

City of Portland, Maine - Building or Use Permit Application

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 09-1285	Issue Date:	CBL: 266 A002001
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Location of Construction: 81 Riverside St	Owner Name: Lafayette Portland West Llc	Owner Address: 155 Littlefield Ave	Phone:
Business Name:	Contractor Name: Frost N Flame/Eastern Shed Co	Contractor Address: 629 Main St. Gorham	Phone: 2078567000
Lessee/Buyer's Name	Phone:	Permit Type: HVAC	Zone: B-4

Past Use: <i>Holiday Inn motel</i>	Proposed Use: Install a gas fireplace with a direct vent.	Permit Fee: \$140.00	Cost of Work: \$4,000.00	CEO District: 3
Proposed Project Description: Install a gas fireplace with a direct vent.		FIRE DEPT: <i>w/conditions</i> <i>11/18/2009</i> Signature: <i>[Signature]</i>	INSPECTION: Use Group: <i>✓</i> Type: <i>HVAC</i> Signature: <i>[Signature]</i>	
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Signature: Date:		

Permit Taken By: jmy	Date Applied For: 11/12/2009	Zoning Approval		
<ol style="list-style-type: none">This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.Building permits do not include plumbing, septic or electrical work.Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work..		Special Zone or Reviews	Zoning Appeal	Historic Preservation
		<input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/> Other <input type="checkbox"/> Date: <i>11/17/09</i>	<input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date:	<input checked="" type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Date: <i>[Signature]</i>

CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application is issued, I certify that the code official's authorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

PERMIT ISSUED

SIGNATURE OF APPLICANT

ADDRESS

DATE

DEC 1

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

DATE

City of Portland

PHONE

City of Portland, Maine - Building or Use Permit

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Permit No: 09-1285	Date Applied For: 11/12/2009	CBL: 266 A002001
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Location of Construction: 81 Riverside St	Owner Name: Lafayette Portland West Llc	Owner Address: 155 Littlefield Ave	Phone:
Business Name:	Contractor Name: Frost N Flame/Eastern Shed Co	Contractor Address: 629 Main St. Gorham	Phone (207) 856-7000
Lessee/Buyer's Name	Phone:	Permit Type: HVAC	

Proposed Use: Install a gas fireplace with a direct vent.	Proposed Project Description: Install a gas fireplace with a direct vent.
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Dept: Zoning **Status:** Approved **Reviewer:** Marge Schmuckal **Approval Date:** 11/17/2009
Note: **Ok to Issue:** ☒

Dept: Building **Status:** Approved with Conditions **Reviewer:** Tammy Munson **Approval Date:** 12/01/2009
Note: **Ok to Issue:** ☒

1) The installation must comply with the State of Maine Gas Regulations.

Dept: Fire **Status:** Approved with Conditions **Reviewer:** Ben Wallace Jr. **Approval Date:** 11/18/2009
Note: **Ok to Issue:** ☒

1) Installation must comply with manufactures listed instructions.

2) Installation must comply with NFPA 58 and 211.

PERMIT ISSUED

DEC 1 2009

City of Portland

BUILDING PERMIT INSPECTION PROCEDURES

Please call 874-8703 or 874-8693 (ONLY)

to schedule your inspections as agreed upon

Permits expire in 6 months, if the project is not started or ceases for 6 months.

The Owner or their designee is required to notify the inspections office for the following inspections and provide adequate notice. Notice must be called in 48-72 hours in advance in order to schedule an inspection:

By initializing at each inspection time, you are agreeing that you understand the inspection procedure and additional fees from a "Stop Work Order" and "Stop Work Order Release" will be incurred if the procedure is not followed as stated below.

A Pre-construction Meeting will take place upon receipt of your building permit.

Certificate of Occupancy is not required for certain projects. Your inspector can advise you if your project requires a Certificate of Occupancy. All projects DO require a final inspection.

If any of the inspections do not occur, the project cannot go on to the next phase, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.

CERIFICATE OF OCCUPANICES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED.

Signature of Applicant/Designee

Date

Signature of Inspections Official

Date

PERMIT ISSUED

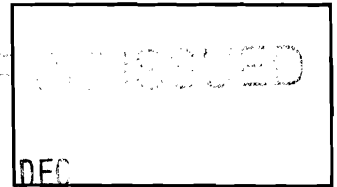
DEC 1

City of Portland



FILL IN AND SIGN WITH INK

APPLICATION FOR PERMIT HEATING OR POWER EQUIPMENT



To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

The undersigned hereby applies for a permit to install the following heating, cooking or power equipment in accordance with the Laws of Maine, the Building Code of the City of Portland, and the following specifications:

Location / CBL PORTLAND Use of Building HOME Date _____Name and address of owner of appliance 81 RIVERSIDEInstaller's name and address FROST + FLAME 629 MAIN ST GORHAMTelephone 8561000-7000**Location of appliance:**

- ☐ Basement ☒ Floor
☐ Attic ☐ Roof

Type of Fuel:

- ☒ Gas ☐ Oil ☐ Solid

Appliance Name: 864 HH FIREPLACEU.L. Approved ☒ Yes ☐ NoWill appliance be installed in accordance with the manufacture's installation instructions? ☒ Yes ☐ No

IF NO Explain: _____

The Type of License of Installer:

- ☐ Master Plumber # _____
☐ Solid Fuel # _____
☐ Oil # _____
☐ Gas # PNT 3736
☐ Other _____

Type of Chimney:

- ☐ Masonry Lined
Factory built _____

- ☐ Metal
Factory Built U.L. Listing # _____

- ☒ Direct Vent
Type _____ UL# _____

Type of Fuel Tank

- ☐ Oil
☒ Gas

Size of Tank Dept. of Building Inspections

Number of Tanks _____

Distance from Tank to Center of Flame _____ feet.

Cost of Work: \$ 14000.00Permit Fee: \$ 80**Approved**

Fire: _____

Ele.: _____

Bldg.: _____

Approved with Conditions

- ☐ See attached letter or requirement

Signature of Installer _____ Inspector's Signature _____ Date Approved _____

White - Inspection

Yellow - File

Pink - Applicant's

Gold - Assessor's Copy

SEBAGO LAKE POOLS/ROYAL IMPROVEMENTS, INC.
FROST N' FLAME, INC.

621 Main St. 889 Roosevelt Trail
 Gorham, ME 04038 N. Windham, ME 04062
 856-1000 856-7000 893-3483 893-2876
 Fax 856-1164

www.frostandflame.com www.sebagolakepools.com

To: Holiday Inn (Rich Kelly)
81 Riverside St - Town: Portland

State: ME Zip Code: 04103

Directions: Rt 25 to Portland thru
on R

HOME PHONE <u>LICH</u>		JOB INVOICE	
CELL <u>PNT 3735</u>		WK PHONE <u>774-5601</u>	
DATE OF ORDER		ORDER TAKEN BY <u>ARON / VERN</u>	
CONTRACTOR <u>Charlie Allen (415-8537)</u>			
PHONE #		FAX #	
MAILING ADDRESS OR E-MAIL <u>PWMNE@CWI.NET</u>			

West Brook before Turnpike

Sh Rickel on Br 92

QTY	DESCRIPTION	UNIT PRICE	AMOUNT	REMARKS
①	fireplace wood <u>metal</u> 864 H H fireplace 98500180	\$ 2,723.00 -10% 2450.00	2,723.00 2450.00	Mason contractor responsible for roof penetration for gas and venting
①	French Country Black paint 95800610	\$ 373.00	373.00	
①	Arch upgrade Face kit 98500686	\$ 40.00	40.00	
①	Fireback Basic Reg. 96100262	\$ 171.00	171.00	
①	on off Remote Approx 14-16 FT	\$ 180.00	180.00	
①	Materials to vent Vertical Few off sets	\$ 895.00	895.00	
1	Screen for in front of fireplace for safety			
TOTAL MATERIALS			\$ 4,109.00	

20% Restocking Fee for ANY returned or cancelled materials!

I, the customer, have read the back of this contract for terms & conditions of sale, and have signed the back page.

Work ordered by _____

Signature _____

I hereby acknowledge the satisfactory completion of the above described work

ANY PERMITS REQUIRED ARE CUSTOMER'S RESPONSIBILITY

GAS LINE INSTALLATION	
COST OF ANY PROPANE NOT INCLUDED	
up thru roof connect to black iron	
GAS LINE MATERIALS	245.00
GAS LINE LABOR	225.00
REGULATOR & GAS TANK PROPERTY OF WEBBER ENERGY	
LABOR	
Labor to install and vent unit	575.00
COST OF PERMIT IF REQUIRED	
SHIPPING COST	
JOB LABOR	575.00
MATERIALS	4,109.00
MATERIALS FOR GAS LINE	245.00
GAS LINE LABOR	225.00
TAX	217.70
TOTAL	5,371.70
- SITE INSPECTION -	

Thank You

Contractor Pack
MASTER COPY
7/08

Framing
Face materials
Mantle clearance
etc.

864TRV

Fireplace

Tested and Listed by



OMNI-Test Laboratories, Inc.
Beaverton, Oregon
Report # 028-F-59-5
ANSI Z21.88b-2003

- Built-In Direct Vent Fireplace
- Natural Gas or Propane
- Residential or Mobile Home

WARNING: If the information in these instructions is not followed exactly, a fire or explosion may result causing property damage, personal injury or loss of life.

- Do not store or use gasoline or other flammable vapors and liquids in the vicinity of this or any other appliance.

WHAT TO DO IF YOU SMELL GAS

- Do not try to light any appliance.
- Do not touch any electrical switch; do not use any phone in your building.
- Immediately call gas supplier from a neighbor's phone. Follow the gas supplier's instructions.
- If you cannot reach your gas supplier, call the fire department.
- Installation and service must be performed by a qualified installer, service agency or the gas supplier.

This appliance may be installed as an OEM installation in a manufactured (mobile) home and must be installed in accordance with the manufacturer's instructions and the manufactured home construction and safety standard, Title 24 CFR, Part 3280.

This appliance is only for use with the type(s) of gas indicated on the rating plate. A conversion kit is supplied with the appliance.

Installation Manual

Installer: After installation give this manual to the homeowner and explain operation of this heater.

© Copyright 2007, T.I.

\$10.00

100-01173_001

4050714



**TRAVIS INDUSTRIES
HOUSE OF FIRE**

4800 Harbour Pointe Blvd. SW
Mukilteo, WA 98275

Features and Specifications

Installation Options

- Residential or Mobile Home
- Straight or Corner Placement
- Flush or Recessed Face
- Raised or Floor Placement
- Internal or External Chase
- Horizontal or Vertical Vent
- Bedroom Approved

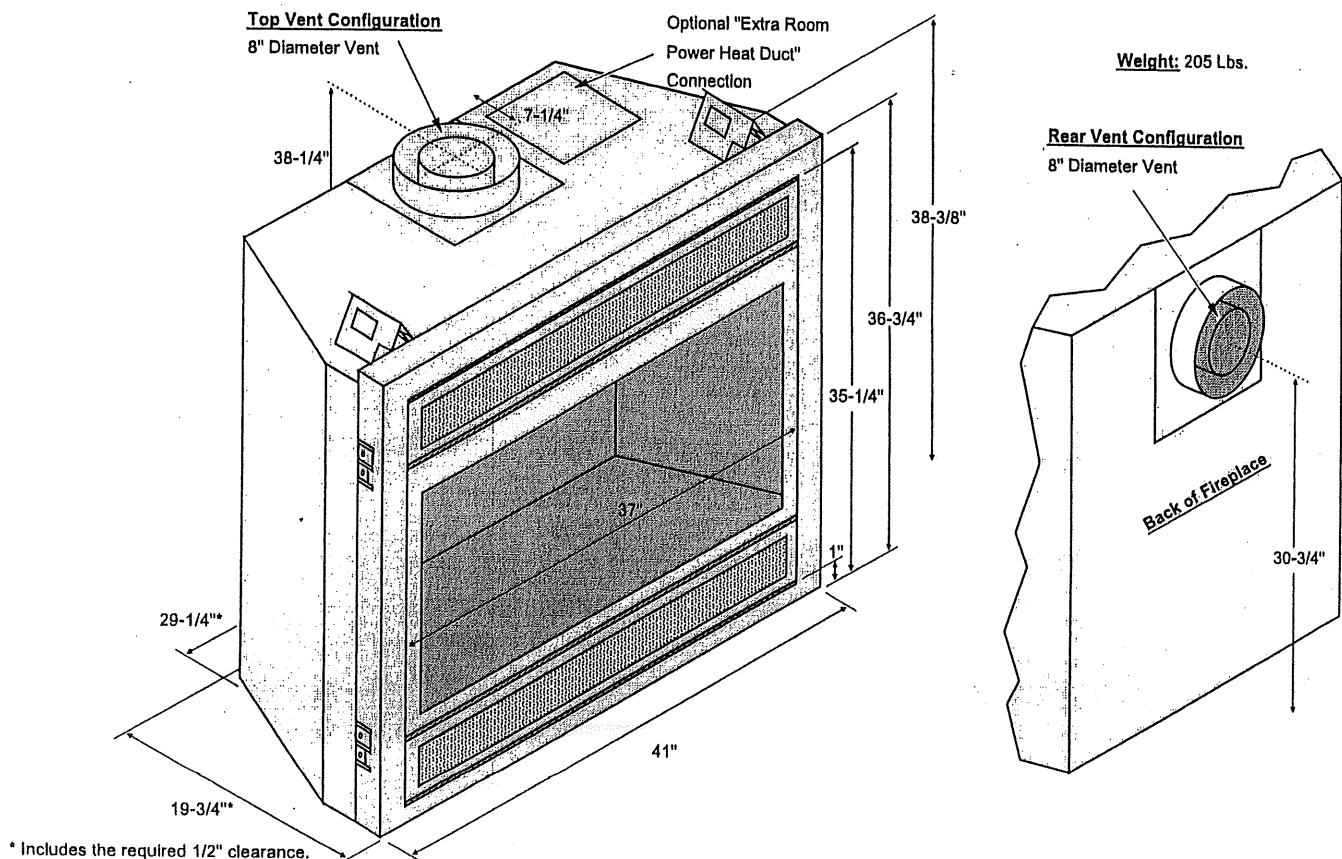
Heating Specifications

	Natural Gas	Propane
Approximate Heating Capacity (in square feet)*	450 to 1,400	450 to 1,400
Maximum BTU Input Per Hour	31,000	31,000
Minimum BTU Output on Low	6,700	5,200
Steady State Efficiency** (with blowers on)	77.2 %	78.4 %
AFUE (Annual Fuel Utilization Efficiency)	68.3 %	69.4 %

* Heating capacity will vary with floor plan, insulation, and outside temperature.

** Efficiency rating is a product thermal efficiency rating determined under continuous operation independent of installed system.

Dimensions



ing List

Propane Conversion Kit
Log Set

- Wall Switch with Wire (see page 19 for details)
- Firestop (sku 93006094)

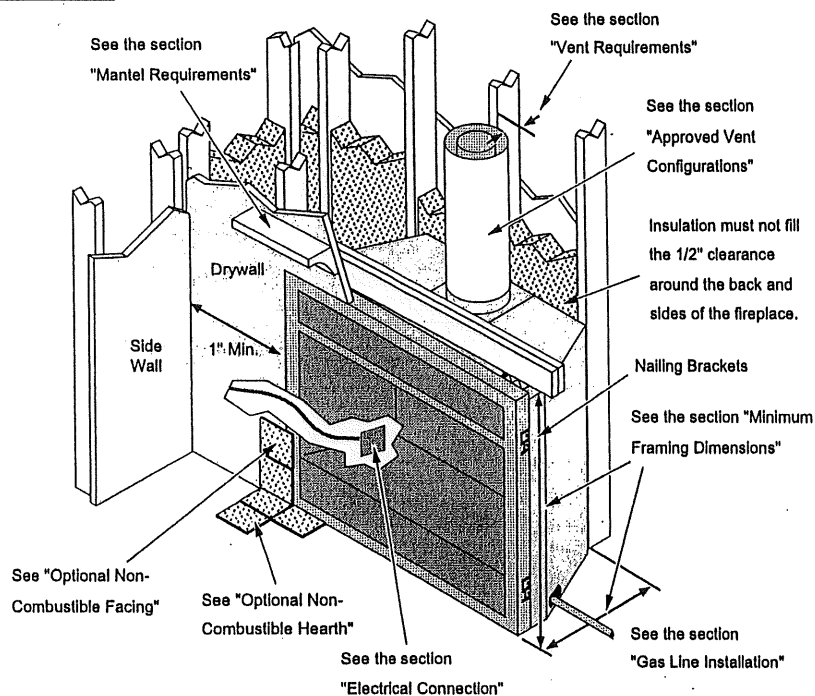
Additional Items Required

- Direct Vent
- Gas Line Equipment (shutoff valve, pipe, etc.)
- Electrical Equipment (min. 14 gauge, grounded line)

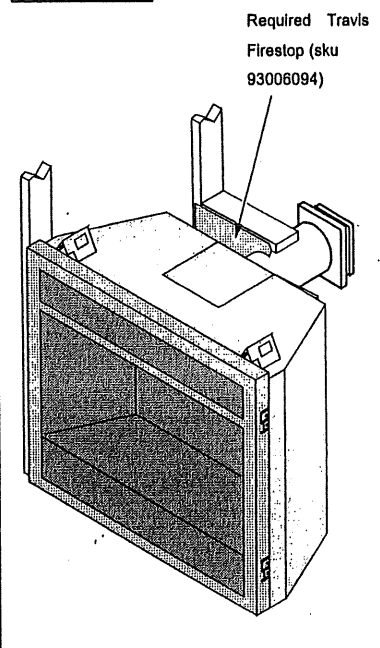
Installation Overview

- All requirements below must be met.

Top Vent Configuration



Rear Vent Configuration



Recommended Installation Procedure

- Frame the opening for the fireplace. Make sure to allow for vent installation.
- This fireplace is designed to accommodate 1/2" or 5/8" drywall (see "Nailing Brackets" on page 13 for details). Secure the fireplace to the framing.
- Install the vent, gas line and electrical hook-up.
- Install the wall switch (see page 19) or thermostat (if applicable).
- Install the drywall.
- Install the hearth (if applicable).
- Install the facing (if applicable).
- Install the mantel (if applicable).
- Finalize the installation (see page 42) and install the grill or face.

Installation (for qualified installers only)

11

Minimum Framing Dimensions - Rear Vent Configuration

Place the fireplace so the center of the rear vent is at least 5" from both vertical framing members at the rear (this allows the vent to pass through the framing without modifications)

Included Firestop (required)

Part # 93006094

Vent Clearances (8" dia. Vent):
1" to the sides, 1" below, and 3" above the vent to combustibles.

Center of Rear Vent

Route the electrical line to a position to the left rear of the fireplace.

38-1/2"

41-1/4"

38"

25-3/4"

30-3/4"

20"

Minimum enclosure height = 38-1/2"

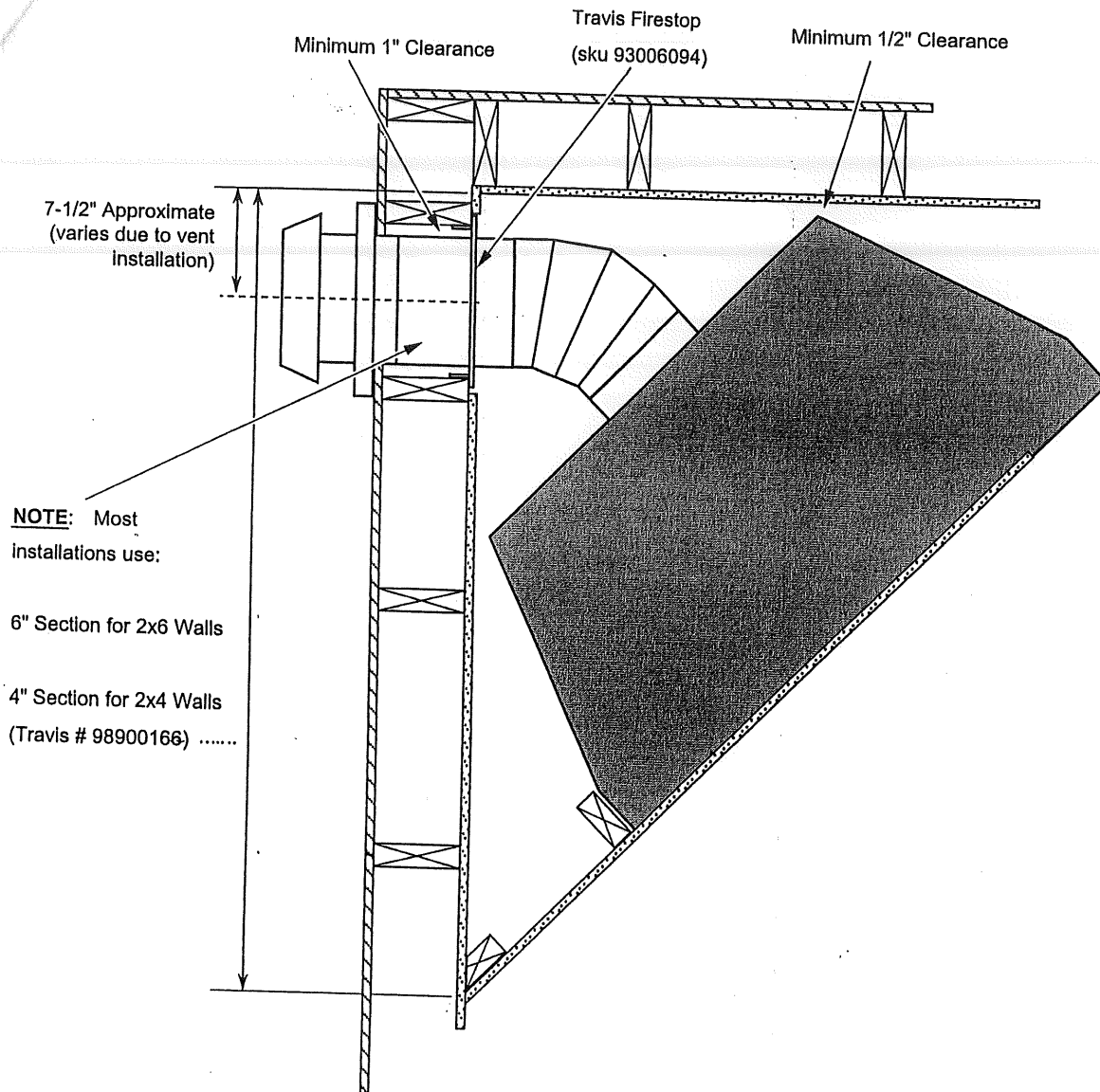
The on/off switch/thermostat wire (if used) should be routed to a location near the right front of the fireplace.

WARNING: A cut-out for the gas line may be required on the framing. See the dimensions under "Gas Line Connection" for details.

Installation (for qualified installers only)

Installations - Rear Vent Configuration

Typical 45° installation uses the framing dimensions shown in the illustration below (NOTE: all clearances still apply).

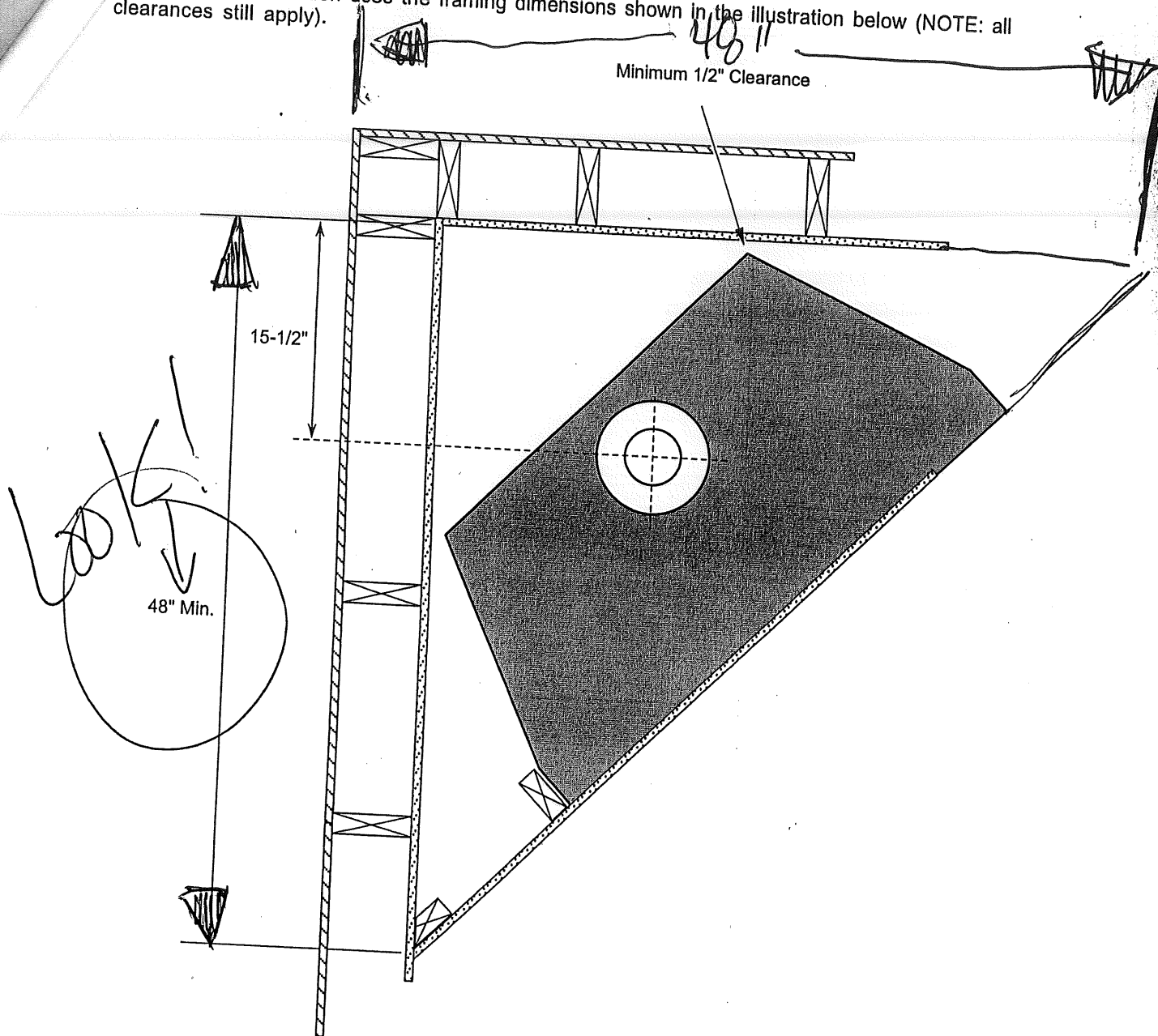


Installation (for qualified installers only)

15

or Installations - Top Vent Configuration

A typical 45° installation uses the framing dimensions shown in the illustration below (NOTE: all clearances still apply).



Installation (for qualified installers only)

Clearance Requirements

NOTE: Measure all clearances from the nearest edge of the exhaust hood.

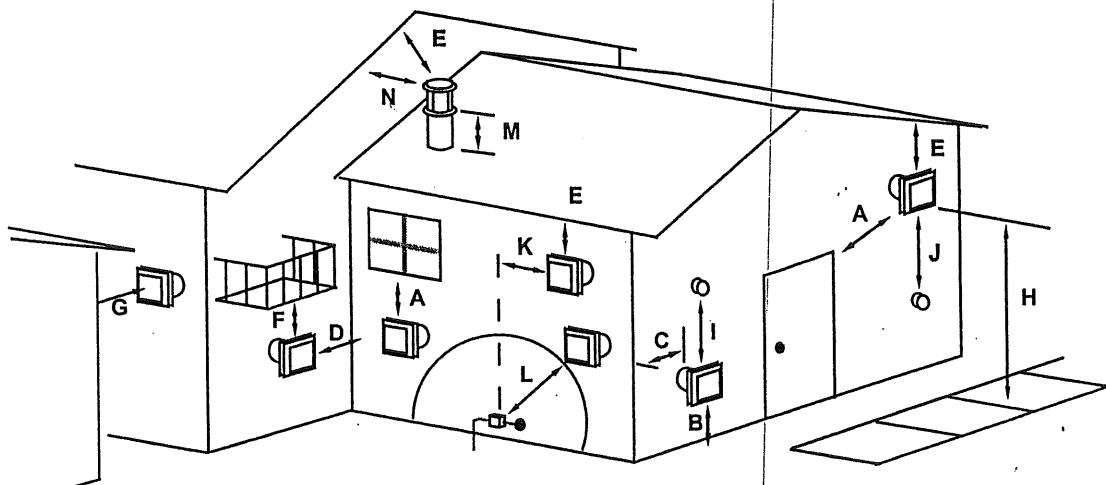
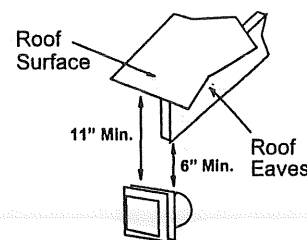
- A Minimum 9" clearance from any door or window
- B Minimum 12" above any grade, veranda, porch, deck or balcony
- C Minimum 3-3/8" from outside corner walls
- D Minimum 0" from inside corner walls
- E Minimum 11" clearance below unventilated soffits or roof surfaces

Minimum 18" clearance below ventilated soffits

Minimum 6" clearance below roof eaves

NOTE: Vinyl surfaces require 24"

- F Minimum 18" clearance below a veranda, porch, deck or balcony (must have two open sides)
- G Minimum 48" clearance from any adjacent building
- H Minimum 84" clearance above any grade when adjacent to public walkways or driveways
NOTE: may not be used over a walkway or driveway shared by an adjacent building
- I Minimum 48" clearance from any mechanical air supply inlet
- J Minimum 36" clearance above and 48" below and to the sides of non-mechanical air supply inlet
- K Minimum 36" from the area above the meter/regulator (vent outlet)
- L Minimum 36" from the meter/regulator (vent outlet)
- M Minimum 24" above the roof line (for vertical terminations)
- N Minimum 24" horizontal clearance to any surface (such as an exterior wall) – for vertical terminations



NOTE: Measure clearances to the nearest edge of the exhaust hood.

- Use the vinyl siding standoff (#950) when installing on an exterior with vinyl siding.
- Vent termination must not be located where it will become plugged by snow or other material.
- Venting termination shall not be recessed into a wall or siding.
- These clearances meet UMC-1994 code standards.
- These clearances meet UMC-1994 code standards.

City of Portland Health Inspection Report

266 A002

Page 1 of 2

Establishment Name <i>Holiday Inn West</i>		No. of Risk Factor/Intervention Violations		Date	
		No. of Repeat Risk Factor/Intervention Violations		Time In	
License/Est. ID# <i>82</i>		Address <i>81 Riverside</i>		City/State <i>Portland, ME</i>	
License Posted <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Owner Name		Zip Code	
		Purpose of Inspection <i>Annual</i>		Est. Type	
				Telephone <i>774-5602</i>	
				Risk Category	

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item
 IN= in compliance OUT=not in compliance N/O=not observed N/A=not applicable Mark "X" in appropriate box for COS and/or R
 COS=corrected on-site during inspection R=repeat violation

Compliance Status		COS	R	Compliance Status		COS	R
Supervision							
51	<input checked="" type="radio"/> IN <input type="radio"/> OUT			516	IN OUT N/A N/O		
PIC present, demonstrates knowledge, and performs duties				Potentially Hazardous Food Time/Temperature			
				517	IN OUT N/A N/O		
				Proper reheating procedures for hot holding			
				518	IN OUT N/A N/O		
				Proper cooling time & temperature			
				519	IN OUT N/A N/O		
				Proper hot holding temperatures			
				520	IN OUT N/A		
				Proper cold holding temperatures			
				521	IN OUT N/A N/O		
				Proper date marking & disposition			
				522	IN OUT N/A N/O		
				Time as a public health control: procedures & record			
				Consumer Advisory			
				523	IN OUT N/A		
				Consumer advisory provided for raw or undercooked foods			
				Highly Susceptible Populations			
				524	IN OUT N/A		
				Pasteurized foods used; prohibited foods not offered			
				Chemical			
				525	IN OUT N/A		
				Food additives: approved & properly used			
				526	IN OUT		
				Toxic substances properly identified, stored, & used			
				Conformance with Approved Procedures			
				527	IN OUT N/A		
				Compliance with variance, specialized process, & HACCP plan			
<p>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.</p>							

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	Proper Use of Utensils		COS	R
528	Pasteurized eggs used where required			241	In-use utensils: properly stored		
529	Water & ice from approved source			242	Utensils, equipment & linens: properly stored, dried & handled		
30	Variance obtained for specialized processing			243	Single-use & single-service articles: properly stored & used		
Food Temperature Control				244	Gloves used properly		
531	Proper cooling methods used; adequate equipment for temperature control			Utensil, Equipment and Vending			
532	Plant food properly cooked for hot holding			245	Food & non-food contact surfaces cleanable, properly designed, constructed, & used		
533	Approved thawing methods used			146	Warewashing facilities: installed, maintained, & used; test strips		
134	Thermometers provided & accurate			147	Non-food contact surfaces clean		
Food Identification				Physical Facilities			
135	Food properly labeled; original container			448	Hot & cold water available; adequate pressure		
Prevention of Food Contamination				549	Plumbing installed; proper backflow devices		
436	Insects, rodents, & animals not present			550	Sewage & waste water properly disposed		
237	Contamination prevented during food preparation, storage & display			251	Toilet facilities: properly constructed, supplied, & cleaned		
538	Personal cleanliness			252	Garbage & refuse properly disposed; facilities maintained		
139	Wiping cloths: properly used & stored			153	Physical facilities installed, maintained, & clean		
140	Washing fruits & vegetables			154	Adequate ventilation & lighting; designated areas used		

Person in Charge (Signature)

Date:

Health Inspector (Signature)

Follow-up: YES ☒ NO ☐ (circle one)

Follow-up Date:

White copy - Inspections Office

Yellow copy - State

Pink copy - Customer

City of Portland Health Inspection Report

Page 1 of 2

Establishment Name <i>Holiday Inn West</i>		No. of Risk Factor/Intervention Violations		Date <i>12-10-08</i>	
		No. of Repeat Risk Factor/Intervention Violations		Time In <i>1:30 PM</i>	
		Score (optional) <i>91</i>		Time Out <i>3:04 PM</i>	
License/Est. ID# <i>884</i>	Address <i>81 Riverside St.</i>	City/State <i>Portland, Me.</i>	Zip Code <i>04103</i>	Telephone <i>288-8422</i>	
License Posted <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Owner Name <i>Harger Hotel, Inc.</i>	Purpose of Inspection <i>Yearly</i>	Est. Type	Risk Category	

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item
 IN= in compliance OUT=not in compliance N/O=not observed N/A=not applicable
 Mark "X" in appropriate box for COS and/or R
 COS=corrected on-site during inspection R=repeat violation

Compliance Status		COS	R	Compliance Status		COS	R
Supervision							
5	1	<input checked="" type="radio"/> IN	<input type="radio"/> OUT		PIC present, demonstrates knowledge, and performs duties		
Employee Health							
5	2	<input checked="" type="radio"/> IN	<input type="radio"/> OUT		Management awareness; policy present		
5	3	<input checked="" type="radio"/> IN	<input type="radio"/> OUT		Proper use of reporting, restriction & Exclusion		
Good Hygienic Practices							
5	4	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/O	Proper eating, tasting, drinking, or tobacco use		
5	5	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/O	No discharge from eyes, nose, and mouth		
Preventing Contamination by Hands							
5	6	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/O	Hands clean & properly washed		
2	7	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A	No bare hand contact with RTE foods or approved alternate method properly followed		
5	8	<input checked="" type="radio"/> IN	<input type="radio"/> OUT		Adequate handwashing facilities supplied & accessible		
Approved Source							
5	9	<input checked="" type="radio"/> IN	<input type="radio"/> OUT		Food obtained from approved source		
5	10	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A	Food received at proper temperature		
5	11	<input checked="" type="radio"/> IN	<input type="radio"/> OUT		Food in good condition, safe, & unadulterated		
1	12	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A	Required records available: shellstock tags, parasite destruction		
Protection from Contamination							
2	13	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A	Food separated & protected		
2	14	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A	Food-contact surfaces: cleaned & sanitized		
5	15	<input checked="" type="radio"/> IN	<input type="radio"/> OUT		Proper disposition of returned, previously served, reconditioned, & unsafe food		
Potentially Hazardous Food Time/Temperature							
5	16	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A	Proper cooking time & temperatures		
5	17	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A	Proper reheating procedures for hot holding		
5	18	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A	Proper cooling time & temperature		
5	19	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A	Proper hot holding temperatures		
5	20	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A	Proper cold holding temperatures		
5	21	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A	Proper date marking & disposition		
5	22	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A	Time as a public health control: procedures & record		
Consumer Advisory							
5	23	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A	Consumer advisory provided for raw or undercooked foods		
Highly Susceptible Populations							
5	24	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A	Pasteurized foods used; prohibited foods not offered		
Chemical							
5	25	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A	Food additives: approved & properly used		
5	26	<input checked="" type="radio"/> IN	<input type="radio"/> OUT		Toxic substances properly identified, stored, & used		
Conformance with Approved Procedures							
5	27	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A	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.							

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Safe Food and Water		COS	R	Proper Use of Utensils		COS	R
5	28			2	41		
5	29			2	42		
	30			2	43		
Food Temperature Control				2	44		
5	31			Utensil, Equipment and Vending			
				2	45		
5	32			1	46		
5	33			1	47		
1	34			Physical Facilities			
Food Identification				4	48		
1	35			5	49		
Prevention of Food Contamination				5	50		
4	36			2	51		
2	37	<input checked="" type="radio"/> X		2	52		
5	38			1	53		
1	39			1	54	<input checked="" type="radio"/> X	
1	40						

Person in Charge (Signature)

*Patricia G.*Date: *Dec. 10, 2008*

Health Inspector (Signature)

Mike Hynes

Follow-up: YES NO (circle one) Follow-up Date:

DIVISION OF ENVIRONMENTAL HEALTH
MASTER COMPLAINT RECORD

266 4002

INTAKE

COMPLAINT #: 09-067

ESTABLISHMENT CITED IN COMPLAINT & ID#: Zackery's Restaurant ID# 884

DATE/TIME OF OCCURRENCE: Ongoing

12/09

INTAKE DATE/TIME OF COMPLAINT: 3/20/09 11am

LOCATION OF ESTABLISHMENT: Holiday Inn, Portland, Maine

COMPLAINT DESCRIPTION:

Complainant states the following:

1. Food service workers do not wash hands after going to the bathroom, smoking, handling cell phones, licking fingers, picking their noses, and blowing their noses. Danny in particular practices these behaviors. Management is aware and is not correcting it. Cindy Lommi Food and Beverage Manager.
2. No Handwash signs posted.
3. Establishment uses heavy duty degreasers (Tough Duty, Citrablast and Citrus Clean) for sanitizing food work surfaces in violation of product labeling. There is no training program.
4. Degreaser is used to clean the counters.

NATURE OF COMPLAINT: ☐ ILLNESS/HEALTH RELATED ☒ SANITATION/ENVIRONMENT

☒ HYGENIC PRACTICES ☐ FOOD/INJURY SAFETY ☒ OTHER

RECEIVED BY: Lisa Brown

INVESTIGATION

PERSON (S) INTERVIEWED: Lisa Myrnan POSITION(S): Day Manager

INSPECTION RESULTS: O ☐ N ☒ F ☐ INSPECTION REPORT: Y ☐ N ☒

CORRECTIVE ACTION: Interview only - no follow-up

HEALTH INSPECTOR COMMENTS: Reviewed PIC requirements w/ management;
Chlorine 50-100 PPM used on "food contact surfaces"; no apparent
personal hygienic violations noted at time of inspection

SIGNATURE OF HEALTH INSPECTOR: 

DATE: 04/05/09

SIGNATURE OF PERSON IN CHARGE: Lisa Myrnan

REFERRALS

DATE/INITIAL

DATE/INITIAL

- ☐ DEPARTMENT OF AGRICULTURE
☐ DRINKING WATER PROGRAM
☐ WASTE WATER PROGRAM
☐ MARINE RESOURCES
☐ FIRE MARSHAL
☐ LIQUOR LICENSING

- ☐ DISEASE CONTROL
☐ MUNICIPALITIES
☐ DEPARTMENT OF EDUCATION
☐ INLAND FISHERIES AND WILDLIFE
☐ STATE POLICE
☐ BOARD OF PESTICIDE CONTROL

DOA	287-3841	Marine Resources	624-6550	South Portland Mun.	767-7603	Auburn Mun.	333-6600	SP	800-452-4664
DWP	287-7690	Fire Marshal	626-3880	Portland Mun.	874-8700	DOC	287-2211	BOP	287-2731
WWP	287-5672	Disease Control	287-5195	Lewiston Mun.	784-2951	IF&W	287-2766		