F	ailed	Closed " IHH	State of Maine H	lea	lth	ı In	ısp	pection	on Report	<u> </u>		Page 1	of 4		
			1						on Groups Out		1	Date	3/23/2	201	5
	blishment Na	me	As Authorized by 22 MRSA § 2496	No. of	Rep	eat F	Risk	Factor/In	tervention Groups	Out	0	Time In	1:00		_
KIB	OLLITA			Certifi	ed F	ood l	Prot	ection Ma	ınager	T	Υ	Time Out	<u>2:30</u>	PM	_
	nse Expiry Da		Address		Ci	-				Zip Code		Telephone			
	7/2015	/ 1014	41 MIDDLE ST			ORT				04101-42		207-774-2			
Licer	nse Type		Owner Name		Pu	ırpos	e of	Inspectio	n	License Pos	ted	Risk Cat	tegory		
MUI	N - EATING	S PLACE	RIBOLLITA INC		R	egul	lar			Yes	3	High			
		FOOI	DBORNE ILLNESS RISK FA	СТО	RS	AND	) Pl	UBLIC F	IEALTH INTER	VENTIONS	3				
	Circle design	nated compliance status	(IN, OUT, N/O, N/A) for each numb	ered i	ham				Mark"X" in appro	nriate hoy for	COS	and/or R			
١,	N=in compliar	=		ot app		ble		C	OS=corrected on-site			R=repeat	violation	n	
		•					C			, aagopo.					_
Com	pliance Statu		upervision	cos	R		Con	npliance S	tentially Hazardous	Food Time/I	[emne	rature		cos	<u> </u>
	IN	PIC present, demonstr	•	Т		16		IN	Proper cooking		•				Τ
1	IIN	performs duties				17		IN	Proper reheati						Π
	INI		loyee Health		ı	18		IN	Proper cooling	time & temp	erature	es			
3	IN IN	Management awarenes	ss; policy present g, restriction & exclusion			19		IN	Proper hot hold	ding tempera	tures				
	IIV		gienic Practices			20		IN	Proper cold ho						_
4	IN		drinking, or tobacco use			21		IN	Proper date ma						<u> </u>
5	IN	No discharge from eye			Щ	22		IN	Time as a publi			ocedures & I	record		
		-	amination by Hands						-	mer Advisory			ı		
6	IN	Hands clean & properly	•			23		IN	Consumer advi	, .	d for ra	aw or			l
7	IN		with RTE foods or approved								tions				
8	IN	Adamusts handwashin							Highly Susce Pasteurized for			d foods not			
<u> </u>	IIN		g facilities supplied & accessible ved Source			24		IN	offered	ous uscu, pre	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	u 100u3 110t			ı
9	IN			1						Chemical					
10	IN	Food obtained from ap	•	-		25		IN	Food additives	: approved &	prope	rly used			Τ
11	IN	Food received at prope	n, safe, & unadulterated			26		OUT	Toxic substance	es properly i	dentifi	ed, stored &	used	х	_
	IIN	Required records avail							Conformance with	Approved Pr	rocedu	ires			
12	IN	parasite destruction	lable. Silelistock tags			27		IN	Compliance wi	th variance,	specia	lized process	s,		Γ
		Protection fr	rom Contamination			[ ]		IIN	& HACCP plan		-	•			l
13	IN	Food separated & prot					Diel	k Factors	are improper prac	ations or proces	durae ia	lantified as the	most		
14	IN	Food-contact surfaces	: cleaned and sanitized						ntributing factors of 1	•					
15	IN	• •	eturned, previously served,				-		are control measure						
		reconditioned, & unsaf								<u> </u>				_	
		0 10 1 11 0 11	GOOD F												
			e preventative measures to control the	additi	on o	f path	noger	ns, chemic	als, and physical obj	ects into foods	S.				
Mark	"X" in box if n	umbered item is not in con	mpliance Mark "X" in appropriat	e box	for C	COS a	and/o	or R (	COS=corrected on-si	ite during insp	ection	R=repeat v	violation		
				cos	R									cos	R
		Safe Food and	Water						Proper Us	se of Utensils					
28 IN	Pasteurize	ed eggs used where requ	uired			41	IN	In-use ut	ensils: properly st	ored					
<b>29</b> IN	Water & ic	e from approved source	<b>;</b>			42	IN	Utensils,	, equipment, & line	ns: properly :	stored	, dried, & har	ndled		
<b>30</b> IN	Variance of	obtained for specialized	processing methods			43	IN	Single-u	se & single-service	articles: pro	perly s	stored & used	d		
		Food Temperature (	Control			44	IN	Gloves	sed properly						
31 IN	, i	oling methods used; ade	equate equipment for						Utensils, Equip	ment and Ver	nding				
	temperatu				Ш	45	Х		non-food contact su						
32 IN		properly cooked for hot	holding	_	Ш				designed, constru						_
33 IN		thawing methods used			Ш	l	IN		shing facilities: ins		ined,	& used; test s	strips		_
34 IN	Thermome	eters provided and accur			Щ	47	IN	Non-food	d contact surfaces						
	.1=	Food Identificati					L	1	-	al Facilities					
35 IN	Food prop	erly labeled; original cor				l	IN		ld water available;			•			_
001::	. 1 .	Prevention of Food Con				ı —	IN		g installed; proper						_
36 IN		odents, & animals not pr		-	$\vdash$	l	IN		& waste water pro						_
37 X	_	<u> </u>	ood preparation, storage & display	+	Х	_	IN		cilities: properly co				-		_
38 IN		leanliness			$\vdash \mid$	52	_	_	& refuse properly				-		_
39 IN	<del>-                                    </del>	oths: properly used & sto	prea	-	$\vdash$	53	_		facilities installed,	-					Х
<b>40</b> IN	v   wasning fi	ruits & vegetables	0			54	X	Adequat	e ventilation & ligh	ung; aesigna	tea are	eas used			_
			17 -1 - 1	0											
Perso	on in Charge (	(Signature)		٠	<u>ن</u>					Date:	3/23/2	015			
U"	h Inomastaa "	Pignoturo\	Tom Wille	ow	0			Follo	w-up: YES	b no d	ate of I	Follow-up:			
ricaill	h Inspector (S	orginature)	1000 000							<u>1-</u>					_

State of Maine Health Inspection Report							
	As Authorized by 22 MRSA § 2496 Date 3/23/2015						
Address 41 MIDDLE ST	City / State Zip Code Telephone PORTLAND / ME 04101-4213 207-774-2972						
Te	emperature Observations						
Temperature	Notes						
40F							
38F	REACHIN						
>200 PPM	TOXIC CONCENTRATION FOR FOOD CONTACT SURFACES.						
184F	HIGH TEMP , SINGLE RACK						
134F							
	Address 41 MIDDLE ST  Temperature  40F  38F  >200 PPM  184F						

Person in Charge (Signature)

Health Inspector (Signature)

T I'lling

Date: 3/23/2015

# **State of Maine Health Inspection Report**

Page 3 of 4 3/23/2015

Date

**Establishment Name** 

**RIBOLLITA** 

License Expiry Date/EST. ID# 11/17/2015 /1014

**Address** 41 MIDDLE ST City / State PORTLAND

Zip Code 04101-4213

# **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

26: 7-204.11: C: Chemical SANITIZERS and other chemical antimicrobials applied to FOOD-CONTACT Surfaces do not meet the requirements specified in 40 CFR 180.940 or 40 CFR 180.2020 sanitizing solutions.

INSPECTOR NOTES: \*\*COS\*\* CHLORINE CONCENTRATION TOO HIGH. PIC DILLUTED IMMEDIATELY. MIX 1 TBSP BLEACH PER GALLON OF WARM WATER.

37: 3-305.11: N: Food not protected from contamination during storage.

INSPECTOR NOTES: \*\*REPEAT\*\* FOOD IN WALKIN NOT STORED 6" OFF THE FLOOR.

45: 4-201.11: N: Equipment and/or utensils are not sufficiently durable.

INSPECTOR NOTES: WIRE MESH BROKEN NEEDS REPLACING.

53: 6-201.11: N: Floors, walls, and ceilings are not smooth and easily cleanable.

INSPECTOR NOTES: \*\*REPEAT\*\* WALLS IN WALKIN NEED REPAIR.

54: 6-202.11: N: Lights not shielded.

INSPECTOR NOTES: NEED LIGHT SHEILD AT BOTTO OF BASEMENT STAIRS.

Person in Charge (Signature)

Health Inspector (Signature)

HHE-601(a)Rev.01/07/10

Date: 3/23/2015

#### State of Maine Health Inspection Report Page 4 of 4 3/23/2015 Date **Establishment Name RIBOLLITA** License Expiry Date/EST. ID# **Address** City / State Zip Code 41 MIDDLE ST 11/17/2015 /1014 **PORTLAND** ME 04101-4213

# **Inspection Notes**

Certified Food Protection Manager: Kevin Quiet 10/31/17

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 Tom Williams by emailing to

tw@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 207-874-8365 or email tw@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: 3/23/2015

Health Inspector (Signature)

HHE-601(a)Rev.01/07/10

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