

Establishment Name <b>AMATOS</b>	As Authorized by 22 MRSA § 2496	Critical Violations	2	Date	1/8/2020
		Non-Critical Violations	7	Time In	11:00 AM
		Certified Food Protection Manager	Y	Time Out	12:30 PM

License Expiry Date/EST. ID# 9/27/2020 / 944	Address 1379 WASHINGTON AVE	City PORTLAND	Zip Code 04103-3607	Telephone 207-797-5514
License Type MUN - EATING PLACE	Owner Name AMATOS SANDWICH SHOP INC	Purpose of Inspection Regular	License Posted Yes	Risk Category High

### 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
<b>Supervision</b>					<b>Potentially Hazardous Food Time/Temperature</b>			
1	IN	PIC present, demonstrates knowledge, and performs duties			16	IN	Proper cooking time & temperatures	
<b>Employee Health</b>					17	IN	Proper reheating procedures for hot holding	
2	IN	Management awareness; policy present			18	IN	Proper cooling time & temperatures	
3	IN	Proper use of reporting, restriction & exclusion			19	IN	Proper hot holding temperatures	
<b>Good Hygienic Practices</b>					20	IN	Proper cold holding temperatures	
4	IN	Proper eating, tasting, drinking, or tobacco use			21	IN	Proper date marking & disposition	
5	IN	No discharging from eyes, nose, and mouth			22	IN	Time as a public health control: procedures & record	
<b>Preventing Contamination by Hands</b>					<b>Consumer Advisory</b>			
6	OUT	Hands clean & properly washed			23	IN	Consumer advisory provided for raw or undercooked foods	
7	IN	No bare hand contact with RTE foods or approved alternate method properly followed			<b>Highly Susceptible Populations</b>			
8	OUT	Adequate handwashing facilities supplied & accessible			24	IN	Pasteurized foods used; prohibited foods not offered	
<b>Approved Source</b>					<b>Chemical</b>			
9	IN	Food obtained from approved source			25	IN	Food additives: approved & properly used	
10	IN	Food received at proper temperature			26	IN	Toxic substances properly identified, stored & used	
11	IN	Food in good condition, safe, & unadulterated			<b>Conformance with Approved Procedures</b>			
12	IN	Required records available: shellstock tags parasite destruction			27	IN	Compliance with variance, specialized process, & HACCP plan	
<b>Protection from Contamination</b>					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.			
13	IN	Food separated & protected						
14	IN	Food-contact surfaces: cleaned and sanitized						
15	IN	Proper disposition of returned, previously served, reconditioned, & unsafe food						

### 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

Safe Food and Water			COS	R	Proper Use of Utensils		COS	R
28	IN	Pasteurized eggs used where required			41	IN	In-use utensils: properly stored	
29	IN	Water & ice from approved source			42	IN	Utensils, equipment, & linens: properly stored, dried, & handled	
30	IN	Variance obtained for specialized processing methods			43	IN	Single-use & single-service articles: properly stored & used	
<b>Food Temperature Control</b>					44	IN	Gloves used properly	
31	IN	Proper cooling methods used; adequate equipment for temperature control			<b>Utensils, Equipment and Vending</b>			
32	IN	Plant food properly cooked for hot holding			45	IN	Food & non-food contact surfaces cleanable, properly designed, constructed, & used	
33	IN	Approved thawing methods used			46	X	Warewashing facilities: installed, maintained, & used; test strips	
34	X	Thermometers provided and accurate			47	X	Non-food contact surfaces clean	
<b>Food Identification</b>					<b>Physical Facilities</b>			
35	IN	Food properly labeled; original container			48	IN	Hot & cold water available; adequate pressure	
<b>Prevention of Food Contamination</b>					49	X	Plumbing installed; proper backflow devices	
36	IN	Insects, rodents, & animals not present			50	IN	Sewage & waste water properly disposed	
37	X	Contamination prevented during food preparation, storage & display			51	IN	Toilet facilities: properly constructed, supplied, & cleaned	
38	IN	Personal cleanliness			52	IN	Garbage & refuse properly disposed; facilities maintained	
39	IN	Wiping cloths: properly used & stored			53	IN	Physical facilities installed, maintained, & clean	
40	IN	Washing fruits & vegetables			54	X	Adequate ventilation & lighting; designated areas used	

Person in Charge (Signature) <i>Mollie Reardon</i>	Date: 1/8/2020
Health Inspector (Signature) TOM WILLIAMS <i>Tom Williams</i>	Follow-up: <input checked="" type="radio"/> YES <input type="radio"/> NO Date of Follow-up: 1/22/2020

# State of Maine Health Inspection Report

<b>Establishment Name</b> AMATOS		<i>As Authorized by 22 MRSA § 2496</i>		<b>Date</b> 1/8/2020
<b>License Expiry Date/EST. ID#</b> 9/27/2020 /944	<b>Address</b> 1379 WASHINGTON AVE	<b>City / State</b> PORTLAND / ME	<b>Zip Code</b> 04103-3607	<b>Telephone</b> 207-797-5514

## Temperature Observations

Location	Temperature	Notes
TUNA SALAD	39F	LINE UNIT
LASAGNA	40F	WALKIN
REACHIN	40F	
HAM	40F	LINE UNIT
MEATBALLS	178F	HOLDING
SANITIZER BUCKET1	400 PPM	LINE
DISH MACHINE	183F	RINSE
HOT WATER	118F	HAND SINK

AIR CURTAIN	40F	
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Person in Charge (Signature)



Date: 1/8/2020

Health Inspector (Signature)

TOM WILLIAMS



# State of Maine Health Inspection Report

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AMATOS

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1379 WASHINGTON AVE

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PORTLAND

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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

6: 2-301.12: C: Food employees are not following proper hand cleaning procedures.

INSPECTOR NOTES: EMPLOYEE SPRAYED HANDS OFF AT 3-BAY SINK INSTEAD OF WASHING AT HAND SINK.

8: 6-301.11: N: Hand cleanser not available at hand wash sink or lavatory.

INSPECTOR NOTES: NO SOAP AVAILABLE AT PREP HAND SINK.

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

INSPECTOR NOTES: NO PAPER TOWELS AVAILABLE IN RESTROOM OR LINE HAND SINKS.

34: 4-204.112.(A): N: Temperature measuring device not properly located.

INSPECTOR NOTES: 1) THERMOMETERS IN THE DISPLAY CASE NEED TO BE IN THE FRONT (WARMEST) PART OF THE UNIT. 2) THERMOMETERS IN THE REACHIN NEED TO NE IN THE FRONT BY THE DOOR.

37: 3-305.11: N: Food not protected from contamination during storage.

INSPECTOR NOTES: 1) SEVERAL FOOD ITEMS STORED DIRECTLY ON THE FLOOR IN THE WALKIN AND STORAGE AREAS. 2) BULK INGREDIENTS IN BUCKETS ARE NOT COVERED.

46: 4-501.16.(A): N: Ware washing sink used for hand washing.

INSPECTOR NOTES: 3-BAY SINK USED FOR HAND WASHING. THERE IS NO SOAP OR PAPER TOWELS AT THIS SINK.

47: 4-602.13: N: Non-food contact surfaces are not cleaned at a frequency necessary to preclude accumulation of soil residues.

INSPECTOR NOTES: PIZZA TABLE SHELF NEEDS CLEANING.

49: 5-202.11.(A): C: Plumbing improperly installed/maintained. (Unacceptable system)

INSPECTOR NOTES: BASEMENT HAD STANDING WATER ON THE FLOOR. MANAGER STATED THE PUMP HAS NOT WORKED CORRECTLY FOR A YEAR. MANAGER CALLED CORPORATE AND IT WILL BE FIXED, WILL FOLLOW UP.

54: 4-202.18: N: Ventilation hood systems, filters are improperly designed and constructed.

INSPECTOR NOTES: HOOD BAFFLES ARE BROKEN, NEED REPLACING.

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## Inspection Notes

Certified Food Protection Manager: Mollie Ryan EXP 2/2/21 PIC: Mollie

Unless directed otherwise, all Eating Establishments are required to submit a copy of their Certified Food Protection Manager (CFPM) certificate. A CFPM must be hired at the time of a new eating establishment opening or within 60 days of when a CFPM leaves employment. For a list of CFPM courses and trainers go to <http://www.maine.gov/healthinspection/training.htm> Please provide a copy of this certification(s) to Tom Williams by emailing [tw@portlandmaine.gov](mailto:tw@portlandmaine.gov) or faxing to (207) 756-8111. Please include the name of your establishment and the establishment ID# with your certification(s).

**Employee Health Policy:**

The Health Inspection Program has implemented an educational public health initiative on Employee Health on March 1, 2017. The policy handouts will be provided to you by your inspector and reviewed during inspection for compliance. They are also available on the Program's website: <http://www.maine.gov/healthinspection>

**Violation Correction Timeframe:**

Critical violations should be corrected on site, but in any event, within 10 days. The licensee must contact the inspector when a violation has been addressed at 874-8772. Non-critical violations must be corrected within 30 days. Failure to satisfactorily correct these violations before the follow-up inspection may result in enforcement proceedings by the Department to include fines and penalties. License renewals can be denied if violations are not corrected within the noted timeframes.

C= Critical violation and NC= Non-critical violation:

“ Critical violation” means a provision of the Food Code that, if in non-compliance, is more likely than other violations to contribute to food contamination, illness or environmental health hazard.

**Additional Inspection Fee:**

License fees provide for two inspections per year. When additional inspections are required, the Department may charge an additional \$100 fee to cover the costs of each additional inspection or visit.

**Document Retention/Posting:**

Pursuant to the Maine Food Code, the establishment's current license must be displayed. In addition, a sign or placard must be posted in a conspicuous area notifying consumers that a copy of the most recent inspection report is available upon request. CFPM certificates must be posted in a conspicuous area and must be available to the Department upon request.

Person in Charge (Signature)



Date: 1/8/2020

Health Inspector (Signature)

TOM WILLIAMS

