

Establishment Name BLUE SPOON	As Authorized by 22 MRSA § 2496	No. of Risk Factor/Intervention/ Violations	3	Date	7/22/2014
		No. of Repeat Risk factor / Intervention Violations	1	Time In	10:30 AM
		Score (optional)		Time Out	12:00 PM

License Expiry Date/EST. ID# 12/30/2014 / 10752	Address 89 CONGRESS ST	City PORTLAND	Zip Code 04101-3603	Telephone 207-773-1116
License Type MUN - EATING PLACE AND CAT	Owner Name IOVINO, DAVID	Purpose of Inspection Regular	License Posted Yes	Risk Category High

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item Mark "X" in appropriate box for COS and/or R
 IN=in compliance OUT=not in compliance N/O=not observed N/A=not applicable 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, demonstrates knowledge, and performs duties			16	IN	Proper cooking time & temperatures		
Employee Health					17	IN	Proper reheating procedures for hot holding		
2	IN	Management awareness; policy present			18	IN	Proper cooling time & temperatures		
3	IN	Proper use of reporting, restriction & exclusion			19	IN	Proper hot holding temperatures		
Good Hygienic Practices					20	IN	Proper cold holding temperatures		
4	IN	Proper eating, tasting, drinking, or tobacco use			21	IN	Proper date marking & disposition		
5	IN	No discharging from eyes, nose, and mouth			22	IN	Time as a public health control: procedures & record		
Preventing Contamination by Hands					Consumer Advisory				
6	IN	Hands clean & properly washed			23	OUT	Consumer advisory provided for raw or undercooked foods		
7	IN	No bare hand contact with RTE foods or approved alternate method properly followed			Highly Susceptible Populations				
8	IN	Adequate handwashing facilities supplied & accessible			24	IN	Pasteurized foods used; prohibited foods not offered		
Approved Source					Chemical				
9	IN	Food obtained from approved source			25	IN	Food additives: approved & properly used		
10	IN	Food received at proper temperature			26	IN	Toxic substances properly identified, stored & used		
11	IN	Food in good condition, safe, & unadulterated			Conformance with Approved Procedures				
12	IN	Required records available: shellstock tags parasite destruction			27	OUT	Compliance with variance, specialized process, & HACCP plan		
Protection from Contamination					Risk Factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health Interventions are control measures to prevent foodborne illness or injury.				
13	IN	Food separated & protected							
14	OUT	Food-contact surfaces: cleaned and sanitized		X					
15	IN	Proper disposition of returned, previously served, reconditioned, & unsafe food							

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Mark "X" in box if numbered item is not in compliance Mark "X" in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation

Safe Food and Water			cos	R	Proper Use of Utensils		cos	R	
28	IN	Pasteurized eggs used where required			41	IN	In-use utensils: properly stored		
29	IN	Water & ice from approved source			42	IN	Utensils, equipment, & linens: properly stored, dried, & handled		
30	IN	Variance obtained for specialized processing methods			43	IN	Single-use & single-service articles: properly stored & used		
Food Temperature Control					44	IN	Gloves used properly		
31	IN	Proper cooling methods used; adequate equipment for temperature control			Utensils, Equipment and Vending				
32	IN	Plant food properly cooked for hot holding			45	IN	Food & non-food contact surfaces cleanable, properly designed, constructed, & used		
33	IN	Approved thawing methods used			46	IN	Warewashing facilities: installed, maintained, & used; test strips		
34	IN	Thermometers provided and accurate			47	IN	Non-food contact surfaces clean		
Food Identification					Physical Facilities				
35	IN	Food properly labeled; original container			48	IN	Hot & cold water available; adequate pressure		
Prevention of Food Contamination					49	X	Plumbing installed; proper backflow devices		
36	X	Insects, rodents, & animals not present			50	IN	Sewage & waste water properly disposed		
37	IN	Contamination prevented during food preparation, storage & display			51	IN	Toilet facilities: properly constructed, supplied, & cleaned		
38	IN	Personal cleanliness			52	IN	Garbage & refuse properly disposed; facilities maintained		
39	IN	Wiping cloths: properly used & stored			53	X	Physical facilities installed, maintained, & clean		
40	IN	Washing fruits & vegetables			54	IN	Adequate ventilation & lighting; designated areas used		

Person in Charge (Signature) *x [Signature]* Date: 7/22/2014
 Health Inspector (Signature) *Tom Williams*
 Follow-up: YES NO Date of Follow-up:

State of Maine Health Inspection Report

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Temperature Observations

Location	Temperature	Notes
H.W.2HANDWASH	125F	
EGGS/ UNDER COUNTER LINE	41F	
BUTTER/ LINE UNIT	37F	
SANITIZER/ CHLORINE	75 PPM	
SAUCE/ REACHIN	40F	

Person in Charge (Signature)

x 

Date: 7/22/2014

Health Inspector (Signature)

Tom Wilkins

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City / State
PORTLAND ME

Zip Code
04101-3603

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

14: 4-601.11.(A): C: Equipment food-contact surfaces and utensils are not clean to sight and touch.

INSPECTOR NOTES: **REPEAT** KNIFE RACK NOT CLEAN, KNIVES DIRTY.

23: 3-603.11.(A): C: There is no consumer advisory.

INSPECTOR NOTES: NEED ADVISORY ON MENU FOR ITEMS SERVED RAW/UNDERCOOKED.

27: 3-502.11: C: No variance where required.

INSPECTOR NOTES: NEED VARIANCE/HACCP PLAN FOR CURED HAM.

36: 6-202.13: N: Insect control devices are improperly designed and constructed / located.

INSPECTOR NOTES: USE OF FLY STRIPS PROHIBITED.

49: 5-203.13: N: Inadequate number of service sinks.

INSPECTOR NOTES: NEED TO INSTALL MOP SINK.

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

INSPECTOR NOTES: WALLS NEAR STOVE NEED REPAINTING.

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Inspection Notes

(2) Food or Eating Establishment Advisory: A consumer advisory shall inform consumers by brochures, deli case or menu advisories, label statements, table tents, placards, or other effective written means that wild harvested mushrooms may cause allergic reactions, stomach upsets, or other effects.

BE ADVISED: MAINE FOOD CODE PROHIBITS BARE HAND CONTACT WITH READY TO EAT FOODS

Certified Food Protection Manager: Jason Wilkinson 8/22/18 Owner: David Iovino

- Unless directed otherwise, effective January 18, 2012 establishments have to have a Certified Food Protection Manager (CFPM) at each establishment as required by 10-144 CMR, Chapter 201, Section 2

.(B) This notification shall read "This food is or may be served raw or undercooked or may contain raw or undercooked foods. Consumption of this food may increase the risk of foodborne illness. Please check with your physician if you have any questions about consuming raw or undercooked foods."

- 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 tw@portlandmaine.gov or call Tom Williams at 874-8772.

- 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 6, 7, 8 and 9 of 10-144 CMR Chapter 201 available at:

www.maine.gov/dhhs/mecdc/environmental-health/el/index.htm

C=Critical violation and NC=Noncritical violation

"Critical item" means a provision of the Food Code that, if in noncompliance, is more likely than other violations to contribute to food contamination, illness, or environmental health hazard.

Sec. 11-40. Penalties.

Following the issuance of a failed inspection notice and an order to correct violations, the health inspector will re-inspect the premises at a fee of seventy five dollars (\$75.00); if the follow up inspection results in another failed inspection, the violator will be charged a second re-inspection fee of one hundred fifty dollars (\$150.00). If the third re-inspection results in a failed inspection, the third and each subsequent follow-up re-inspection will result in a three hundred dollar (\$300.00) per re-inspection charge. In addition, upon the third failed re-inspection, the health inspector may order the establishment closed until the establishment yields a passing inspection.

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.

Person in Charge (Signature)

Date: 7/22/2014

Health Inspector (Signature)