

Failed Closed IHH

State of Maine Health Inspection Report

Establishment Name SUSANS	As Authorized by 22 MRSA § 2496	No. of Risk Factor/Intervention Violations	4	Date	1/22/2014
		No. of Repeat Risk factor / Intervention Violations	0	Time In	11:45 AM
		Score (optional)			Time Out

License Expiry Date/EST. ID# 11/28/2013 / 5609	Address 1135 FOREST AVE	City PORTLAND	Zip Code 04103-3323	Telephone 207-878-3240
License Type MUN - EATING PLACE - SEATING	Owner Name EKLUND, SUSAN	Purpose of Inspection Regular	License Posted Yes	Risk Category Medium

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
 Mark "X" in appropriate box for COS and/or R
 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	OUT	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	OUT	Food-contact surfaces: cleaned and sanitized			
15	IN	Proper disposition of returned, previously served, reconditioned, & unsafe food			
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	OUT	Proper date marking & disposition			
22	IN	Time as a public health control: procedures & record			
Consumer Advisory					
23	OUT	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

Compliance Status				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	X	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	IN	Insects, rodents, & animals not present			
37	X	Contamination prevented during food preparation, storage & display			
38	IN	Personal cleanliness			
39	IN	Wiping cloths: properly used & stored			
40	IN	Washing fruits & vegetables			
Proper Use of Utensils					
41	X	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	X	Food & non-food contact surfaces cleanable, properly designed, constructed, & used			
46	IN	Warewashing facilities: installed, maintained, & used; test strips			
47	IN	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	X	Adequate ventilation & lighting; designated areas used			

Person in Charge (Signature)

Date: 1/22/2014

Health Inspector (Signature)

Follow-up: YES NO Date of Follow-up: 1/30/2014

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Temperature Observations

Location	Temperature	Notes
HOT WATER	127F	HANDWASH
SHRIMP	39F	CH1
CH1	39F	COOLER
LOBSTER	41F	CH1

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Date 1/22/2014

License Expiry Date/EST. ID#
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Address
1135 FOREST AVE

City / State
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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

8: 5-205.11.(B): N: Handwashing facility being used for other than handwashing.

INSPECTOR NOTES: *COS KNIFE IN HAND SINK

8: 6-301.10: N: Inadequate number of handwash facilities.

INSPECTOR NOTES: 1 HANDSINK NOT EASILY ACCESSABLE TO PARTS OF THE KITCHEN

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

INSPECTOR NOTES: ICE MAKER HAS VISIBLE FILTH, MILKSHAKE BLENDER DIRTY

21: 3-501.17: C: Ready to eat (RTE) potentially hazardous food (PHF) not date marked.

INSPECTOR NOTES: SALADS NOT LABELED

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

INSPECTOR NOTES: LEFT HAND OUT

31: 3-501.15: N: Cooked foods improperly cooled.

INSPECTOR NOTES: HOT FOOD COVERED IN DEEP CONTAINER. SUGGESTED DIFFERENT METHOD FOR RAPID COOLING

37: 3-305.11.(A).(B): N: Food not protected from contamination during storage.

INSPECTOR NOTES: UNCOVERED ITEMS IN FREEZER

41: 3-304.12: N: Improper between-use storage of utensils..

INSPECTOR NOTES: KNIVES WITH RESIDUE ON THEM LEFT OUT

45: 4-501.12: N: Cutting surfaces not easily cleanable.

INSPECTOR NOTES: WOODEN CHOPPING BLOCK HAS DEEP CRACKS AND GAPS

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

INSPECTOR NOTES: FLOORS NEED TO BE RESURFACED

53: 6-501.11: N: The physical facilities are in disrepair.

INSPECTOR NOTES: TILES NEAR SODA MACHINE

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53: 6-501.114: N: The premises is littered / unnecessary equipment and articles present.

INSPECTOR NOTES: *COS HAIR TIES AND PERSONAL ARTICLES IN PREP AREAS

54: 6-202.11: N: Lights not shielded.

INSPECTOR NOTES:

54: 6-202.12: N: Ventilation may cause food contamination.

INSPECTOR NOTES: HOOD SYSTEM DRIPPING GREASE

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Inspection Notes

BE ADVISED: THE 2013 MAINE FOOD CODE PROHIBITS BARE HAND CONTACT WITH READY TO EAT FOODS

Certified Food Protection Manager Kenneth Elklund

- 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.
- 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 twp@portlandmaine.gov or call Torrey Pollard at 756-8016.
- 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

Sec. 11-40. Penalties.

Following the issuance of a failed inspection notice and an order to correct violations, the health inspector will reinspect the premises at a fee of seventy five dollars (\$75.00); if the followup 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 reinspection results in a failed inspection, the third and each subsequent follow-up reinspection will result in a three hundred dollar (\$300.00) per reinspection charge. In addition, upon the third failed reinspection, 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)

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