

Failed  Closed  IHH

# State of Maine Health Inspection Report

Establishment Name <b>D'ANGELO SANDWICH SHOP</b>	As Authorized by 22 MRSA § 2496	No. of Risk Factor/Intervention Violations	5	Date	9/19/2011
		No. of Repeat Risk factor / Intervention Violations	0	Time In	8:00 AM
		Score (optional)		Time Out	9:00 AM

License Expiry Date/EST. ID#	Address	City	Zip Code	Telephone
12/28/2012 / 995	275 SAINT JOHN ST	PORTLAND	04101	207-772-0502

License Type	Owner Name	Purpose of Inspection	License Posted	Risk Category
MUN - EATING PLACE - SEATING	SUBSTANTIAL INVESTMENTS,	Complaint Inspection	Yes	High

## 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
<b>Supervision</b>				
1	IN	PIC present, demonstrates knowledge, and performs duties		
<b>Employee Health</b>				
2	IN	Management awareness: policy present		
3	IN	Proper use of reporting, restriction & exclusion		
<b>Good Hygienic Practices</b>				
4	IN	Proper eating, tasting, drinking, or tobacco use		
5	IN	No discharge from eyes, nose, and mouth		
<b>Preventing Contamination by Hands</b>				
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	X	
<b>Approved Source</b>				
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		
<b>Protection from Contamination</b>				
13	IN	Food separated & protected		
14	OUT	Food-contact surfaces: cleaned and sanitized		
15	IN	Proper disposition of returned, previously served, reconditioned, & unsafe food		

  

Compliance Status			cos	R
<b>Potentially Hazardous Food Time/Temperature</b>				
16	IN	Proper cooking time & temperatures		
17	IN	Proper reheating procedures for hot holding		
18	IN	Proper cooling time & temperatures		
19	OUT	Proper hot holding temperatures		X
20	OUT	Proper cold holding temperatures		X
21	IN	Proper date marking & disposition		
22	IN	Time as a public health control: procedures & record		
<b>Consumer Advisory</b>				
23	IN	Consumer advisory provided for raw or undercooked foods		
<b>Highly Susceptible Populations</b>				
24	IN	Pasteurized foods used; prohibited foods not offered		
<b>Chemical</b>				
25	IN	Food additives: approved & properly used		
26	OUT	Toxic substances properly identified, stored & used		X
<b>Conformance with Approved Procedures</b>				
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
<b>Safe Food and Water</b>				
28	IN	Pasteurized eggs used where required		
29	IN	Water & ice from approved source		
30	IN	Variance obtained for specialized processing methods		
<b>Food Temperature Control</b>				
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	X	Thermometers provided and accurate		
<b>Food Identification</b>				
35	X	Food properly labeled; original container		
<b>Prevention of Food Contamination</b>				
36	X	Insects, rodents, & animals not present		
37	IN	Contamination prevented during food preparation, storage & display		
38	IN	Personal cleanliness		
39	X	Wiping cloths: properly used & stored	X	
40	IN	Washing fruits & vegetables		

  

Compliance Status			cos	R
<b>Proper Use of Utensils</b>				
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	X	Gloves used properly		X
<b>Utensils, Equipment and Vending</b>				
45	X	Food & non-food contact surfaces cleanable properly designed, constructed, & used		
46	X	Warewashing facilities: installed, maintained, & used; test strips		
47	X	Non-food contact surfaces clean		
<b>Physical Facilities</b>				
48	IN	Hot & cold water available; adequate pressure		
49	X	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: 9/19/2011

Health Inspector (Signature)

Follow-up:  YES  NO Date of Follow-up: 10/19/2011

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License Expiry Date/EST. ID# 12/28/2012 /995	Address 275 SAINT JOHN ST	City / State PORTLAND / ME	Zip Code 04101	Telephone 207-772-0502

## Temperature Observations

Location	Temperature	Notes
ROAST BEEF	53-59F	
TURKEY CH3	47F	
CHOWDER	137F	SAME AS ABOVE
TUNA	43-48F	
SANI	200++	HAD CORRECTED & TRAINED
BACON CH2	67F	
3-BAY	140F	
HW REAR	140F	
MEAT CH1	50-59F	
STEAK PKG R1	68F	DISCARDED
SHELLS & PASTA HH1	130F	HAD UNIT TURNED UP, HEATING IN HOTHOLD VESSEL
FR. HW	135F	
CHICK	58F	

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## Temperature Observations

Location	Temperature	Notes
CHICK W/I	44F	
COLD CUTS	44-50F	

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PORTLAND ME

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04101

## 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: 6-301.14: N: Handwash signage not provided for employee hand wash lavatory.

INSPECTOR NOTES: COS, HANDWASH @ COFEE STA. NEEDS SIGNAGE

14: 4-602.11.(C): C: Potentially hazardous food contact surfaces are not cleaned with proper frequency. At least every 4 hours.

INSPECTOR NOTES: COS, ICE MACHINE NEEDSMOLD REMEDIATION, MEAT SLICER NEEDS MORE THOROUGH CLEANING & SANITIZING / ICE MACHINE SHUT OFF & MEAT SLICER BROKEN DOWN, CLEANING OCCURRING WHILE PRESENT

19: 3-501.16.(A): C: Hot foods not maintained at proper temperature.

INSPECTOR NOTES: COS, IMPROPER RE-HEATING, USING HOT HOLD VESSEL, MUST BRING TO MIN. 140F W/IN 2 HRS AND MAINTAIN THAT MIN. HEAT

20: 3-501.16.(B): C: Cold Food not maintained at proper temperature.

INSPECTOR NOTES: COS, IMPROPER COOLING AT GRILL (NOT ICING PROPERLY), IMPROPER COLD HOLDING IN GENERAL (MISFITTING COLD HOLD STA. COVERS, NOT CLOSING BETWEEN USE, TIME & TEMP LOGS NOT PROPERLY MAINTAINED) MANY ITEMS DISCARDED AND PROPERLY INSTRUCTED

26: 7-202.12: C: Poisonous or toxic materials are being improperly used / applied.

INSPECTOR NOTES: COS, SANI MIXTURE TOXIC AND NO HAND SANTIZERS CAN BE AT HANDWAS STATION

34: 4-302.12: N: Inadequate number of temperature measuring devices provided.

INSPECTOR NOTES: WALKIN NEEDS INTERNAL, VISIBLE THERMOMETER

35: 3-302.12: N: Food/ingredients containers not properly labeled.

INSPECTOR NOTES: KETCHUP IN MAYO CONTAINER, NOT LABELED

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

INSPECTOR NOTES: WEATHER STRIPS, LOWER CORNERS REAR DOOR NEED REPAIR/FILLING IN FOR EFFECTIVE PEST MANAGEMENT

39: 4-101.16: N: Unacceptable use of sponges.

INSPECTOR NOTES: COS, NO SPONGE USE IN FOOD AREAS

39: 3-304.14.(B).(1): N: Wiping cloths not dry and improperly used.

INSPECTOR NOTES: COS, NO WET CLOTHS, UNLESS ACTIVE WITH SANITIZER AND SANI MADE WAS FAR TOO STRONG

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44: 3-304.15.(A): N: Single use gloves not clean.

INSPECTOR NOTES: COS, SINGLE USE ONLY AND HANDS MUST BE WASHED BETWEEN GLOVE CHANGES

45: 4-202.11: C: Multiuse food contact surfaces are not properly designed and constructed.

INSPECTOR NOTES: CUTTING BOARDS IN NEED OF PLANING OR REPLACEMENT

46: 4-302.14: N: No chemical test kit available.

INSPECTOR NOTES: NEED CHLORINE TEST STRIPS

47: 4-601.11.(C): N: Nonfood contact surfaces are not clean.

INSPECTOR NOTES: CEILING TILES STAINED, MOLDY, AND NEED REPLACING, AS WELL AS ANY THAT ARE MISSING

49: 5-202.13: C: Air gap required.

INSPECTOR NOTES: ICE MACHINE NEEDS PROPER AIR GAP

49: 5-203.14: C: Backflow prevention device not installed.

INSPECTOR NOTES: MOP SINK NEED BACKFLOW PREVENTION DEVICE

53: 6-201.13.(A): N: Floor and wall junctures are not enclosed and sealed.

INSPECTOR NOTES: MOPBOARD NEEDED THROUGHOUT, CAULK AROUND ALL IMMOVABLE EQUIPMENT

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

INSPECTOR NOTES: UNDER AND AROUND ALL EQUIPMENT NEEDS THOROUGH AND REGULAR CLEANING

53: 6-501.16: N: Mops are not being properly stored.

INSPECTOR NOTES: MOPS NEED TO HANG, BETWEEN USE, AIR DRYING, HANDLE SIDE UP

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## Inspection Notes

POST LIENSES SO BOTH ARE VISIBLE TO PUBLIC @ REGISTER  
E-MAIL ME NAMES OF EMPLOYEES & EXP. DATES, ONCE NEW ONES ARE CERTIFIED (CFPMs)  
OSHA - ELECTRICAL PANELS NEED 3' CLEARANCE  
PROPRE SANI MIXTURE IS 1 TSP. BLACH, PER 1 GAL. 75-120F WATER.  
TIME & TEMP LOG NOT MAINTAINED APPROPRIATLY  
PLEAE PROVIDE ME A CORPORATE CONTACT E-MAIL  
19 V / 7 C / 4 C COS / 4 NC COS / 11 REMAINING  
ALL CRITICALS TO BE CORRECTED W/IN 10 DAYS, NC 30 DAYS, NCLUDING ANYTHING ELSE CAN GET DONE  
FOLLOW UP W/IN 30 DAYS  
\$75 REINSPECTION FEE W/B BILLED

Person in Charge (Signature)

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