¨ Failed ¨ Closed ¨ IHH

# State of Maine Health Inspection Report



| | | | |
|---|---|---|---|
| Establishment Name: BRIAN BORU | *As Authorized by 22 MRSA § 2496* | No. of Risk Factor/Intervention Groups Out: 0 | Date: 9/13/2016 |
| | | No. of Repeat Risk Factor/Intervention Groups Out: 0 | Time In: 10:00 AM |
| | | Certified Food Protection Manager: Y | Time Out: 11:30 AM |

| License Expiry Date/EST. ID# | Address | City | Zip Code | Telephone |
|---|---|---|---|---|
| 10/2/2017 / 7978 | 57 CENTER ST | PORTLAND | 04101-3901 | 207-780-1506 |

| License Type | Owner Name | Purpose of Inspection | License Posted | Risk Category |
|---|---|---|---|---|
| MUN - EATING PLACE - SEATING | B & B PARTNERS | Regular | Yes | 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 |
|---|---|---|---|---|
| | | **Supervision** | | |
| 1 | IN | PIC present, demonstrates knowledge, and performs duties | | |
| | | **Employee Health** | | |
| 2 | IN | Management awareness; policy present | | |
| 3 | IN | Proper use of reporting, restriction & exclusion | | |
| | | **Good Hygienic Practices** | | |
| 4 | IN | Proper eating, tasting, drinking, or tobacco use | | |
| 5 | IN | No discharge from eyes, nose, and mouth | | |
| | | **Preventing Contamination by Hands** | | |
| 6 | IN | Hands clean & properly washed | | |
| 7 | IN | No bare hand contact with RTE foods or approved alternate method properly followed | | |
| 8 | IN | Adequate handwashing facilities supplied & accessible | | |
| | | **Approved Source** | | |
| 9 | IN | Food obtained from approved source | | |
| 10 | IN | Food received at proper temperature | | |
| 11 | IN | Food in good condition, safe, & unadulterated | | |
| 12 | IN | Required records available: shellstock tags parasite destruction | | |
| | | **Protection from Contamination** | | |
| 13 | IN | Food separated & protected | | |
| 14 | IN | Food-contact surfaces: cleaned and sanitized | | |
| 15 | IN | Proper disposition of returned, previously served, reconditioned, & unsafe food | | |

| | Compliance Status | | COS | R |
|---|---|---|---|---|
| | | **Potentially Hazardous Food Time/Temperature** | | |
| 16 | IN | Proper cooking time & temperatures | | |
| 17 | IN | Proper reheating procedures for hot holding | | |
| 18 | IN | Proper cooling time & temperatures | | |
| 19 | IN | Proper hot holding temperatures | | |
| 20 | IN | Proper cold holding temperatures | | |
| 21 | IN | Proper date marking & disposition | | |
| 22 | IN | Time as a public health control: procedures & record | | |
| | | **Consumer Advisory** | | |
| 23 | IN | Consumer advisory provided for raw or undercooked foods | | |
| | | **Highly Susceptible Populations** | | |
| 24 | IN | Pasteurized foods used; prohibited foods not offered | | |
| | | **Chemical** | | |
| 25 | IN | Food additives: approved & properly used | | |
| 26 | IN | Toxic substances properly identified, stored & used | | |
| | | **Conformance with Approved Procedures** | | |
| 27 | IN | Compliance with variance, specialized process, & HACCP plan | | |

**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.

## 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

| | | | COS | R |
|---|---|---|---|---|
| | | **Safe Food and Water** | | |
| 28 | IN | Pasteurized eggs used where required | | |
| 29 | IN | Water & ice from approved source | | |
| 30 | IN | Variance obtained for specialized processing methods | | |
| | | **Food Temperature Control** | | |
| 31 | IN | Proper cooling methods used; adequate equipment for temperature control | | |
| 32 | IN | Plant food properly cooked for hot holding | | |
| 33 | IN | Approved thawing methods used | | |
| 34 | IN | Thermometers provided and accurate | | |
| | | **Food Identification** | | |
| 35 | IN | Food properly labeled; original container | | |
| | | **Prevention of Food Contamination** | | |
| 36 | X | Insects, rodents, & animals not present | | |
| 37 | IN | Contamination prevented during food preparation, storage & display | | |
| 38 | IN | Personal cleanliness | | |
| 39 | IN | Wiping cloths: properly used & stored | | |
| 40 | IN | Washing fruits & vegetables | | |

| | | | COS | R |
|---|---|---|---|---|
| | | **Proper Use of Utensils** | | |
| 41 | IN | In-use utensils: properly stored | | |
| 42 | IN | Utensils, equipment, & linens: properly stored, dried, & handled | | |
| 43 | IN | Single-use & single-service articles: properly stored & used | | |
| 44 | IN | Gloves used properly | | |
| | | **Utensils, Equipment and Vending** | | |
| 45 | IN | Food & non-food contact surfaces cleanable, properly designed, constructed, & used | | |
| 46 | IN | Warewashing facilities: installed, maintained, & used; test strips | | |
| 47 | X | Non-food contact surfaces clean | | |
| | | **Physical Facilities** | | |
| 48 | IN | Hot & cold water available; adequate pressure | | |
| 49 | IN | Plumbing installed; proper backflow devices | | |
| 50 | IN | Sewage & waste water properly disposed | | |
| 51 | IN | Toilet facilities: properly constructed, supplied, & cleaned | | |
| 52 | IN | Garbage & refuse properly disposed; facilities maintained | | |
| 53 | X | Physical facilities installed, maintained, & clean | | |
| 54 | IN | Adequate ventilation & lighting; designated areas used | | |

Person in Charge (Signature) — Date: 9/13/2016

Health Inspector (Signature): Tom Willis

Follow-up: ¨ YES ÞNO Date of Follow-up:

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## Temperature Observations

| Location | Temperature | Notes |
|---|---|---|
| SANDWICH UNIT | 37F | |
| DRESSING/ LINE | 38F | |
| HOT WATER @ HAND SINK | 100F | |
| SANDWICH UNIT 2 | 40F | |

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## 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

36: 6-202.15: N: Outer openings are not protected from the entry of insects or rodents.

INSPECTOR NOTES: NEED TO INSTALL SCREEN IF BACK DOOR IS LEFT OPEN. SEVERAL FLIES PRESENT.

47: 4-602.13: N: Non-food contact surfaces are not cleaned at a frequency necessary to preclude accumulation of soil residues.

INSPECTOR NOTES: REACHIN GASKETS NEED CLEANING.

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

INSPECTOR NOTES: FLOOR UNDER LINE EQUIPMENT IS GREASY/ WALKIN FLOOR NEEDS CLEANING.

Person in Charge (Signature) x [signature] Date: 9/13/2016

Health Inspector (Signature) Tom Willis

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## Inspection Notes

Certified Food Protection Manager: Donald Feser 4/1/2020
Eating Establishments are required to submit a copy of their Certified Food Protection Manager (CFPM) certificate prior to the issuance of any new license. A CFPM must be hired within 60 days of an existing CFPM leaving 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 Tom Williams by emailing to tw@portlandmaine.gov or faxing to 207-287-3165. 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- 874-8365 or email tw@portlandmaine.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.

**Person in Charge (Signature)** x [signature] **Date: 9/13/2016**

**Health Inspector (Signature)** Tom Williams