

Establishment Name <b>HOMETOWN BUFFET #204</b>	As Authorized by 22 MRSA § 2496	No. of Risk Factor/Intervention Groups Out	<b>2</b>	Date	<b>3/12/2015</b>
		No. of Repeat Risk Factor/Intervention Groups Out	<b>0</b>	Time In	<b>11:30 AM</b>
		Certified Food Protection Manager	<b>Y</b>	Time Out	<b>12:30 PM</b>

License Expiry Date/EST. ID# <b>7/29/2015 / 8741</b>	Address <b>517 MAINE MALL RD</b>	City <b>SOUTH PORTLAND</b>	Zip Code <b>04106-3239</b>	Telephone <b>207-942-9760</b>
License Type <b>MUN - EATING PLACE</b>	Owner Name <b>OCB RESTAURANT CO</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
<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 discharge 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	OUT	Food in good condition, safe, & unadulterated		X
12	IN	Required records available: shellstock tags parasite destruction		
<b>Protection from Contamination</b>				
13	IN	Food separated & protected		
14	OUT	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

			cos	R
<b>Safe Food and Water</b>				
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		

			cos	R
<b>Proper Use of Utensils</b>				
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: 3/12/2015
Health Inspector (Signature)	Follow-up: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Date of Follow-up:

# State of Maine Health Inspection Report

<b>Establishment Name</b> HOMETOWN BUFFET #204		<i>As Authorized by 22 MRSA § 2496</i>		<b>Date</b> 3/12/2015
<b>License Expiry Date/EST. ID#</b> 7/29/2015 / 8741	<b>Address</b> 517 MAINE MALL RD	<b>City / State</b> SOUTH PORTLANI/ ME	<b>Zip Code</b> 04106-3239	<b>Telephone</b> 207-942-9760

## Temperature Observations

Location	Temperature	Notes
BAKED CHICKEN	149F	
TACO BEEF	155F	
MAC AND CHEESE	166F	
WALK IN	37F	
FRIED CHICKEN	157F	
CORNBREAD DRESSING	154F	
SOUP	159F	
CHICKEN	36F	

Person in Charge (Signature)



Date: 3/12/2015

Health Inspector (Signature)



# State of Maine Health Inspection Report

Page 3 of 4

**Establishment Name**

HOMETOWN BUFFET #204

Date 3/12/2015

License Expiry Date/EST. ID#  
7/29/2015 / 8741

Address  
517 MAINE MALL RD

City / State  
SOUTH PORTLAND ME

Zip Code  
04106-3239

## 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

11: 3-202.15: C: Food packages are not in good condition and do not protect the integrity of the contents.

INSPECTOR NOTES: DENTED CANS WERE BEING STORED, RETURN TO VENDOR COS

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

INSPECTOR NOTES: ICE MACHINE NEEDS TO BE CLEANED STARTING TO SHOW SIGNS OF MOLD

Person in Charge (Signature)



Date: 3/12/2015

Health Inspector (Signature)



# State of Maine Health Inspection Report

Page 4 of 4

**Establishment Name**

HOMETOWN BUFFET #204

Date 3/12/2015

License Expiry Date/EST. ID#  
7/29/2015 / 8741

Address  
517 MAINE MALL RD

City / State  
SOUTH PORTLANI ME

Zip Code  
04106-3239

## 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 [Derrick Stephens] by emailing to [dstephens@southportland.org] 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](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-( 767-7603 or 274-0215 ) or email ([dstephens@southportland.org](mailto:dstephens@southportland.org) ). 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: 3/12/2015

Health Inspector (Signature)

