¨ Failed ¨ Closed ¨ IHH

State of Maine Health Inspection Report

Establishment Name: BLACK MARKET CATERING CO	*As Authorized by 22 MRSA § 2496*	Critical Violations	0
		Non-Critical Violations	0
		Certified Food Protection Manager	Y

Date	8/7/2019
Time In	2:00 PM
Time Out	2:30 PM

License Expiry Date/EST. ID#	Address	City	Zip Code	Telephone
7/26/2020 / 28379	1 DATE ST	OLD ORCHARD BEACH	04064	206-405-0616

License Type	Owner Name	Purpose of Inspection	License Posted	Risk Category
EATING PLACE - MOBILE	HONEYDU HOSTITALITY	Pre Operational	Yes	Medium

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	PIC present, demonstrates knowledge, and performs duties		
		Employee Health		
2	IN	Management awareness; policy present		
3	IN	Proper use of reporting, restriction & exclusion		
		Good Hygienic Practices		
4	IN	Proper eating, tasting, drinking, or tobacco use		
5	IN	No discharge from eyes, nose, and mouth		
		Preventing Contamination by Hands		
6	IN	Hands clean & properly washed		
7	IN	No bare hand contact with RTE foods or approved alternate method properly followed		
8	IN	Adequate handwashing facilities supplied & accessible		
		Approved Source		
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		
		Protection from Contamination		
13	IN	Food separated & protected		
14	IN	Food-contact surfaces: cleaned and sanitized		
15	IN	Proper disposition of returned, previously served, reconditioned, & unsafe food		

	Compliance Status		COS	R
		Potentially Hazardous Food Time/Temperature		
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		
		Consumer Advisory		
23	IN	Consumer advisory provided for raw or undercooked foods		
		Highly Susceptible Populations		
24	IN	Pasteurized foods used; prohibited foods not offered		
		Chemical		
25	IN	Food additives: approved & properly used		
26	IN	Toxic substances properly identified, stored & used		
		Conformance with Approved Procedures		
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

			COS	R
		Safe Food and Water		
28	IN	Pasteurized eggs used where required		
29	IN	Water & ice from approved source		
30	IN	Variance obtained for specialized processing methods		
		Food Temperature Control		
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		
		Food Identification		
35	IN	Food properly labeled; original container		
		Prevention of Food Contamination		
36	IN	Insects, rodents, & animals not present		
37	IN	Contamination prevented during food preparation, storage & display		
38	IN	Personal cleanliness		
39	IN	Wiping cloths: properly used & stored		
40	IN	Washing fruits & vegetables		

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

Person in Charge (Signature) NEIL SIGNED P.F. Date: 8/7/2019

Health Inspector (Signature) Tom Williams
TOM WILLIAMS

Follow-up: ¨ YES ÞNO Date of Follow-up:

State of Maine Health Inspection Report

Establishment Name				Date
BLACK MARKET CATERING CO	*As Authorized by 22 MRSA § 2496*			8/7/2019
License Expiry Date/EST. ID#	**Address**	**City / State**	**Zip Code**	**Telephone**
7/26/2020 / 28379	1 DATE ST	OLD ORCHARD BE/ ME	04064	206-405-0616

Temperature Observations

Location	Temperature	Notes
HOT WATER	109F	HAND SINK

Person in Charge (Signature) NEIL SIGNED P.F. **Date: 8/7/2019**

Health Inspector (Signature)
TOM WILLIAMS
Tom Williams

State of Maine Health Inspection Report

Establishment Name				Date 8/7/2019
BLACK MARKET CATERING CO				
License Expiry Date/EST. ID#	Address	City / State	Zip Code	
7/26/2020 / 28379	1 DATE ST	OLD ORCHARD BE ME	04064	

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) NEIL SIGNED P.F. Date: 8/7/2019

Health Inspector (Signature) Tom Williams

TOM WILLIAMS

State of Maine Health Inspection Report

Establishment Name				Date 8/7/2019
BLACK MARKET CATERING CO				
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7/26/2020 / 28379	1 DATE ST	OLD ORCHARD BE ME	04064	

Inspection Notes

PRE-OPERATIONAL INSPECTION OF FOOD TRAILER FOR CITY LICENSE
OK TO ISSUE
CFPM: NEIL KLEIN EXP 7/24/24

Person in Charge (Signature) NEIL SIGNED P.F. Date: 8/7/2019

Health Inspector (Signature) Tom Williams
TOM WILLIAMS