

Failed  Closed  IHH

# State of Maine Health Inspection Report

Establishment Name <b>THE CORNER ROOM</b>		As Authorized by 22 MRSA § 2496		No. of Risk Factor/Intervention/ Violations	1	Date	2/22/2013
				No. of Repeat Risk factor / Intervention Violations	0	Time In	2:30 PM
License Expiry Date/EST. ID#		Address	City	Score (optional)		Time Out	4:00 PM
6/30/2013 / 21133		110 EXCHANGE ST	PORTLAND				Telephone
License Type		Owner Name	Purpose of Inspection	License Posted	Risk Category		
MUN - EATING PLACE - SEATING		SUNSHINE ACRES LLC	Follow-up 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 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										
<b>Supervision</b>																			
1	IN	PIC present, demonstrates knowledge, and performs duties			16	IN	Proper cooking time & temperatures												
<b>Employee Health</b>																			
2	IN	Management awareness: polloy present			17	IN	Proper reheating procedures for hot holding												
3	IN	Proper use of reporting, restriction & exclusion			18	IN	Proper cooling time & temperatures												
<b>Good Hygienic Practices</b>																			
4	IN	Proper eating, tasting, drinking, or tobacco use			19	IN	Proper hot holding temperatures												
5	IN	No discharge from eyes, nose, and mouth			20	IN	Proper cold holding temperatures												
<b>Preventing Contamination by Hands</b>																			
6	IN	Hands clean & properly washed			21	IN	Proper date marking & disposition												
7	IN	No bare hand contact with RTE foods or approved alternate method properly followed			22	IN	Time as a public health control: procedures & record												
8	IN	Adequate handwashing facilities supplied & accessible			<b>Consumer Advisory</b>														
<b>Approved Source</b>																			
9	IN	Food obtained from approved source			23	IN	Consumer advisory provided for raw or undercooked foods												
10	IN	Food received at proper temperature			<b>Highly Susceptible Populations</b>														
11	IN	Food in good condition, safe, & unadulterated			24	IN	Pasteurized foods used; prohibited foods not offered												
12	IN	Required records available: shellstock tags parasite destruction			<b>Chemical</b>														
<b>Protection from Contamination</b>																			
13	IN	Food separated & protected			25	IN	Food additives: approved & properly used												
14	IN	Food-contact surfaces: cleaned and sanitized			26	IN	Toxic substances properly identified, stored & used												
15	IN	Proper disposition of returned, previously served, reconditioned, & unsafe food			<b>Conformance with Approved Procedures</b>														
<b>GOOD RETAIL PRACTICES</b>																			
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																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3">Risk Factors</td> <td colspan="7">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.</td> </tr> </table>										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.						
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Compliance Status			COS	R	Compliance Status			COS	R
<b>Safe Food and Water</b>									
28	IN	Pasteurized eggs used where required			<b>Proper Use of Utensils</b>				
29	IN	Water & ice from approved source			41	IN	In-use utensils: properly stored		
30	IN	Variance obtained for specialized processing methods			42	X	Utensils, equipment, & linens: properly stored, dried, & handled		
<b>Food Temperature Control</b>									
31	IN	Proper cooling methods used; adequate equipment for temperature control			43	IN	Single-use & single-service articles: properly stored & used		
32	IN	Plant food properly cooked for hot holding			44	IN	Gloves used properly		
33	IN	Approved thawing methods used			<b>Utensils, Equipment and Vending</b>				
34	IN	Thermometers provided and accurate			45	IN	Food & non-food contact surfaces cleanable, properly designed, constructed, & used		
<b>Food Identification</b>									
35	IN	Food properly labeled; original container			46	IN	Warewashing facilities: installed, maintained, & used; test strips		
<b>Prevention of Food Contamination</b>									
36	IN	Insects, rodents, & animals not present			47	IN	Non-food contact surfaces clean		
37	IN	Contamination prevented during food preparation, storage & display			<b>Physical Facilities</b>				
38	IN	Personal cleanliness			48	IN	Hot & cold water available; adequate pressure		
39	IN	Wiping cloths: properly used & stored			49	IN	Plumbing installed; proper backflow devices		
40	IN	Washing fruits & vegetables			50	IN	Sewage & waste water properly disposed		
<b>Personnel</b>									
51	IN	Toilet facilities: properly constructed, supplied, & cleaned			52	IN	Garbage & refuse properly disposed; facilities maintained		
<b>Facilities</b>									
53	X	Physical facilities installed, maintained, & clean			53	X	Physical facilities installed, maintained, & clean		
54	IN	Adequate ventilation & lighting; designated areas used			54	IN	Adequate ventilation & lighting; designated areas used		

Person in Charge (Signature) _____	Date: 2/22/2013
Health Inspector (Signature) _____	Follow-up: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO    Date of Follow-up: _____

# State of Maine Health Inspection Report

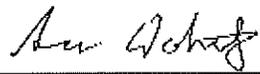
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Establishment Name THE CORNER ROOM		As Authorized by 22 MRSA § 2496		Date 2/22/2013
License Expiry Date/EST. ID# 6/30/2013 / 21133	Address 110 EXCHANGE ST	City / State PORTLAND / ME	Zip Code 04101	Telephone 207-879-4747

## Temperature Observations

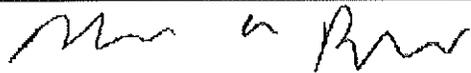
Location	Temperature	Notes
CH 1 - sauce	41 F	

Person in Charge (Signature)



Date: 2/22/2013

Health Inspector (Signature)



# State of Maine Health Inspection Report

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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

27: 3-502.12: C: Reduced oxygen packing without required safeguards in place.

INSPECTOR NOTES: Need HACCP plan and to follow requirements.

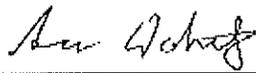
42: 4-904.13: N: Preset tableware not properly handled/protected.

INSPECTOR NOTES: Preset silverware needs to be covered.

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

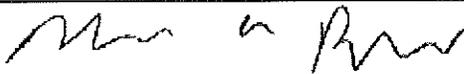
INSPECTOR NOTES: Cooler is broken. Duct tape in use and door won't fully close.

Person in Charge (Signature)



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Health Inspector (Signature)



# State of Maine Health Inspection Report

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License Expiry Date/EST. ID# <b>6/30/2013 / 21133</b>	Address <b>110 EXCHANGE ST</b>	City / State <b>PORTLAND ME</b>	Zip Code <b>04101</b>	

## 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 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 got to: [www.maine.gov/healthinspection/training.htm](http://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 [mar@portlandmaine.gov](mailto:mar@portlandmaine.gov) or call Michael Russell at 756-8008.
- 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](http://www.maine.gov/dhhs/mecdc/environmental-health/el/index.htm)

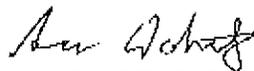
### Sec. 11-40. Penalties.

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)



Date: 2/22/2013

Health Inspector (Signature)

