¨ Failed ¨ Closed ¨ IHH

# State of Maine Health Inspection Report



| | | | |
|---|---|---|---|
| Establishment Name: HOLIDAY INN BY THE BAY | *As Authorized by 22 MRSA § 2496* | Critical Violations | 3 |
| | | Non-Critical Violations | 3 |
| | | Certified Food Protection Manager | Y |

| | |
|---|---|
| Date | 7/17/2019 |
| Time In | 9:30 AM |
| Time Out | 11:00 AM |

| License Expiry Date/EST. ID# | Address | City | Zip Code | Telephone |
|---|---|---|---|---|
| 6/26/2020 / 883 | 88 SPRING ST | PORTLAND | 04101-3924 | 207-775-2311 |

| License Type | Owner Name | Purpose of Inspection | License Posted | Risk Category |
|---|---|---|---|---|
| MUN - EATING AND LODGING | LAFAYETT INN BY THE BAY | Regular | Yes | 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 | 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 | OUT | Food-contact surfaces: cleaned and sanitized | | X |
| 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 | X | 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 | X | 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 | X | Physical facilities installed, maintained, & clean | | |
| 54 | X | Adequate ventilation & lighting; designated areas used | | |

Person in Charge (Signature) — Date: 7/17/2019

Health Inspector (Signature): ERIC COBB

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

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## Temperature Observations

| Location | Temperature | Notes |
|---|---|---|
| KITCHEN | 115F | HOT WATER |
| KITCHEN | 200 PPM | QUATS. SANITIZER |
| WALK-IN COOLER | 37F | CUT FRUIT |
| COLD HOLD #3 | 39F | LOBSTER |
| KITCHEN | 181F | DISH MACHINE FINAL RINSE |
| COLD HOLD #1 | 38F | SHELL EGGS |
| HOT HOLD | 147F | EGGS |
| COLD HOLD #2 | 37F | HAM |

**Person in Charge (Signature)** **Date: 7/17/2019**

**Health Inspector (Signature)**
ERIC COBB

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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

14: 4-601.11.(A): C: Equipment food-contact surfaces and utensils are not clean to sight and touch.

INSPECTOR NOTES: *REPEAT* BOTH ICE MACHINES NEED TO BE CLEANED.

37: 3-306.11: C: Food on display not protected by packaging, service line, food guards, or display cases.

INSPECTOR NOTES: SEVERAL FOOD ITEMS IN THE BREAKFAST BUFFET NEED TO BE PROTECTED AS DISCUSSED.

47: 4-601.11.(C): C: Nonfood contact surfaces are not clean.

INSPECTOR NOTES: NEED TO CLEAN COOLER DOOR HANDLES, DOOR GASKETS, COOLER RACKS, AND SHELVES.

53: 6-501.12: N: The physical facilities are not clean.

INSPECTOR NOTES: FLOOR DRAINS, AIR GAPS, AND BAR FLOOR NEED TO BE CLEANED.

53: 6-501.16: N: Mops are not being properly stored.

INSPECTOR NOTES: MOPS MUST BE HUNG TO AIR DRY BETWEEN USES.

54: 6-501.14.(A): N: Ventilation not clean.

INSPECTOR NOTES: BEVERAGE WALK-IN COOLER FAN COVERS NEED TO BE CLEANED, DUST AND MOLD.

**Person in Charge (Signature)** **Date: 7/17/2019**

**Health Inspector (Signature)**
ERIC COBB

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## Inspection Notes

Certified Food Protection Manager: Bruce Sellers EXP. 9/12/2021 PIC & SIGNED BY- Marissa Nichols

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 Eric Cobb, Health Inspector, 389 Congress St.Room #307,Portland, ME 04101,ecobb@portlandmaine.gov or faxing to 207-756-8365.
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 the critical violation has been addressed at 207-756-8016. 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: 7/17/2019**

**Health Inspector (Signature)**
ERIC COBB