

Establishment Name SUSANS	As Authorized by 22 MRSA § 2496	No. of Risk Factor/Intervention Groups Out	1	Date	11/4/2014
		No. of Repeat Risk Factor/Intervention Groups Out	0	Time In	10:30 AM
		Certified Food Protection Manager	Y	Time Out	11:45 AM

License Expiry Date/EST. ID#	Address	City	Zip Code	Telephone
11/28/2014 /5609	1135 FOREST AVE	PORTLAND	04103-3323	207-878-3240
License Type	Owner Name	Purpose of Inspection	License Posted	Risk Category
MUN - EATING PLACE	EKLUND, SUSAN	Complaint Inspection	Yes	Medium

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	OUT	Proper date marking & disposition		
5	IN	No discharge 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	IN	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	IN	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	IN	Food-contact surfaces: cleaned and sanitized							
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

			cos	R			cos	R	
Safe Food and Water					Proper Use of Utensils				
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	X	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	IN	Insects, rodents, & animals not present			50	IN	Sewage & waste water properly disposed		
37	X	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	IN	Physical facilities installed, maintained, & clean		
40	IN	Washing fruits & vegetables			54	X	Adequate ventilation & lighting; designated areas used		

Person in Charge (Signature)		Date: 11/4/2014
Health Inspector (Signature)		Follow-up: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Date of Follow-up:

State of Maine Health Inspection Report

Establishment Name SUSANS		<i>As Authorized by 22 MRSA § 2496</i>		Date 11/4/2014
License Expiry Date/EST. ID# 11/28/2014 /5609	Address 1135 FOREST AVE	City / State PORTLAND / ME	Zip Code 04103-3323	Telephone 207-878-3240

Temperature Observations

Location	Temperature	Notes
COLD HOLD #4	40F	LOBSTER MEAT
COLD HOLD #3	38F	SCALLOPS
COLD HOLD #2	36F	FISH
KITCHEN	400 PPM	QUAT.SANITIZER
COLD HOLD #1	38F	COLE SLAW
KITCHEN	107F	HAND SINK (HOT WATER)

Person in Charge (Signature)

Date: 11/4/2014

Health Inspector (Signature)

State of Maine Health Inspection Report

Page 3 of 4

Establishment Name

SUSANS

Date 11/4/2014

License Expiry Date/EST. ID#
11/28/2014 / 5609

Address
1135 FOREST AVE

City / State
PORTLAND ME

Zip Code
04103-3323

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

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 LABELING OR DATE MARKING, MUST LABEL AND DATE MARK ALL PREPARED FOOD HELD LONGER THEN 24 HOURS

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

INSPECTOR NOTES: BOTTLED WATER AND SODA SITTING ON FLOOR, MUST BE 6 INCHES OFF FLOOR

43: 4-904.11.(A).(C): N: Single service/use items are improperly handled/stored/displayed/dispensed.

INSPECTOR NOTES: COFFEE STIRRERS @ COFFEE SELF-SERV MUST BE WRAPPED, TO PREVENT CONTAMINATION

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

INSPECTOR NOTES: NEED TO INSTALL, 3-BAY SINK AND MOP SINK

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

INSPECTOR NOTES: DUCT WORK, AND DECORATIONS THROUGH OUT RESTAURANT ARE DUSTY, NEEDS CLEANING

Person in Charge (Signature)



Date: 11/4/2014

Health Inspector (Signature)



State of Maine Health Inspection Report

Page 4 of 4

Establishment Name

SUSANS

Date 11/4/2014

License Expiry Date/EST. ID#
11/28/2014 / 5609

Address
1135 FOREST AVE

City / State
PORTLAND

ME

Zip Code
04103-3323

Inspection Notes

Certified Food Protection Manager- Kenneth Eklund EXP. 11/6/2017

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, Eric Cobb by emailing to ecobb@portlandmaine.gov or faxing to 207-874-8913. 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- 756-8016 or email ecobb@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)



Date: 11/4/2014

Health Inspector (Signature)

