

Establishment Name <b>BELLA VESPA</b>	As Authorized by 22 MRSA § 2496	Critical Violations	0	Date	8/5/2020
		Non-Critical Violations	0	Time In	12:00 PM
		Certified Food Protection Manager	E	Time Out	1:00 PM

License Expiry Date/EST. ID# 8/5/2021 / 28904	Address 252 MAIN ST CUMBERLAND	City PORTLAND	Zip Code 04101	Telephone 413-530-1714
License Type MUN - EATING PLACE - MOBILE	Owner Name BELLA VESPA LLC	Purpose of Inspection Pre Operational	License Posted No	Risk Category Low

### 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 discharge 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	IN	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	IN	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

			cos	R			cos	R	
<b>Safe Food and Water</b>					<b>Proper Use of Utensils</b>				
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	IN	Warewashing facilities: installed, maintained, & used; test strips		
34	IN	Thermometers provided and accurate			47	IN	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	IN	Plumbing installed; proper backflow devices		
36	IN	Insects, rodents, & animals not present			50	IN	Sewage & waste water properly disposed		
37	IN	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	IN	Adequate ventilation & lighting; designated areas used		

Person in Charge (Signature) <i>DAVID CYR (PRINTED WITH PERMISSION)</i>	Date: 8/5/2020
Health Inspector (Signature) <i>Tom Williams</i>	Follow-up: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Date of Follow-up:

# State of Maine Health Inspection Report

<b>Establishment Name</b> BELLA VESPA		<i>As Authorized by 22 MRSA § 2496</i>		<b>Date</b> <u>8/5/2020</u>
<b>License Expiry Date/EST. ID#</b> 8/5/2021 / 28904	<b>Address</b> 252 MAIN ST CUMBERLAND	<b>City / State</b> PORTLAND / ME	<b>Zip Code</b> 04101	<b>Telephone</b> 413-530-1714

## Temperature Observations

Location	Temperature	Notes
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**Person in Charge (Signature)** *DAVID CYR (PRINTED WITH PERMISSION)*

**Date:** 8/5/2020

**Health Inspector (Signature)** *Tom Williams*  
TOM WILLIAMS

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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

Person in Charge (Signature)

DAVID CYR (PRINTED WITH PERMISSION)

Date: 8/5/2020

Health Inspector (Signature)

TOM WILLIAMS



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## Inspection Notes

PRE-OPERATIONAL INSPECTION OF NEW MOBILE UNIT SERVING GELATO.  
OK TO ISSUE LICENSE  
PIC: DAVID CYR

Person in Charge (Signature)

DAVID CYR (PRINTED WITH PERMISSION)

Date: 8/5/2020

Health Inspector (Signature)

TOM WILLIAMS

