

State of Maine Health Inspection Report

Establishment Name DIMILLO'S ON THE WATER	As Authorized by 22 MRSA § 2496	No. of Risk Factor/Intervention Violations	2	Date	8/23/2012
		No. of Repeat Risk factor / Intervention Violations	0	Time In	10:30 AM
		Score (optional)		Time Out	1:30 PM

License Expiry Date/EST. ID# 12/28/2012 / 978	Address 25 LONG WHARF	City PORTLAND	Zip Code 04101-4735	Telephone 207-772-2216
License Type MUN - EATING PLACE - SEATING	Owner Name DIMILLOS INC	Purpose of Inspection Complaint Inspection	License Posted	Risk Category

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	Compliance Status		COS	R
Supervision								
1	IN	PIC present, demonstrates knowledge, and performs duties			16	IN		
Employee Health								
2	IN	Management awareness; policy present			17	IN		
3	IN	Proper use of reporting, restriction & exclusion			18	IN		
Good Hygienic Practices								
4	IN	Proper eating, fasting, drinking, or tobacco use			19	IN		
5	IN	No discharge from eyes, nose, and mouth			20	OUT		
Preventing Contamination by Hands								
6	IN	Hands clean & properly washed			21	IN		
7	IN	No bare hand contact with RTE foods or approved alternate method properly followed			22	IN		
8	IN	Adequate handwashing facilities supplied & accessible			Consumer Advisory			
Approved Source								
9	IN	Food obtained from approved source			23	OUT		
10	IN	Food received at proper temperature			Highly Susceptible Populations			
11	IN	Food in good condition, safe, & unadulterated			24	IN		
12	IN	Required records available: shellstock tags parasite destruction			Chemical			
Protection from Contamination								
13	IN	Food separated & protected			25	IN		
14	IN	Food-contact surfaces: cleaned and sanitized			26	IN		
15	IN	Proper disposition of returned, previously served, reconditioned, & unsafe food			Conformance with Approved Procedures			
<div style="border: 1px solid black; padding: 5px;"> 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. </div>								

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								
28	IN	Pasteurized eggs used where required			Proper Use of Utensils			
29	IN	Water & ice from approved source			41	X		
30	IN	Variance obtained for specialized processing methods			42	X		
Food Temperature Control								
31	IN	Proper cooling methods used; adequate equipment for temperature control			43	IN		
32	IN	Plant food properly cooked for hot holding			44	IN		
33	IN	Approved thawing methods used			Utensils, Equipment and Vending			
34	IN	Thermometers provided and accurate			45	X		
Food Identification								
35	IN	Food properly labeled; original container			46	X		
Prevention of Food Contamination								
36	X	Insects, rodents, & animals not present			47	IN		
37	X	Contamination prevented during food preparation, storage & display			Physical Facilities			
38	IN	Personal cleanliness			48	IN		
39	IN	Wiping cloths: properly used & stored			49	X		
40	IN	Washing fruits & vegetables			50	IN		
Physical Facilities								
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Person In Charge (Signature)

Tony Quattrone

Date: 8/23/2012

Health Inspector (Signature)

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Follow-up: YES NO Date of Follow-up:

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Temperature Observations

Location	Temperature	Notes
items on ice on line	45-50°F	all. after lunch(3pm), temp and discard items that are not at correct temp
saute/fry prep	44-45°F	all. after lunch(3pm), temp and discard items that are not at correct temp
prep	40°F	lobster meat for lobster rolls
walk-in	38°F	

Person In Charge (Signature) *Tony Quetta* *Tony Quetta* Date: 8/23/2012

Health Inspector (Signature) *pmc* *Sid Demers*

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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

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

INSPECTOR NOTES: saute/fry station holding a little high. Is being serviced now. after lunch(3pm), temp and discard items that are not at correct temp

23: 3-603.11.(B): C: Consumer advisory does not contain the required wording.

INSPECTOR NOTES: need disclosure (*)

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

INSPECTOR NOTES: zapper over prep area

37: 3-307.11: N: Food not protected from other sources of contamination.

INSPECTOR NOTES: shield hw sink on cook line

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

INSPECTOR NOTES: needs to be at least 6" up, bread and freezer

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

INSPECTOR NOTES: -utensils stored in standing water. If in water should be running or maintained at 140°F min - stored on fire suppression piping

42: 4-903.11.(A): N: Equipment, Utensils, Linens, and Single-Service and Single-Use Articles are Improperly stored.

INSPECTOR NOTES: need to be 6" up

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

INSPECTOR NOTES: many cutting boards throughout need replacement or resurfacing

46: 4-204.115: N: Warewashing machine not properly equipped with temperature measuring devices.

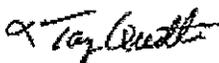
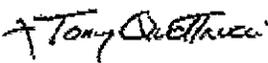
INSPECTOR NOTES: gauges inop. on order

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

INSPECTOR NOTES: correct with any remodel.

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

INSPECTOR NOTES: under hood

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Health Inspector (Signature)		

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Observations and Corrective Actions

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

INSPECTOR NOTES: hood grates

Person in Charge (Signature)

Tony Quattrone *Tony Quattrone*

Date: 8/23/2012

Health Inspector (Signature)

John M. ... *Sid ...*

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Inspection Notes

Certified Food Protection Manager

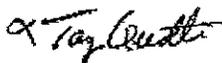
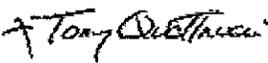
- Unless directed otherwise, effective January 18, 2012 establishments have to have a Certified Food Protection Manager (CFPM) at each establishment.
- A CFPM must be hired within 60 days of a new establishment opening or when the only CFPM leaves the employment of the establishment.
- For a list of CFPM courses and trainers got 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 joel.demers@maine.gov
- Unless otherwise stated in the inspection report, Non-critical violations must be corrected before the next routine inspection.
- Failure to satisfactorily correct these violations before the follow-up inspection may result in enforcement proceedings by the Department, which are outlined in Sections 5, 6, and 7 of 10-144 CMR Chapter 201 available at: www.maine.gov/dhhs/eng/el/rules.htm

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: 8/23/2012
Health Inspector (Signature)		

**DIVISION OF ENVIRONMENTAL HEALTH
MASTER COMPLAINT RECORD**

INTAKE

COMPLAINT #: 12-047 ESTABLISHMENT CITED IN COMPLAINT: ID#: 978
 (Remote Complaint #438)
 DATE/TIME OF OCCURRENCE: 7/20-8/1/12

INTAKE DATE/TIME OF COMPLAINT: 8/8/12 12:30pm

LOCATION OF ESTABLISHMENT: DiMillo's, 25, Long Wharf, Portland

COMPLAINT DESCRIPTION: Person was vacationing here from 7/20-8/1/12 and contracted vibrio; hospitalized 7/28 to 7/29 for acute vomiting and profuse diarrhea and abdominal pains. Had lazy man lobster at DiMillo's within 30 hrs of illness onset, but also ate at other establishments.

NATURE OF COMPLAINT: ILLNESS/HEALTH RELATED SANITATION/ENVIRONMENT
 HYGENIC PRACTICES FOOD/INJURY SAFETY OTHER

RECEIVED BY: Becky Walsh

INVESTIGATION

PERSON (S) INTERVIEWED: Steve DiMillo's & Tony POSITION(S): Owner/ Kitchen
Quathuccis manager

INSPECTION RESULTS: O N F INSPECTION REPORT: Y N

CORRECTIVE ACTION: None needed.

HEALTH INSPECTOR COMMENTS: See attached documents. Cannot confirm.

SIGNATURE OF HEALTH INSPECTOR: A. Michele Hungo DATE: 8/13/12

SIGNATURE OF PERSON IN CHARGE: [Signature]
Tony

REFERRALS

	DATE/INITIAL		DATE/INITIAL
<input type="checkbox"/> DEPARTMENT OF AGRICULTURE	_____	<input type="checkbox"/> DISEASE CONTROL	_____
<input type="checkbox"/> DRINKING WATER PROGRAM	_____	<input type="checkbox"/> MUNICIPALITIES	_____
<input type="checkbox"/> WASTE WATER PROGRAM	_____	<input type="checkbox"/> DEPARTMENT OF EDUCATION	_____
<input type="checkbox"/> MARINE RESOURCES	_____	<input type="checkbox"/> INLAND FISHERIES AND WILDLIFE	_____
<input type="checkbox"/> FIRE MARSHAL	_____	<input type="checkbox"/> STATE POLICE	_____
<input type="checkbox"/> LIQUOR LICENSING	_____	<input type="checkbox"/> BOARD OF PESTICIDE CONTROL	_____
<input type="checkbox"/> TOBACCO ENFORCEMENT	_____	<input type="checkbox"/> OTHER	_____
BBB	_____		