

Table with 4 columns: Establishment Name (CREPE ELIZABETH), Critical Violations (0), Non-Critical Violations (0), Certified Food Protection Manager (Y), Date (8/8/2018), Time In (9:30 AM), Time Out (10:00 AM).

Table with 5 columns: License Expiry Date/EST. ID# (9/12/2018 / 27347), Address (2 EVERGREEN CIR), City (CAPE ELIZABETH), Zip Code (04107), Telephone (913-602-7766), License Type (EATING PLACE - MOBILE), Owner Name (2 PLUS 4 CONCEPTS LLC), Purpose of Inspection, License Posted (Yes), Risk Category (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.

Table with 4 columns: Compliance Status, Description, COS, R. Categories include Supervision, Employee Health, Good Hygienic Practices, Preventing Contamination, Approved Source, and Protection from Contamination.

Table with 4 columns: Compliance Status, Description, COS, R. Categories include Potentially Hazardous Food Time/Temperature, Consumer Advisory, Highly Susceptible Populations, Chemical, and Conformance with Approved Procedures.

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.

Table with 4 columns: Compliance Status, Description, COS, R. Categories include Safe Food and Water, Food Temperature Control, Food Identification, and Prevention of Food Contamination.

Table with 4 columns: Compliance Status, Description, COS, R. Categories include Proper Use of Utensils, Utensils, Equipment and Vending, and Physical Facilities.

Person in Charge (Signature)

Date: 8/8/2018

Health Inspector (Signature) TOM WILLIAMS

Handwritten signature: P.F. T.W.

Follow-up: YES NO Date of Follow-up:

# State of Maine Health Inspection Report

|  |                                   |  |                          |                                  |
|--|-----------------------------------|--|--------------------------|----------------------------------|
| <b>Establishment Name</b><br>CREPE ELIZABETH             |                                   | <i>As Authorized by 22 MRSA § 2496</i>     |                          | <b>Date</b> 8/8/2018             |
| <b>License Expiry Date/EST. ID#</b><br>9/12/2018 / 27347 | <b>Address</b><br>2 EVERGREEN CIR | <b>City / State</b><br>CAPE ELIZABETH / ME | <b>Zip Code</b><br>04107 | <b>Telephone</b><br>913-602-7766 |

## Temperature Observations

| Location  | Temperature | Notes     |
|-----------|-------------|-----------|
| HOT WATER | 105F        | HAND SINK |
| REACHIN   | 39F         |           |

Person in Charge (Signature)

Date: 8/8/2018

Health Inspector (Signature)

TOM WILLIAMS

P.F.  
T.W.

# State of Maine Health Inspection Report

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Establishment Name

CREPE ELIZABETH

Date 8/8/2018

License Expiry Date/EST. ID#  
9/12/2018 /27347

Address  
2 EVERGREEN CIR

City / State  
CAPE ELIZABETH ME

Zip Code  
04107

## 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)

Date: 8/8/2018

Health Inspector (Signature)

TOM WILLIAMS

P.F.  
T.W.

# State of Maine Health Inspection Report

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**Establishment Name**

CREPE ELIZABETH

Date 8/8/2018

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City / State  
CAPE ELIZABETH ME

Zip Code  
04107

## Inspection Notes

PARTIAL INSPECTION PRIOR TO OPERATING FOR CITY LICENSE APPROVAL OF NEW STATEWIDE MOBILE FOOD TRAILER.

OK TO ISSUE LICENSE

CFPM: LONNIE STINSON EXP 7/20/23

VEND LOCATION: LONE PINE BREWING

BASE LOCATION: 2 EVERGREEN CIR. CAPE ELIZABETH

PREP LOCATION: FIRST UNITED CHURCH SO. PORTLAND

Person in Charge (Signature)

P.F.

Date: 8/8/2018

Health Inspector (Signature)

T.W.

TOM WILLIAMS