City of Pfld.

☐Failed ☐Closed ☐IHH

State of Maine Health Inspection Report

Establishment Name (As Authorized by 22 MRSA §2496)	No. of Risk Factor/Intervention Violations	Date 12/15/11
Marcy's	No. of Repeat Risk Factor/Intervention Violations	Time In
	Score (optional)	Time Out

License/EST. ID#	Address	City/State	Zip Code	Telephone
882	47 Oak St.	Pfld, ME		

License Posted	Owner Name	Purpose of Inspection	Est. Type	Risk Category
[X] Yes [ ] No		Chg-Ownersh.	EP	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
Supervision				
1	IN OUT	PIC present, demonstrates knowledge, and performs duties		
Employee Health				
2	IN OUT	Management awareness; policy present	X	
3	IN OUT	Proper use of reporting, restriction & exclusion		
Good Hygienic Practices				
4	IN OUT N/O	Proper eating, tasting, drinking, or tobacco use	X	
5	IN OUT N/O	No discharge from eyes, nose, and mouth		
Preventing Contamination by Hands				
6	IN OUT N/O	Hands clean & properly washed	X	
7	IN OUT N/A N/O	No bare hand contact with RTE foods or approved alternate method properly followed		
8	IN OUT	Adequate handwashing facilities supplied & accessible	X	
Approved Source				
9	IN OUT	Food obtained from approved source		
10	IN OUT N/A N/O	Food received at proper temperature		
11	IN OUT	Food in good condition, safe, & unadulterated		
12	IN OUT N/A N/O	Required records available: shellstock tags, parasite destruction		
Protection from Contamination				
13	IN OUT N/A	Food separated & protected		
14	IN OUT N/A	Food-contact surfaces: cleaned & sanitized	X	
15	IN OUT	Proper disposition of returned, previously served, reconditioned, & unsafe food		

Compliance Status			COS	R
Potentially Hazardous Food Time/Temperature				
16	IN OUT N/A N/O	Proper cooking time & temperatures		
17	IN OUT N/A N/O	Proper reheating procedures for hot holding		
18	IN OUT N/A N/O	Proper cooling time & temperatures	X	
19	IN OUT N/A N/O	Proper hot holding temperatures		
20	IN OUT N/A	Proper cold holding temperatures	X	
21	IN OUT N/A N/O	Proper date marking & disposition		
22	IN OUT N/A N/O	Time as a public health control: procedures & record		
Consumer Advisory				
23	IN OUT N/A	Consumer advisory provided for raw or undercooked foods		
Highly Susceptible Populations				
24	IN OUT N/A	Pasteurized foods used; prohibited foods not offered		
Chemical				
25	IN OUT N/A	Food additives: approved & properly used		
26	IN OUT	Toxic substances properly identified, stored, & used		
Conformance with Approved Procedures				
27	IN OUT N/A	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

			COS	R
Safe Food and Water				
28		Pasteurized eggs used where required		
29		Water & ice from approved source		
30		Variance obtained for specialized processing methods		
Food Temperature Control				
31		Proper cooling methods used; adequate equipment for temperature control		
32		Plant food properly cooked for hot holding		
33		Approved thawing methods used		
34		Thermometers provided & accurate		
Food Identification				
35	X	Food properly labeled; original container		
Prevention of Food Contamination				
36		Insects, rodents, & animals not present		
37	X	Contamination prevented during food preparation, storage & display		
38	X	Personal cleanliness	X	
39	X	Wiping cloths: properly used & stored	X	
40		Washing fruits & vegetables		

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

Person in Charge (Signature) X Darla Dengler Date: 12/15/11

Health Inspector (Signature) D. Michele Sturgeon Follow-up: (YES) NO (Circle one) Follow-up Date: 12/22/11

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HHE-600 Rev.01/07/10

STATE COPY

Chg - ownership

City of Portland Health Inspection Report

Establishment Name	As Authorized by 22 MRSA § 2496	Date
Marcy's		12/15/11

License/EST. ID #	Address	City/State	Zip Code	Telephone
882	47 Oak St.	Pfld, ME	04101	

TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Need DHHS					
Potatoes R2	43-45°			Chg. ownership	
R1	40°			5/2011	
Q Sani	500ppm				
Cooked potatoes	32° - Cooling			Bleach 50-100ppm	
Cims	72°				

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.

Item Number	
54	Light shields needed in basement
— 49	Leaking pipes in basement
— 20	Ref. 2 needs lowering asap - to maintain @ 41° or below cos
37	Ceiling in basement needs fixing
35	Labeling & dating of all foods transferred from original containe
47	Counters need to be smooth & easily cleanable
47	Floors & shelves " " " Test strips
46	Need Sani Quat & Bleach
39	Quat too strong - Container says +/b 200ppm
38	Hair Restraints
— 6	Improper handwashing - cannot use towels cos
↓	to wipe hands - must use only HW sta.
— 8	No Handwash Sta. ~~only~~ a 2-Bay area cos
4 Note:	Ashtray / soiled behind counter w/ Cigs - Discard/
— 18	Potatoes improperly cooled from boiling to 32° Rem cos
↓	@ room temperature - Discarded cos
— 20	Improper cold hold creamers - Discarded cos
— 49	Need larger air gap @ ice machine
— 14	Ice Machine needs mold remediation cos
— 23	Need Consumer Advisory
54	Need light shield in bathroom or shatterproof bulb

Person in Charge (Signature) [signature] Date 12/15/11

Health Inspector (Signature) Dr. Michele Langer Date 12/15/11

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Doug & Darla DDNevge@roadrunner.com

City of Portland Health Inspection Report

Establishment Name	As Authorized by 22 MRSA § 2496	Date 12/15/11
Marcys		

License/EST. ID #	Address	City/State	Zip Code	Telephone
882	47 Oak St.	Pfld, ME	04101	

TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
HW	126°	Sani	200+ ppm		
Diced Ham CH	46°				
Goat Chs.	52°				
Diced Tomatoes	60°				
Brown rice	132°				
Chili HH	150				
Oatmeal HH	150				

Proper Bleach mix for Food Surfaces is 1 tspn. per 1 gal. Discard after 4 hrs. or when visibly dirty

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.

Item Number	
	Failed Coved mopbrd.
53	Caulking needed around all immovable equipmt.
34	Ensure thermometers in all refr. units
41	Scoops in bulk containers w/handle touching product
– 45	Wood Cutting shelf severe disrepair – No woods soft
41	Paint brush used for butter
Note:	CFPM reg. Info left w/info packet & admin. rules
– 20	Improper cold hold all on counter – not properly iced – all perishables discarded COS
– 2	PIC Knowledge COS
8	Handwash Sta. needs signage
Note:	All Employees MUST use the only HW Sta.!

20V / 16C / 8C COS / 1NC COS / 11 Remaining

F/U in or about 7 days – as many as possible to be completed by then

Air Gap w/in 7 days
Wood shelf, w/in 6 mos.
Leaking pipes w/in 6 mos.
} Call when ea. are done – or e-mail

Facility items to be completed by 6 mo. F/U

E-mail CFPM date

Ea. F/U insp. w/b billed @ $75 ea.

Person in Charge (Signature) X Darla Nevge Date 12/15/11

Health Inspector (Signature) D. Michele Sturgeon Date 12/15/11

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F/U to failed insp.

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Establishment Name	As Authorized by 22 MRSA § 2496	Date 1/28/12
Marcly's		

License/EST. ID #	Address	City/State	Zip Code	Telephone
882	47 Oak St.	Ptld. ME	04101	

TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Sani	400 ppm	Milk 38° R'		Seat: 33	
2-Bay	128°			Proper Bleach mixture	
Soup	153			1 tspn. bleach, per 1 gal. 75-120°F water - chg every 4 hrs	
Stew HH 1	167			or when visibly Dirty	
Oatmeal 2	128				
DW 3	50 ppm				
Dice tom CH 1	47°				
Saus. 2	40°				

160°F 71°C

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.

Item Number	
	Passed
51 (2)	Bathrm. Door Closure & covered waste receptacle - female items (R)
↓	Okay - Empl. ~~Must~~ wash hands sign Dmt
53	Caulking needed around all immovable (R)
okay 34	Need visible thermometers in all refrig. equipmt (R)
38	Hair, Restraints (R)
47	Chipping wood counters all need repair
- 14	Ice machine needs mold remediation
53	" " " Cleaning under
- 4	Empl. Drinks need to have covers straws & handles COS
26 ~~33~~	Sani toxic - Quat
46	Still no Quat test strips - switching to bleach all around
↓	
39	No cloths not active in sani (blue ones hanging on counter
↓	
53	Duct tape on floors - sched. w/ contractor to replace all COS
	Incorrect lightshields in downstairs - Shatterproof or full covers
Note:	Labeling all set
53	Eliminate gap behind sinks/counters @ bottom paneling & clean
Note:	Keep working on any unfinished items from prev. report & making all possible "smooth & easily cleanable"
↓	9V/3C/NC COS/INC COS/Remaining to be completed by 90 Day F/U

Person in Charge (Signature) [signature] Date 1/28/12

Health Inspector (Signature) D-Michele Sturgeon Date 1/28/12

White Copy - State • Yellow Copy - Inspector • Pink Copy - Licensee