

Establishment Name <b>PIZZIOLO</b>	As Authorized by 22 MRSA § 2496	No. of Risk Factor/Intervention Groups Out	<b>1</b>	Date	<b>9/15/2017</b>
		No. of Repeat Risk Factor/Intervention Groups Out	<b>0</b>	Time In	<b>10:30 AM</b>
		Certified Food Protection Manager	<b>Y</b>	Time Out	<b>11:30 AM</b>

License Expiry Date/EST. ID# <b>1/15/2018 / 25847</b>	Address <b>360 CUMBERLAND AVE</b>	City <b>PORTLAND</b>	Zip Code <b>04101</b>	Telephone <b>207-536-7210</b>
License Type <b>MUN - EATING PLACE</b>	Owner Name <b>PERFECT PIES</b>	Purpose of Inspection <b>Regular</b>	License Posted <b>Yes</b>	Risk Category <b>High</b>

**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	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>					<b>Consumer Advisory</b>				
2	IN	Management awareness; policy present			23	IN	Consumer advisory provided for raw or undercooked foods		
3	IN	Proper use of reporting, restriction & exclusion			<b>Highly Susceptible Populations</b>				
<b>Good Hygienic Practices</b>					<b>Chemical</b>				
4	IN	Proper eating, tasting, drinking, or tobacco use			25	IN	Food additives: approved & properly used		
5	IN	No discharge from eyes, nose, and mouth			26	IN	Toxic substances properly identified, stored & used		
<b>Preventing Contamination by Hands</b>					<b>Conformance with Approved Procedures</b>				
6	IN	Hands clean & properly washed			27	IN	Compliance with variance, specialized process, & HACCP plan		
7	IN	No bare hand contact with RTE foods or approved alternate method properly followed			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.				
8	OUT	Adequate handwashing facilities supplied & accessible							
<b>Approved Source</b>									
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							
<b>Protection from Contamination</b>									
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	X	Single-use & single-service articles: properly stored & used		
<b>Food Temperature Control</b>					<b>Utensils, Equipment and Vending</b>				
31	IN	Proper cooling methods used; adequate equipment for temperature control			45	IN	Food & non-food contact surfaces cleanable, properly designed, constructed, & used		
32	IN	Plant food properly cooked for hot holding			46	IN	Warewashing facilities: installed, maintained, & used; test strips		
33	IN	Approved thawing methods used			47	IN	Non-food contact surfaces clean		
34	IN	Thermometers provided and accurate			<b>Physical Facilities</b>				
<b>Food Identification</b>					48	IN	Hot & cold water available; adequate pressure		
35	IN	Food properly labeled; original container			49	IN	Plumbing installed; proper backflow devices		
<b>Prevention of Food Contamination</b>					50	IN	Sewage & waste water properly disposed		
36	IN	Insects, rodents, & animals not present			51	X	Toilet facilities: properly constructed, supplied, & cleaned		
37	IN	Contamination prevented during food preparation, storage & display			52	IN	Garbage & refuse properly disposed; facilities maintained		
38	IN	Personal cleanliness			53	X	Physical facilities installed, maintained, & clean		
39	IN	Wiping cloths: properly used & stored			54	IN	Adequate ventilation & lighting; designated areas used		
40	IN	Washing fruits & vegetables							

Person in Charge (Signature)	Date: 9/15/2017
Health Inspector (Signature)	Follow-up: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> Date of Follow-up:

# State of Maine Health Inspection Report

<b>Establishment Name</b> PIZZIOLO		<i>As Authorized by 22 MRSA § 2496</i>		<b>Date</b> 9/15/2017
<b>License Expiry Date/EST. ID#</b> 1/15/2018 / 25847	<b>Address</b> 360 CUMBERLAND AVE	<b>City / State</b> PORTLAND / ME	<b>Zip Code</b> 04101	<b>Telephone</b> 207-536-7210

## Temperature Observations

Location	Temperature	Notes
COLD HOLD #3	40F	PREPARED SALADS
KITCHEN	400 PPM	QUATS. SANITIZER
COLD HOLD #2	35F	CHEESE
WALK-IN COOLER	36F	MEATBALLS
KITCHEN	132F	HOT WATER
COLD HOLD #1	35F	FETA

Person in Charge (Signature)



Date: 9/15/2017

Health Inspector (Signature)



# State of Maine Health Inspection Report

Page 3 of 4

**Establishment Name**

PIZZIOLO

Date 9/15/2017

License Expiry Date/EST. ID#  
1/15/2018 / 25847

Address  
360 CUMBERLAND AVE

City / State  
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

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

INSPECTOR NOTES: NO PAPER TOWELS AT KITCHEN HAND WASH SINK.

43: 4-903.11.(D): N: Single-Service or Single-Use Articles stored less than 6 inches off floor using dollies, pallets, racks, or skids not kept in closed packages.

INSPECTOR NOTES: PAPER GOODS ARE STORED DIRECTLY ON THE FLOOR, NEED TO BE 6 INCHES OR HIGHER OFF THE FLOOR.

51: 5-501.17: N: Covered receptacle not provided. (Female use)

INSPECTOR NOTES: NEED A TRASH CAN WITH A LID IN THE RESTROOM.

53: 6-501.11: N: The physical facilities are in disrepair.

INSPECTOR NOTES: NEED TO REPLACE MISSING CEILING TILES.

Person in Charge (Signature)



Date: 9/15/2017

Health Inspector (Signature)

# State of Maine Health Inspection Report

Page 4 of 4

**Establishment Name**

PIZZIOLO

Date 9/15/2017

License Expiry Date/EST. ID#  
1/15/2018 /25847

Address  
360 CUMBERLAND AVE

City / State  
PORTLAND ME

Zip Code  
04101

## Inspection Notes

Certified Food Protection Manager- Brendan MacDonald EXP.11/16/2019 PIC- Brendan  
Eating establishments are required to submit a copy of their Certified Food Protection Manager (CFPM) certificate prior to the issuance of any new license. A CFPM must be hired within 60 days of an existing CFPM leaving employment. For a list of courses and trainers go to <http://www.maine.gov/healthinspection/training.htm>

Please provide a copy of this certification(s) to your inspector Eric Cobb by emailing to [ecobb@portlandmaine.gov](mailto:ecobb@portlandmaine.gov) or faxing to 207-874-8716. A copy may also be sent to Carol Gott, Health Inspection Program, 286 Water St. 3rd Floor, Augusta, ME 04333 or [carol.gott@maine.gov](mailto:carol.gott@maine.gov).

Please include the name of your establishment and the establishment ID# with your certification(s).

### 2013 Maine Food Code Adoption

The Maine Food Code was adopted in October of 2013. Please refer to our website for a copy, <http://www.maine.gov/healthinspection>. Following are a few of the major changes:

- " No Bare Hand Contact with Ready-To-Eat Food. Handlers are required to use gloves, utensils, deli papers, etc., to avoid bare hand contact with ready-to-eat food;
- " Establishments must have clean-up procedures for employees to follow following vomiting and diarrheal events;
- " Responsibilities of the person in charge for ill employees (exclusions and restrictions); and,
- " Date marking of Ready-to-eat potentially hazardous foods.

### 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- 874-8365 or email [ecobb@portlandmaine.gov](mailto:ecobb@portlandmaine.gov) . 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, which are outlined in Sections 7, 8 and 9 of the Rules Relating to the Administration and Enforcement of Establishments Licensed by the Health Inspection Program available at <http://www.maine.gov/healthinspection>. 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: 9/15/2017

Health Inspector (Signature)

