IN | | g, restriction & exclusion | | Ц | 20 IN Proper cold holding temper | | | | | | | | | |
| 4 | | IN | | gienic Practices drinking, or tobacco use | | \blacksquare | 21 | | IN | Proper date ma | | disposition | | | | |
| 5 | | IN | No discharge from eye | | | Н | 22 | | IN | Time as a publi | c health cont | rol: procedures & record | | | | |
| | | | | amination by Hands | | | Consumer Advisory | | | | | | | | | • |
| 6 | | IN | Hands clean & properl | y washed | | П | Consumer advisory provided for raw or | | | | | | | | | |
| 7 | | INI | No bare hand contact | with RTE foods or approved | | | 23 | | IN | undercooked fo | oods | | | | | |
| | | IN | alternate method prop | erly followed | | Ц | | | | Highly Susce | | | | | | |
| 8 | | IN | Adequate handwashin | g facilities supplied & accessible | | Щ | 24 | | IN | Pasteurized for offered | ods used; pro | hibited | d foods | s not | | |
| | | | Approv | ved Source | | | | | | | Chemical | | | | | |
| 9 | | IN | Food obtained from ap | proved source | | Ц | 25 | г | IN | | | propo | rlyuso | \d | Ī | |
| 10 | | IN | Food received at prope | er temperature | | Ц | 26 | | IN | | ood additives: approved & p | | | | ısad | |
| 11 | | IN | | ion, safe, & unadulterated | | | | neu & t | iseu | | | | | | | |
| 12 | | IN | Required records avail | lable: shellstock tags | | | | Π | | | | | | | | |
| Ш | | | parasite destruction | | | Ц | 27 | | IN | Compliance wit | th variance, s | speciai | izea pi | rocess | ' | |
| 12 | | INI | | rom Contamination | _ | \blacksquare | ╵└╴ | | | | | | | | | |
| 13 14 | <u> </u> | | | - | Н | | Ris | k Factors | are improper prac | ctices or proce | dures id | lentified | d as the | most | | |
| 10 11 11 | | | | | | • | | ontributing factors of f | | | | | | | | |
| 15 | | IN | reconditioned, & unsaf | | | | | Inte | ervention | s are control measures | s to prevent fo | odborn | ne illnes | ss or in | jury. | |
| | | | | GOOD | RET/ | IL I | PRA | CT | ICES | | | | | | | |
| | | | Good Retail Practices are | e preventative measures to control the | additio | on of | patho | ogen | s, chemi | cals, and physical obje | cts into foods. | | | | | |
| Ма | rk ") | X" in box if n | umbered item is not in con | npliance Mark "X" in appropriat | e box f | or CO | OS ar | nd/or | R | COS=corrected on-site | during inspec | tion | R=rep | peat vio | lation | |
| | | | | | cos | R | | | | | | | | | | COS R |
| Safe Food and Water | | | | | | | Proper Use of Utensils | | | | | | | | | |
| 28 IN Pasteurized eggs used where required | | | | | $\overline{}$ | | 41 IN In-use utensils: properly stored | | | | | | | 1 | | |
| 29 | | | e from approved source | | | Н | 42 | - | | ls, equipment, & line | | tored | dried | & hand | halh | |
| - | | | | | + | H | 43 IN Single-use & single-service articles: properly stored & used | | | | | | | | | \vdash |
| | | | Food Temperature | | | | 44 | - | | used properly | ai aioiooi pi o | poy c | | | | |
| Drange goaling mathods used; adequate aguinment for | | | | | | Utensils, Equipment and Vending | | | | | | | | | | |
| 31 IN roper cooling methods used, adequate equipment for temperature control | | | | | 45 X | | | | Food & non-food contact surfaces cleanable | | | | | | | Ι. |
| 32 | IN | Plant food | properly cooked for hot | holding | 一 | П | 45 | ^ | proper | ly designed, constru | cted, & used | • | | | | X |
| 33 | IN | | thawing methods used | | | П | 46 | IN | Warew | ashing facilities: inst | talled, mainta | ined, 8 | & used | ; test s | trips | |
| 34 IN Thermometers provided and accurate | | | | | | П | 47 X Non-food contact surfaces clean | | | | | | | | | |
| | Food Identification | | | | | | | | Physical Facilities | | | | | | | |
| 35 IN Food properly labeled; original container | | | | | | | 48 | IN | Hot & d | cold water available; | adequate pre | essure | | | | |
| | | | Prevention of Food Con | tamination | | | 49 | IN | Plumbi | ing installed; proper | backflow dev | ices | | | | |
| 36 | IN | Insects, ro | dents, & animals not pr | resent | | П | 50 | IN | Sewag | e & waste water pro | perly dispose | d | | | | |
| 37 IN Contamination prevented during food preparation, storage & display 38 IN Personal cleanliness | | | | | | \prod | 51 IN Toilet facilities: properly constructed, supplied, & cleaned | | | | | | | | | |
| | | | | | | | 52 IN Garbage & refuse properly disposed; facilities maintained | | | | | | | | | |
| 39 | 39 IN Wiping cloths: properly used & stored | | | | | | 53 IN Physical facilities installed, maintained, & clean | | | | | | | | | |
| 40 IN Washing fruits & vegetables | | | | | | | 54 IN Adequate ventilation & lighting; designated areas used | | | | | | | | | |
| | XV R MAR | | | | | | | | | | | | | | | |
| Person in Charge (Signature) Date: 12/7/2017 | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| Hes | ealth Inspector (Signature) | | | | | | | | | | | | | | | |
| . 100 | | speciui (S | ng.iuturo/ | | Contract | | | | | | | | | | | |

| | State of Main | ne Health Inspection Report | Page 2 of 5 |
|--|--------------------------|--|---------------------------------------|
| Establishment Name WEBBER AVENUE SOCIAL CLUB | | As Authorized by 22 MRSA § 2496 | Date 12/7/2017 |
| License Expiry Date/EST. ID# 6/20/2018 / 6710 | Address 957 LISBON ST | City / State Zip C LEWISTON / ME 0424 | Code Telephone 0-6109 207-782-9677 |
| | | erature Observations | |
| Location | Temperature | Notes | |
| wash cycle | 152 | | |
| juice | 37 | | |
| rinse cycle | 180 | | |
| frig | 39 | | |
| beer | 35 | | |
| Hot water | 110 plus | | |

Person in Charge (Signature)

Health Inspector (Signature)



State of Maine Health Inspection Report Page 3 of 5

WEBBER AVENUE SOCIAL CLUB

Establishment Name

License Expiry Date/EST. ID# Address City / State Zip Code 6/20/2018 / 6710 957 LISBON ST LEWISTON ME 04240-6109

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

45: 4-101.19: N: Nonfood contact surfaces of equipment that requires frequent cleaning not constructed of a corrosion-resistant, nonabsorbent, and smooth material.

INSPECTOR NOTES: remove duct tape insulation line bar area-cover insulation with cleanable surface

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 oven mits

Person in Charge (Signature)

Health Inspector (Signature)

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Date: 12/7/2017

State of Maine Health Inspection Report Page 4 of 5 12/7/2017 Date **Establishment Name** WEBBER AVENUE SOCIAL CLUB License Expiry Date/EST. ID# **Address** Zip Code City / State 6/20/2018 /6710 957 LISBON ST LEWISTON ME 04240-6109

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 Robert Morin expires 9/21/2022

1 juke,2 pool,1 bumper pool, 2 games

Person in Charge (Signature)

Date: 12/7/2017

Health Inspector (Signature)

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| | Page 5 of 5 | | | | |
|--|--------------------------|--------------------------|----|------------------------|----------------|
| Establishment Name | | | | | Date 12/7/2017 |
| WEBBER AVENUE SOCIAL CLUB | | | | | |
| License Expiry Date/EST. ID# 6/20/2018 / 6710 | Address 957 LISBON ST | City / State LEWISTON | ME | Zip Code 04240-6109 | |

Inspection Notes

Person in Charge (Signature)

Health Inspector (Signature)

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Date: 12/7/2017