

Establishment Name <b>EMBASSY SUITES</b>	As Authorized by 22 MRSA § 2496	No. of Risk Factor/Intervention/ Violations	<b>4</b>	Date	<b>10/25/2012</b>
		No. of Repeat Risk factor / Intervention Violations	<b>3</b>	Time In	<b>8:00 AM</b>
		Score (optional)		Time Out	<b>9:00 AM</b>

License Expiry Date/EST. ID #	Address	City	Zip Code	Telephone
2/28/2013 /5571	1050 WESTBROOK ST	PORTLAND	04102-1915	207-775-0032
License Type	Owner Name	Purpose of Inspection	License Posted	Risk Category
MUN - EATING PLACE - SEATING	KTB HOSPITALITY 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
<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		
<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	X	X
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	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		
<b>Consumer Advisory</b>				
23	OUT	Consumer advisory provided for raw or undercooked foods		X X
<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 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	IN	Thermometers provided and accurate		
<b>Food Identification</b>				
35	X	Food properly labeled; original container	X	
<b>Prevention of Food Contamination</b>				
36	IN	Insects, rodents, & animals not present		
37	X	Contamination prevented during food preparation, storage & display	X	X
38	X	Personal cleanliness	X	X
39	X	Wiping cloths: properly used & stored	X	X
40	IN	Washing fruits & vegetables		

Compliance Status			COS	R
<b>Proper Use of Utensils</b>				
41	X	In-use utensils: properly stored		X X
42	IN	Utensils, equipment, & linens: properly stored, dried, & handled		
43	IN	Single-use & single-service articles: properly stored & used		
44	IN	Gloves used properly		
<b>Utensils, Equipment and Vending</b>				
45	X	Food & non-food contact surfaces cleanable, properly designed, constructed, & used		X
46	IN	Warewashing facilities: installed, maintained, & used; test strips		
47	IN	Non-food contact surfaces clean		
<b>Physical Facilities</b>				
48	IN	Hot & cold water available; adequate pressure		
49	X	Plumbing installed; proper backflow devices		X X
50	IN	Sewage & waste water properly disposed		
51	IN	Toilet facilities: properly constructed, supplied, & cleaned		
52	X	Garbage & refuse properly disposed; facilities maintained		X
53	X	Physical facilities installed, maintained, & clean		
54	IN	Adequate ventilation & lighting; designated areas used		

Person in Charge (Signature) *Stacy Orlidy* Date: 10/25/2012  
 Health Inspector (Signature) *D. Michele Sturgeon* Follow-up: YES NO Date of Follow-up: 11/29/2012

# State of Maine Health Inspection Report

Establishment Name <b>EMBASSY SUITES</b>		As Authorized by 22 MRSA § 2496		Date <b>10/25/2012</b>
License Expiry Date/EST. ID# <b>2/28/2013 / 5571</b>	Address <b>1050 WESTBROOK ST</b>	City / State <b>PORTLAND / ME</b>	Zip Code <b>04102-1915</b>	Telephone <b>207-775-0032</b>

## Temperature Observations

Location	Temperature	Notes
SANI	500+PPM	129.2F (TOO HOT) & 1ST BATCH TOXIC, 2ND FROM SAME AREA FINE, RE-TRANED, THOROUGHLY DISCUSSED
HERB BTTR R1	38F	
BAR HW	118F	
KITCHEN HW	123F	
CRM CHS R3	41F	
3-BAY	126F	
DW	190F	
BUTTER W/I	26F	
TH ISL DRESS R2	26F	
MILK CH1	38F	

Person in Charge (Signature)

Stacy Olin

Date: 10/25/2012

Health Inspector (Signature)

D. Michele Sturgeon

# State of Maine Health Inspection Report

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Establishment Name

EMBASSY SUITES

Date 10/25/2012

License Expiry Date/EST. ID#  
2/28/2013 /5571

Address  
1050 WESTBROOK ST

City / State  
PORTLAND ME

Zip Code  
04102-1915

## 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:BAR HANDWASHING USED FOR DUMPING (NO 3 BAY AT BAR)

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

INSPECTOR NOTES:BAR HANDWASH MISSING ALL SUPPLIES

8:6-301.12:N: Sanitary towels /hand drying device not provided for handwash lavatory.

INSPECTOR NOTES:BAR HANDWASH

8:6-301.14:N: Handwash signage not provided for employee hand wash lavatory.

INSPECTOR NOTES:BAR HANDWASH

14:4-602.11.(A):C: Food contact surfaces are not cleaned between uses.

INSPECTOR NOTES:CO,S,MEAT SLICER AND FLOOR MIXER OUT OF SERVICE,CORRECTED WHILE THERE

14:4-701.10:N: Food contact surfaces not sanitized.

INSPECTOR NOTES:CO,S,FLOOR MIXER NOT CLEANED AFTER USE (DRIED MATERIALS)

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

INSPECTOR NOTES:CO,S,FULL ADVISORY NEEDED. FIXED WHILE THERE.

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

INSPECTOR NOTES:CO,S,SANITOXIC AND CHEMICALS IN USE,BEING STORED BETWEEN USE,ON FOOD PREP LOCATION,CORRECTED WHILE THERE.

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

INSPECTOR NOTES:CO,S,LABEL ALL INGREDIENTS BOTTLES/CONTAINERS NOT IN ORIGINAL PACKAGES

35:3-601.11:N: Packaged food not properly identified.

INSPECTOR NOTES:GRAB AND GO CONTINENTAL BREAKFAST AREA DISCUSSED. NEW EQUIPMENT ALREADY ON ORDER.

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

INSPECTOR NOTES:CO,S,BOXES ON FLOOR IN W/FREEZER.

Person in Charge (Signature)

*Stacy O'Leary*

Date: 10/25/2012

Health Inspector (Signature)

*D. Michele Sturgeon*

# State of Maine Health Inspection Report

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<b>License Expiry Date/EST. ID#</b> 2/28/2013 /5571	<b>Address</b> 1050 WESTBROOK ST	<b>City / State</b> PORTLAND ME	<b>Zip Code</b> 04102-1915	

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38:2-402.11:N : Food Em pbyees notwearing effective hair restraints.

INSPECTOR NOTES :COS

39:3-304.14.(B).(1):N : W iping cbths notdry and in properly used.

INSPECTOR NOTES :COS ,NO W ET CLO TH USE ,UNLESS ACTIVE W ITH SANITZER .

41:3-304.12:N : In properbetween-use storage ofutensils..

INSPECTOR NOTES :COS ,NO UTENSIL STORAGE IN STANDING WATER . RUNNING DIPP NG W ELLS ONLY .

45:4-202.11:C : M ultiuse food contactsurfaces are notproperly designed and constructed.

INSPECTOR NOTES :CUTTING BOARDS IN NEED OF PLAN NG AND ALL W OODEN HANDLED STEAK KNIVES NEED REPLACING ,N SER DUS D REPAR .

49:5-202.13:C : Airgap required.

INSPECTOR NOTES :COS ,M PROPER AIR GAP AT BAR ICE BN DRAINAGE ...HOSES ,FKED W HLE PRESENT .

52:5-501.113:N : Receptacles notcovered.

INSPECTOR NOTES :COS ,DUMPSTER COVERS ARE TO REMAN CLOSED ,BETW EEN USE .

53:6-201.11:N : Floors ,walls , and ceilings are notsm ooth and easily cleanable.

INSPECTOR NOTES :ALL CHIPP NG W ALLS ,M ISS NG TILE ,M ISS NG COVED MOPBOARD ,ETC .AS D ECUSSSED NEEDS REPAR . REPARS ARE PLANNED ALREADY .

53:6-201.13.(A):N : Fbor and walljunctures are notencbsed and sealed.

INSPECTOR NOTES :CAULK AROUND ALL MMOVABLE EQUIPMENT .

53:6-501.11:N : The physicalfacilities are in disrepair.

INSPECTOR NOTES :FILL ALL HOLES ,ETC .AS D ECUSSSED AND MANTAN ALL IN SMOOTH & EASILY CLEANABLE 'STATES

Person in Charge (Signature)

Stacy Orlidy

Date: 10/25/2012

Health Inspector (Signature)

D-Michale Sturgeon

# State of Maine Health Inspection Report

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Address  
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PORTLAND ME

Zip Code  
04102-1915

## Inspection Notes

FAILED

21 V / 6 C / 4 C COS / 6 NC COS / 11 REMAINING TO BE COMPLETED BY 30 DAY FOLLOW UP, EXCEPT 6 MONTHS FOR FACILITY CORRECTIONS (TILE, STAINLESS STEEL DOOR CASINGS, ETC.)

E-MAILING SIGNED PDF, INFO SESSION INFORMATION, HANDWASH POSTER, LINK TO STATE'S SITE.

CARLISLE CUTTING BOARD PLANERS AVAILABLE AT INDEP REST SUPPLY, AND REPLACEMENT BLADES. IF FOOD EMPLOYEES HAVEN'T ALREADY ATTENDED, SUGGEST AS MANY AS POSSIBLE ATTEND AN UPCOMING INFO SESSION. REMAINING DATES E-MAILED.

Grading ~ Pass / Fail criteria

A passing inspecting, is one with not more than thirteen (13) overall violations, with not more than three (3) of those being Critical violations. Any over those thresholds, are a Failing inspection. If enough items can be COS (corrected on site), to bring the totals to the above-referenced threshold, Health Inspector will work with you on time frame(s) within which the remaining items need correction.

Follow up inspection(s) to a Failing inspection, will be invoiced, to the establishment owner, at a rate of seventy-five dollars (\$75.00), per follow up inspection, that is deemed necessary by Health Inspector. Once establishment is cleared from the original failure and placed onto a regular follow up schedule, no additional fees will be charged, until and unless a repeated failing inspection occurs.

Effective January 18, 2012, all Eating Place Establishments are required to submit a copy of their Certified Food Protection Manager certificate, except for those establishments that are exempt. A Certified Food Protection Manager must be hired within 60 days of a new eating establishment opening or when a Certified Food Protection Manager leaves employment. For a list of CFPM courses go to <http://www.maine.gov/healthinspection/training.htm>

Please provide a copy of this certification(s) to your inspector (Michele Sturgeon) by emailing to [msturgeon@portlandmaine.gov](mailto:msturgeon@portlandmaine.gov) or via fax (207) 874-8913. A copy may also be sent to:

City of Portland  
DHHS, EHS  
389 Congress St., Rm. 301B  
Portland, Maine 04101  
Attn.: Michele Sturgeon

Please include the name of your establishment and the establishment ID# with your certification(s). If e-mailing, place this information in the subject line area of your e-mail.

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 at 207-756-8016 or [msturgeon@portlandmaine.gov](mailto:msturgeon@portlandmaine.gov) 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."

A copy of this inspection report and a copy of all CFPM certificates must be available upon the Department's request.

Person in Charge (Signature)

*Stay O'Leary*

Date: 10/25/2012

Health Inspector (Signature)

*D. Michele Sturgeon*