_]Fai	led \square	Closed IHH	State of Maine H	lea	ltk		ng		ectio	n Report	·			Page 1 of 5		
_					Critic				<u> </u>			•	0	Date			04-
Est	ablis	shment Na	me	-	lon-C			_		ıs			3	1	1 1/4	27/20 D PN	
SPEAKERS SNACK SHACK & VARIETY Certified Food Protection Manager							ger		Υ	Tim	e Out <u>4:00</u>						
Lic	License Expiry Date/EST. ID# Address C							City Zip Code						Tele	ephone		_
10	10/9/2018 / 7156 29 SPRUCE ST						LEWISTON 04240-73					19	207	7-786-2529			
License Type Owner Name						Pu	rpos	se (of In	spection		License Pos		Ь,	Risk Category	,	
мі	IN -	FATING	3 PLACE	SPEAKER, WILLIAM & PAT	RIC	Regular Yes											
			-	•		1 -											
	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 COS=corrected on-site during inspection R=repeat violation									า								
Compliance Status cos R Compliance Status cos									R								
				upervision			Potentially Hazardous Food Time/Temperature										
1		IN	PIC present, demonstra	ates knowledge, and			16			IN	Proper cooking					_	╄
			performs duties	loyee Health	_	17 IN Proper reheating procedures for hot holding							olding	_	╄		
2		IN	Management awarenes	•	Т	18 IN Proper cooling time & temperatures 19 IN Proper hot holding temperatures								+	╄		
3		IN		g, restriction & exclusion	I	口	19	_		IN						+	╀
				jienic Practices		\square	21	_		IN IN	Proper cold ho					+	+
4 5		IN IN		drinking, or tobacco use	+	Н	22	-		IN	Proper date ma Time as a publi				luras & racara	+	+
э		IN	No discharge from eyes	· · · ·	_	Щ	1	4		11 %	<u> </u>		i oi. pi	oceu	ures & record	<u>' </u>	_
_		IN	Hands clean & properly	mination by Hands	_	Н	Н	т			ı	ner Advisory	d for re			_	┯
6		IIN			+	Н	23	3		IN	Consumer advi undercooked for		u ioi ia	aw Oi			
7		IN	alternate method prope	vith RTE foods or approved							Highly Susce		tions				H
8		IN		g facilities supplied & accessible	+	Н			_	INI	Pasteurized for			d foo	ds not	_	т
				red Source			24	4		IN	offered	,					
9		IN	Food obtained from app		Т	П						Chemical					
10		IN			+	Н	25	5		IN	Food additives:	approved &	prope	rly us	sed	T	Т
11		IN	Food received at prope	•	+	Н	26	6		IN	Toxic substanc	es properly i	dentifi	ed, s	tored & used		T
		IIN	Food in good condition		+	Н				Co	nformance with	Approved Pr	ocedu	res			
12		IN	Required records avail parasite destruction	able. Silelistock tags			27	Ţ			Compliance wi				process.	т	Т
			•	om Contamination	_		21	Ί		IN	& HACCP plan				,		
13		IN	Food separated & prote		$\overline{}$	П	<u> </u>									'	_
14 IN Food-contact surfaces: cleaned and sanitized																	
15	Proper disposition of returned previously served																
13		IN	reconditioned, & unsaf	e food			L	"	nterv	entions are	control measures	s to prevent to	oaborr	ie iiin	less or injury.		
				GOOD R	ET/	IL I	PR/	AC	TIC	ES							
			Good Retail Practices are	preventative measures to control the a	additio	n of	path	noge	ens,	chemicals,	and physical obje	cts into foods.					
Ма	rk "X	" in box if n	umbered item is not in com	pliance Mark "X" in appropriate	box f	or CO	OS a	ınd/	or R	COS	=corrected on-site	during inspec	tion	R=r	epeat violation		
					cos										•	cos	l R
			Safe Food and	Water	1		Н				Proper I le	e of Utensils					
20	INI	Dootouriza	ed eggs used where requ		_		4-	a Lis	u Li							1	
28			e from approved source		+	H	\vdash	1 1	— E		sils: properly sto		AI	-1!-	-1 0 1	+	╁
29 30	-		obtained for specialized		+	H	42	-	_		quipment, & liner				-	+	\vdash
30	IIN	variance c	Food Temperature (-		Н	44	-	_	Sloves use	& single-service	articles: pro	periy s	tore	a & usea	+	⊢
	_	D	•		_		42	4 11	v J C		<u> </u>	mont and Van	dina				_
31	IIN I	Proper cod temperatu	oling methods used; ade are control	quate equipment for				T	Te		-food contact su					T	
32	-			holding	+	Н	45	5 11	N I		signed, constru		able,				1
33	_		properly cooked for hot	nowing	+	Н	46	6 11	÷		ng facilities: inst		incel (2.110-	nd: toot ot-i	+	\vdash
34	_		thawing methods used		+	Н	_	7 X	_		•	-	inea, c	x use	ea; test strips	+	⊢
34	IIN	Thermome	eters provided and accur		_		4,	<u>/ ^</u>	· r	von-100a co	ontact surfaces					_	_
25	Food Identification Physical Facilities 35 IN Food properly labeled; original container 48 IN Hot & cold water available; adequate pressure																
33	IIN	, oou prop	Prevention of Food Con				48	-	-		water available; istalled; proper					+	\vdash
26	INI T	l			_		_	_	. 							+	⊢
36	_		odents, & animals not pro		+	Н	50	+	Ť		waste water prop			0.	looned	+	\vdash
37 N Contamination prevented during food preparation, storage & display						Н	51	-	-		ties: properly co					+	\vdash
38 N Personal cleanliness 52 N Garbage & refuse properly disposed; facilities in Sal X Physical facilities installed, maintained, & clean								ıtained	+	\vdash							
39 IN Wiping cloths: properly used & stored 40 IN Washing fruits & vegetables						\vdash	_	_	-							+	\vdash
40	IIN	vvasning fi	ruits & vegetables			Ш	54	4 X	. 4	adequate v	entilation & light	ung; designat	led are	as u	sea		上
Person in Charge (Signature) Date: 11/27/2017																	
Hea	Health Inspector (Signature) Follow-up: ☐YES ✓NO Date of Follow-up:																

	State of Main	e Health Inspec	tion Repo	rt	Page 2 of 5			
Establishment Name SPEAKERS SNACK SHACK & VARI	ETY	As Authorized	As Authorized by 22 MRSA § 2496					
License Expiry Date/EST. ID# 10/9/2018 / 7156	City / State LEWISTON	/ ME	Zip Code 04240-7319	Telephone 207-786-2529				
	Temp	erature Observa	tions					
Location	Temperature		Notes					
milk cooler	37							
sandwich bar	39							
cooler	38							
Cooler	36							
beer cooler	35							
hot water	110 plus							

Person in Charge (Signature)

Health Inspector (Signature)

Date: 11/27/2017

State of Maine Health Inspection Report

Page 3 of 5

11/27/2017

Establishment Name

SPEAKERS SNACK SHACK & VARIETY

License Expiry Date/EST. ID# Address 10/9/2018 /7156 29 SPRUCE ST

City / State LEWISTON

ME

Zip Code 04240-7319

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

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 compressor areas on sandwich bar

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

INSPECTOR NOTES: clean all floor edges and around equipment

54: 6-501.14.(A): N: Ventilation not clean.

INSPECTOR NOTES: clean floor fans

Person in Charge (Signature)

& Part Paraga

Date: 11/27/2017

Health Inspector (Signature)

HHE-601(a)Rev.01/07/10 Page 3 of 5

State of Maine Health Inspection Report Page 4 of 5 11/27/2017 Date **SPEAKERS SNACK SHACK & VARIETY** License Expiry Date/EST. ID# **Address** Zip Code City / State

ME

04240-7319

LEWISTON

Inspection Notes

RED FOLDER-EMPLOYEE HEALTH POLICY

29 SPRUCE ST

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

/7156

Establishment Name

10/9/2018

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 Patricia Speaker exp 4/6/2022

Bug Beaters Pest Control is doing pest control for mice in the building on a weekly basis.

Upon major renovations install 3 bay sink

Person in Charge (Signature)	a party of safe	Date: 11/27/2017	
Health Inspector (Signature)	ln2		

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State of Maine Health Inspection Report									
Establishment Name SPEAKERS SNACK SHACK & VARIETY									
License Expiry Date/EST. ID# 10/9/2018 / 7156	Address 29 SPRUCE ST	City / State LEWISTON	ME	Zip Code 04240-7319					
Inspection Notes									

Person in Charge (Signature)

Inn

Date: 11/27/2017

Health Inspector (Signature)

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