| þ   | DFailed       Closed       HH       State of Maine Health Inspection Report       Page 1 of 4                              |            |   |   |     |                    |                                      |            |                     |  |                  |                        |                  |           |
|---|--|------------|---|---|-----|--------------------|--------------------------------------|------------|---------------------|--|------------------|------------------------|------------------|-----------|
|   |  |            |   |   |     |                    |                                      |            |                     | 1                                      | Date             | 3/11/2015              |                  |           |
|   |  |            |   | No. of Repeat Risk Factor/Intervention Groups Out Certified Food Protection Manager |     |                    |                                      | 0<br>Y     | Time In<br>Time Out | <u>12:30 PM</u><br>1:45 PM             |                  |                        |                  |           |
| License Expiry Date/EST. ID# Address      |  |            |   | City Zip Code   |     |                    |                                      | T          |                     |  |                  |                        |                  |           |
| 9/27/2015 / 921 166 BRACKETT ST           |  |            |   |   |     | -                  |                                      | חו         |                     | 21p Code<br>04102-382                  | 5                | Telephone<br>207-874-8 | 175              |           |
| License Type Owner Name                   |  |            |   |   | _   |                    |                                      | Inspection |                     | License Pos                            | -                | Risk Cat               |                  |           |
| MUN - SCHOOL FEEDING PORTLAND SUPT SCHOOL |  |            | co  | · · ··································  |     |                    |                                      |            | -90.9               |  |                  |                        |                  |           |
|   |  |            | -   | DBORNE ILLNESS RISK FAC   |     |                    | -                                    |            | -                   |  |                  |                        |                  |           |
|   | Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item Mark"X" in appropriate box for COS and/or R |            |   |   |     |                    |                                      |            |                     |  |                  |                        |                  |           |
|   |  | complian   | •   |   |     |                    | ماد                                  |            |                     | ark"X" in approp<br>=corrected on-site |                  |                        | R=repeat         | violation |
|   |  |            | •   |   | cos |                    | _                                    | Com        | pliance Stat        |  |                  |                        |                  |           |
| Col                                       | npilan   | ice Statu  |   | upervision  | 003 | ĸ                  |                                      | Com        | •                   | tially Hazardous                       | s Food Time/1    | empe                   | rature           |           |
| 1   |  | IN         | PIC present, demonstr                                 | ates knowledge, and   |     |                    | 16                                   |            | IN                  | Proper cooking                         |                  |                        |                  |           |
|   |  |            | performs duties<br>Empl                               | loyee Health  |     |                    | 17                                   |            |                     | Proper reheati                         |                  |                        |                  |           |
| 2   |  | IN         | Management awarenes                                   | •   |     |                    | 18<br>19                             |            | IN<br>IN            | Proper cooling<br>Proper hot hole      |                  |                        | es               |           |
| 3   | _  | IN         |   | g, restriction & exclusion  |     |                    | 20                                   |            | IN                  | Proper cold ho                         |                  |                        |                  |           |
| 4   |  | IN         |   | gienic Practices<br>drinking, or tobacco use  | 1   |                    | 21                                   |            | IN                  | Proper date ma                         |                  |                        |                  |           |
| 5   |  | IN         | No discharge from eye                                 | s, nose, and mouth  |     |                    | 22                                   |            | OUT                 | Time as a publi                        | ic health cont   | rol: pr                | ocedures & r     | ecord     |
|   |  |            | -   | amination by Hands  | 1   |                    |                                      | -          |                     |  | mer Advisory     |                        |                  |           |
| 6   |  | IN         | Hands clean & properly                                | •   |     |                    | 23                                   |            | IN                  | Consumer advi<br>undercooked for       | •••              | d for ra               | aw or            |           |
| 7   |  | IN         | alternate method prop                                 | with RTE foods or approved<br>erly followed   |     |                    |                                      |            |                     | Highly Susce                           |                  | tions                  |                  |           |
| 8   |  | IN         |   | g facilities supplied & accessible  |     |                    | 24                                   |            | IN                  | Pasteurized for                        |                  |                        | d foods not      |           |
|   |  |            | Approv  | ved Source  |     |                    |                                      | _          |                     | offered                                |                  |                        |                  |           |
| 9   |  | IN         | Food obtained from ap                                 | proved source   |     |                    | 25                                   |            | INI                 |  | Chemical         |                        |                  |           |
| 10  |  | IN         | Food received at prope                                | •   |     |                    | 25                                   |            |                     | Food additives<br>Toxic substanc       |                  |                        | -                | head      |
| 11  |  | IN         |   | h, safe, & unadulterated  |     |                    |                                      |            |                     | nformance with                         |                  |                        |                  | useu      |
| 12  |  | IN         | Required records avail<br>parasite destruction        | lable: shellstock tags  |     |                    | 27                                   |            | IN                  | Compliance wi                          |                  |                        |                  | 3,        |
|   |  |            | Protection fr   | rom Contamination   |     |                    | 21                                   |            | IIN                 | & HACCP plan                           |                  | •                      | •                | ·         |
| 13  |  | IN         | Food separated & prot                                 |   |     |                    | Г                                    | Risk       | Factors             | are improper prac                      | ctices or proce  | dures id               | lentified as the | most      |
| 14  |  | IN         |   | cleaned and sanitized   |     |                    |                                      |            |                     | uting factors of f                     | •                |                        |                  |           |
| 15  |  | IN         | Proper disposition of re<br>reconditioned, & unsaf    | eturned, previously served,<br>ie food  |     |                    |                                      |            |                     | control measures                       |                  |                        |                  |           |
|   | GOOD RETAIL PRACTICES  |            |   |   |     |                    |                                      |            |                     |  |                  |                        |                  |           |
|   |  |            | Good Retail Practices are                             | e preventative measures to control the a  |     |                    |                                      |            |                     | , and physical obj                     | jects into foods | 5.                     |                  |           |
| Ма  | rk "X" i   | n box if n | umbered item is not in con                            | npliance Mark "X" in appropriate  | box | for C              | OS a                                 | nd/or      | r R COS             | S=corrected on-si                      | ite during insp  | ection                 | R=repeat v       | violation |
|   |  |            |   |   | cos | R                  | Τ                                    |            |                     |  |                  |                        |                  | COS R     |
|   |  |            | Safe Food and   | Water   | 1   | 1                  |                                      |            |                     | Proper Us                              | se of Utensils   |                        |                  | 1 1       |
| 28  | IN Pa  | asteurize  | ed eggs used where requ                               | uired   |     |                    | 41                                   | IN         | In-use utens        | sils: properly sto                     | ored             |                        |                  |           |
| 29  |  |            | e from approved source                                |   |     |                    | 42                                   | IN         | Utensils, eq        | uipment, & line                        | ns: properly s   | stored,                | , dried, & har   | ndled     |
| 30  | IN Va  | ariance o  | obtained for specialized                              |   |     |                    |                                      | -          |                     | & single-service                       | articles: pro    | perly s                | stored & used    | <u>t</u>  |
|   | 10-  |            | Food Temperature                                      |   | 1   | 1                  | 44                                   | IN         | Gloves used         | d properly<br>Utensils, Equipi         | mont and Vor     | ding                   |                  |           |
| 31  |  | •          | oling methods used; ade<br>re control                 | quate equipment for   |     |                    |                                      |            |                     | -food contact su                       |                  | -                      |                  |           |
| 32  | IN <b>PI</b>   | ant food   | properly cooked for hot                               | holding   |     |                    | 45                                   | IN         |                     | signed, constru                        |                  | -                      |                  |           |
| 33  |  |            | thawing methods used                                  |   |     |                    | 46                                   | IN         | Warewashi           | ng facilities: inst                    | talled, mainta   | ined, a                | & used; test s   | strips    |
| 34  | IN TI  | nermome    | eters provided and accu                               | rate  |     |                    | 47 X Non-food contact surfaces clean |            |                     |  |                  |                        |                  |           |
|   | - 1 -  |            | Food Identificati                                     |   |     |                    |                                      |            |                     | -                                      | al Facilities    |                        |                  |           |
| 35  | 35 IN Food properly labeled; original container 48 IN Hot & cold water available; adequate pressure                        |            |   |   |     |                    |                                      |            |                     |  |                  |                        |                  |           |
| 26  |  | socts ro   | Prevention of Food Con                                |   | 1   | 1                  | 49                                   |            |                     | stalled; proper<br>vaste water pro     |                  |                        |                  |           |
| 36<br>37                                  |  | -          | odents, & animals not pr<br>ation prevented during fo | ood preparation, storage & display  |     | $\left  - \right $ |                                      | -          |                     | ies: properly co                       |                  |                        | . & cleaned      |           |
| 38  |  |            | leanliness  |   |     | $\square$          | 52                                   |            |                     | refuse properly                        |                  | ••                     |                  |           |
| 39  |  | iping clo  | ths: properly used & sto                              | ored  |     |                    | 53                                   | -          |                     | cilities installed,                    |                  |                        |                  |           |
| 40  | IN W   | ashing fi  | ruits & vegetables                                    |   |     |                    | 54                                   | IN         | Adequate v          | entilation & ligh                      | ting; designa    | ted are                | eas used         |           |
|   | Person in Charge (Signature) Date: 3/11/2015   |            |   |   |     |                    |                                      |            |                     |  |                  |                        |                  |           |
| Pers                                      | son in   | Charge (   | Signature)  |   |     |                    |                                      |            |                     |  | Date:            | 3/11/2                 | 010              |           |
| Hea                                       | Health Inspector (Signature)   |            |   |   |     |                    |                                      |            |                     |  |                  |                        |                  |           |
| L   |  | •          | P   |   |     |                    |                                      |            |                     |  |                  |                        |                  |           |

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|---|----------------------------|-------------------------------|------------------------|---------------------------|--|--|--|
| Establishment Name<br>REICHE ELEMENTARY SCHOOL  |                            | As Authorized by 22 MRSA      | Date 3/11/2015         |                           |  |  |  |
| License Expiry Date/EST. ID#<br>9/27/2015 / 921 | Address<br>166 BRACKETT ST | City / State<br>PORTLAND / ME | Zip Code<br>04102-3825 | Telephone<br>207-874-8175 |  |  |  |
| Temperature Observations                        |                            |                               |                        |                           |  |  |  |
| Location  | Temperature                | Notes                         |                        |                           |  |  |  |

| Handwash | 105F |
|----------|------|
|          |      |
|          |      |

|                              | ~      |                 |
|------------------------------|--------|-----------------|
| Person in Charge (Signature) |        | Date: 3/11/2015 |
| Health Inspector (Signature) | pr 5 m |                 |

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|--|--------------|----------------------------|--------------------------|----|------------------------|--|-----------|
| Establishment Nam  | Dat <u>e</u> | 3/11/2015                  |                          |    |                        |  |           |
| REICHE ELEMENTAR   | Y SCHOOL     |                            |                          |    |                        |  |           |
| License Expiry Date<br>9/27/2015 / 92  |              | Address<br>166 BRACKETT ST | City / State<br>PORTLAND | ME | Zip Code<br>04102-3825 |  |           |
| Observations and Corrective Actions  |              |                            |                          |    |                        |  |           |
| Violations cited in this report must be corrected within the time frames below, or as stated in sections<br>8-405.11 and 8-406.11 of the Food Code |              |                            |                          |    |                        |  |           |
| 22: 3-501.19.(A): C: No written procedures maintained or available at the facility for food to be held with time as the only control.              |              |                            |                          |    |                        |  |           |
| INSPECTOR NOTES: Write standard operating procedure.   |              |                            |                          |    |                        |  |           |
| 37: 3-306.11: C: Food on display not protected by packaging, service line, food guards, or display cases.  |              |                            |                          |    |                        |  |           |
| INSPECTOR NOTES: Lower sneeze guard.   |              |                            |                          |    |                        |  |           |

37: 3-306.13.(C): C: Self-service operation not being monitored.

INSPECTOR NOTES: Dedicate a staff member to monitor.

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

INSPECTOR NOTES: Sanitize keypad as often as possible, at least between lunch times.

| Person in Charge (Signature) |      | Date: 3/11/2015 |
|------------------------------|------|-----------------|
| Health Inspector (Signature) | MARN |                 |

| State of Maine Health Inspection Report         |                            |                          |    |                        |                |  |
|---|----------------------------|--------------------------|----|------------------------|----------------|--|
| Establishment Name                              |                            |                          |    |                        | Date 3/11/2015 |  |
| REICHE ELEMENTARY SCHOOL                        |                            |                          |    |                        |                |  |
| License Expiry Date/EST. ID#<br>9/27/2015 / 921 | Address<br>166 BRACKETT ST | City / State<br>PORTLAND | ME | Zip Code<br>04102-3825 |                |  |
| Inspection Notes                                |                            |                          |    |                        |                |  |

## Certified Food Protection Manager

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 within 90 days of a new eating establishment opening or 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 your inspector Michael Russell by emailing to mar@portlandmaine.gov or faxing to 207-287-3165. 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.

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 207-756-8008 or email at mar@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) | $\sim$  | Date: 3/11/2015 |
|                              | IANE WA   | -               |
| Health Inspector (Signature) | $\gamma \sim \gamma \sim$ |                 |