

|   |                                 |   |          |          |                  |
|---|---------------------------------|---|----------|----------|------------------|
| Establishment Name<br><b>SISTERS GOURMET DELI</b> | As Authorized by 22 MRSA § 2496 | No. of Risk Factor/Intervention Groups Out        | <b>0</b> | Date     | <b>4/28/2016</b> |
|   |                                 | No. of Repeat Risk Factor/Intervention Groups Out | <b>0</b> | Time In  | <b>2:00 PM</b>   |
|   |                                 | Certified Food Protection Manager                 | <b>Y</b> | Time Out | <b>3:00 PM</b>   |

|  |                                       |                         |                             |                                  |
|--|---------------------------------------|-------------------------|-----------------------------|----------------------------------|
| License Expiry Date/EST. ID#<br><b>12/6/2013 / 10726</b> | Address<br><b>15 MONUMENT SQ</b>      | City<br><b>PORTLAND</b> | Zip Code<br><b>04101</b>    | Telephone<br><b>207-329-8773</b> |
| License Type<br><b>MUN - EATING PLACE - SEATING</b>      | Owner Name<br><b>MCVETTY MICHAELA</b> | Purpose of Inspection   | License Posted<br><b>No</b> | Risk Category<br><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 |  |
|--|----|--|-----|--|---|--|
| <b>Supervision</b>                       |    |  |     |  |   |  |
| 1  | IN | PIC present, demonstrates knowledge, and performs duties                           |     |  |   |  |
| <b>Employee Health</b>                   |    |  |     |  |   |  |
| 2  | IN | Management awareness; policy present   |     |  |   |  |
| 3  | IN | Proper use of reporting, restriction & exclusion                                   |     |  |   |  |
| <b>Good Hygienic Practices</b>           |    |  |     |  |   |  |
| 4  | IN | Proper eating, tasting, drinking, or tobacco use                                   |     |  |   |  |
| 5  | IN | No discharging from eyes, nose, and mouth  |     |  |   |  |
| <b>Preventing Contamination by Hands</b> |    |  |     |  |   |  |
| 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                              |     |  |   |  |
| <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    |     |  |   |  |

  

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

| Safe Food and Water                     |    |   | COS |  | R |  |
|---|----|---|-----|--|---|--|
| 28                                      | IN | Pasteurized eggs used where required                                    |     |  |   |  |
| 29                                      | IN | Water & ice from approved source  |     |  |   |  |
| 30                                      | IN | Variance obtained for specialized processing methods                    |     |  |   |  |
| <b>Food Temperature Control</b>         |    |   |     |  |   |  |
| 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                                      |     |  |   |  |
| <b>Food Identification</b>              |    |   |     |  |   |  |
| 35                                      | IN | Food properly labeled; original container                               |     |  |   |  |
| <b>Prevention of Food Contamination</b> |    |   |     |  |   |  |
| 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   |     |  |   |  |

  

| Proper Use of Utensils                 |    |  | COS |  | R |  |
|--|----|--|-----|--|---|--|
| 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   |     |  |   |  |
| <b>Utensils, Equipment and Vending</b> |    |  |     |  |   |  |
| 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  |     |  |   |  |
| <b>Physical Facilities</b>             |    |  |     |  |   |  |
| 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) | Date: 4/28/2016   |
| Health Inspector (Signature) | Follow-up: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Date of Follow-up: |

P.F.  
T.W.

# State of Maine Health Inspection Report

|  |                                  |  |                          |                                  |
|--|----------------------------------|--|--------------------------|----------------------------------|
| <b>Establishment Name</b><br>SISTERS GOURMET DELI        |                                  | <i>As Authorized by 22 MRSA § 2496</i> |                          | <b>Date</b> 4/28/2016            |
| <b>License Expiry Date/EST. ID#</b><br>12/6/2013 / 10726 | <b>Address</b><br>15 MONUMENT SQ | <b>City / State</b><br>PORTLAND / ME   | <b>Zip Code</b><br>04101 | <b>Telephone</b><br>207-329-8773 |

## Temperature Observations

| Location              | Temperature | Notes |
|-----------------------|-------------|-------|
| REACHIN               | 37F         |       |
| HOT WATER @ HAND SINK | 110F        |       |
| SANDWICH UNIT         | 40F         |       |

Person in Charge (Signature)

Date: 4/28/2016

Health Inspector (Signature)

P.F.  
T.W.

# State of Maine Health Inspection Report

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Establishment Name

SISTERS GOURMET DELI

Date 4/28/2016

License Expiry Date/EST. ID#  
12/6/2013 / 10726

Address  
15 MONUMENT SQ

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

Person in Charge (Signature)

Date: 4/28/2016

Health Inspector (Signature)

P.F.  
T.W.

# State of Maine Health Inspection Report

Establishment Name

SISTERS GOURMET DELI

Date 4/28/2016

License Expiry Date/EST. ID#  
12/6/2013 / 10726

Address  
15 MONUMENT SQ

City / State  
PORTLAND

ME

Zip Code  
04101

## Inspection Notes

CFPM: MICHAELA MCVETTY EXP: 6/6/17  
PRE-OPERATIONAL INSPECTION OF NEW E.P.  
ALL SATISFACTORY  
OK TO ISSUE LICENSE

Person in Charge (Signature)

Date: 4/28/2016

Health Inspector (Signature)

P.F.  
T.W.