

Failed Closed IHH

State of Maine Health Inspection Report

Establishment Name LES CREPES	As Authorized by 22 MRSA § 2496	No. of Risk Factor/Intervention Violations	1	Date	9/9/2011
		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# 1/31/2013 / 22509	Address PORTLAND B-ZONE	City PORTLAND	Zip Code 04101	Telephone 207-710-7583
License Type MUN - EATING PLACE - MOBILE	Owner Name FINIKO	Purpose of Inspection New Establishment Report	License Posted	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	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

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	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	IN	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		

Compliance Status			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	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	IN	Adequate ventilation & lighting; designated areas used		

Person in Charge (Signature)

Date: 9/9/2011

Health Inspector (Signature)

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

State of Maine Health Inspection Report

Establishment Name LES CREPES		<i>As Authorized by 22 MRSA § 2496</i>		Date <u>9/9/2011</u>
License Expiry Date/EST. ID# 1/31/2013 / 22509	Address PORTLAND B-ZONE	City / State PORTLAND / ME	Zip Code 04101	Telephone 207-710-7583

Temperature Observations

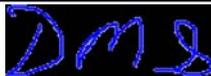
Location	Temperature	Notes
HW	130F	
SANI	100PPM	

Person in Charge (Signature)



Date: 9/9/2011

Health Inspector (Signature)



State of Maine Health Inspection Report

Page 3 of 4

Establishment Name

LES CREPES

Date 9/9/2011

License Expiry Date/EST. ID#
1/31/2013 / 22509

Address
PORTLAND B-ZONE

City / State
PORTLAND

ME

Zip Code
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: 6-301.12: N: Sanitary towels / hand drying device not provided for handwash lavatory.

INSPECTOR NOTES: HANDWASH SINK NEEDS PAPER TOWELS

8: 6-301.11: N: Hand cleanser not available at handwash lavatory.

INSPECTOR NOTES: HANDWASH SINK NEEDS SOAP

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

INSPECTOR NOTES: NEED SPLASH GUARD BETW. HANDWASH & 2-BAY (USE 2-BAY IN A 3-BAY FASHION - EXPLAINED HOW)

Person in Charge (Signature)



Date: 9/9/2011

Health Inspector (Signature)



State of Maine Health Inspection Report

Page 4 of 4

Establishment Name

LES CREPES

Date 9/9/2011

License Expiry Date/EST. ID#
1/31/2013 / 22509

Address
PORTLAND B-ZONE

City / State
PORTLAND

ME

Zip Code
04101

Inspection Notes

CANNOT DO FARMER'S MARKET AREA ON THOSE DAYS/LOCATIONS
CFPM: SERGEY FILIOK, EXP 8/11/16
OKAY TO OPERATE, FROM A HEALTH STANDPOINT

Person in Charge (Signature)



Date: 9/9/2011

Health Inspector (Signature)

