

401-A-5

# State of Maine Health Inspection Report

Page 1 of 2  
Date 5/23/07

Establishment Name <b>LL BEAN - CANTEN Service</b>		As Authorized by 22 MRSA §2496		No. of Risk Factor/Intervention Violations <b>0</b>		Date <b>5/23/07</b>	
License/EST. ID# <b>1017</b>		Address <b>WASHINGTON Ave</b>		City/State <b>Portland</b>		Telephone	
License Posted <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Owner Name <b>CANTEN</b>		Purpose of Inspection <b>REG</b>		Est. Type <b>EP</b>	
				Score (optional)		Time In	
				Zip Code		Time Out	
				Risk Category			

## 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	Compliance Status			COS	R
<b>Supervision</b>					<b>Potentially Hazardous Food Time/Temperature</b>				
1	IN	PIC present, demonstrates knowledge, and performs duties			16	IN	Proper cooking time & temperatures		
<b>Employee Health</b>					<b>Consumer Advisory</b>				
2	IN	Management awareness; policy present			Consumer advisory provided for raw or cooked foods				
3	IN	Proper use of reporting, restriction & exclusion			<b>Highly Susceptible Populations</b>				
<b>Good Hygienic Practices</b>					sterilized foods used; prohibited foods not used				
4	IN	Proper eating, tasting, drinking, or tobacco use			<b>Chemical</b>				
5	IN	No discharge from eyes, nose, and mouth			Food additives: approved & properly used				
<b>Preventing Contamination</b>					Chemical substances properly identified, stored, & used				
6	IN	Hands clean & properly washed			<b>Compliance with Approved Procedures</b>				
7	IN	No bare hand contact with alternate method properly used			Compliance with variance, specialized process, HACCP plan				
8	IN	Adequate handwashing facilities			<b>Risk factors</b> 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.				
<b>Approved Sources</b>									
9	IN	Food obtained from approved sources							
10	IN	Food received at proper temperature							
11	IN	Food in good condition, safe							
12	IN	Required records available: ...							
<b>Protection from Contamination</b>									
13	IN	Food separated & protected							
14	IN	Food-contact surfaces: cleaned & sanitized							
15	IN	Proper disposition of returned, previously served, reconditioned, & unsafe food							

**PLEASE SCAN UNDER CBL - DO NOT REFILE IN OFFICE - PUT W/ CLOSED PERMITS - THANKS - CF**

## 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				COS	R
<b>Safe Food and Water</b>					<b>Proper Use of Utensils</b>				
28		Pasteurized eggs used where required			41		In-use utensils: properly stored		
29		Water & ice from approved source			42		Utensils, equipment & linens: properly stored, dried, & handled		
30		Variance obtained for specialized processing methods			43		Single-use & single-service articles: properly stored & used		
<b>Food Temperature Control</b>					<b>Utensils, Equipment and Vending</b>				
31		Proper cooling methods used; adequate equipment for temperature control			44		Gloves used properly		
32		Plant food properly cooked for hot holding			<b>Physical Facilities</b>				
33		Approved thawing methods used			45		Food & non-food contact surfaces cleanable, properly designed, constructed, & used		
34		Thermometers provided & accurate			46		Warewashing facilities: installed, maintained, & used; test strips		
<b>Food Identification</b>					47		Non-food contact surfaces clean		
35		Food properly labeled; original container							
<b>Prevention of Food Contamination</b>									
36		Insects, rodents, & animals not present			48		Hot & cold water available; adequate pressure		
37		Contamination prevented during food preparation, storage & display			49		Plumbing installed; proper backflow devices		
38		Personal cleanliness			50		Sewage & waste water properly disposed		
39		Wiping cloths: properly used & stored			51		Toilet facilities: properly constructed, supplied, & cleaned		
40		Washing fruits & vegetables			52		Garbage & refuse properly disposed; facilities maintained		
					53		Physical facilities installed, maintained, & clean		
					54		Adequate ventilation & lighting; designated areas used		

Person in Charge (Signature) *Cat a Bean* Date: 5/23/07

Health Inspector (Signature) *Paula L. ...* Follow-up: YES  NO  (Circle one) Follow-up Date:

# State of Maine Health Inspection Report

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Establishment Name

*HL Bean Canteen*

As Authorized by 22 MRSA § 2496

Date *5/23/07*

License/EST. ID #

*1017*

Address

City/State

Zip Code

Telephone

### TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
<i>DW Wash</i>	<i>144</i>				
<i>Rinse</i>	<i>152</i>				
<i>FRUIT HOT WATER</i>	<i>110</i>				
<i>COLD FOOD</i>	<i>35-39</i>				
<i>DOS</i>	<i>153</i>				

### OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number

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.

*IF ANY RENOVATIONS ARE TO BE PERFORMED - CONSIDER  
REMOVING RUG FROM STORE ROOM*

Person in Charge (Signature)

*[Signature]*

Date *5/23/07*

Health Inspector (Signature)

*[Signature]*

Date *5/23/07*

Anita / Jeannie

401-A-5

Office Use Only: ID # 1017	Date Issued	Exp. Date	OK # 85572	Amount Rec. 60
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207-287-5671

**STATE OF MAINE  
DEPARTMENT OF HEALTH & HUMAN SERVICES  
HEALTH INSPECTION PROGRAM LICENSE APPLICATION**

\$60.00

**1. License Category (Check one):**

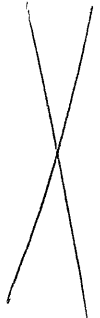
- ( ) New Establishment  Change of Ownership ( ) Remodeling ( ) Converting  
 ( ) Expanding: ( ) seating ( ) sites ( ) rooms

**2. Establishment Information:**

Establishment Name Anamark @ LL Bean Northport  
 Location: (street, road) 1333 Washington Ave City/Town Portland  
 Phone # 207-575-2244 FAX # \_\_\_\_\_ E-mail Noyes-Matt@Anamark.com

**3. License Type: [Check the one(s) that fit the best.]**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Adult Recreational Camp  | <input type="checkbox"/> Eating Place plus Lodging       | <input type="checkbox"/> School Feeding / Catering   |
| <input type="checkbox"/> Bed & Breakfast          | <input type="checkbox"/> Eating Place Mobile             | <input type="checkbox"/> Sr. Citizen Meal Satellite  |
| <input type="checkbox"/> Bottle Club              | <input type="checkbox"/> Eating Place Takeout            | <input type="checkbox"/> Sr. Citizen Meal Commissary |
| <input type="checkbox"/> Campground               | <input type="checkbox"/> Eating Place / Vending Machine  | <input type="checkbox"/> Soup Kitchen                |
| <input type="checkbox"/> Catering Establishment   | <input type="checkbox"/> Jails (Correctional Facilities) | <input type="checkbox"/> Temporary Food Service      |
| <input type="checkbox"/> Cottages                 | <input type="checkbox"/> Lodging Place                   | <input type="checkbox"/> Trip & Travel Youth Camp    |
| <input type="checkbox"/> Day Youth Camp           | <input type="checkbox"/> Residential Youth Camp          | <input checked="" type="checkbox"/> Vending Machine  |
| <input checked="" type="checkbox"/> Eating Place  | <input type="checkbox"/> School Feeding Satellite        | <input type="checkbox"/> Vending Machine Commissary  |
| <input type="checkbox"/> Eating Place and Caterer | <input type="checkbox"/> School Feeding                  | <input type="checkbox"/> Vending Machine Location    |



Number: Seats 60 Camping Sites \_\_\_\_\_ Rooms \_\_\_\_\_ Cottages \_\_\_\_\_ Campers: Boys \_\_\_\_\_ Girls \_\_\_\_\_ Staff \_\_\_\_\_

NOTE: Eating Places located in Portland, South Portland, Lewiston, and Auburn only pay a flat fee of \$60.00.

**4. Business Owner Information:** Please print clearly: ( ) Association  Corporation, LLC ( ) Individual ( ) Partnership

Name Anamark @ LL Bean Contact Person's Name Matt Noyes Contact Phone # 207 575 2244  
 Employer Identification Number (EIN) 23-2573585 Social Security Number (SS#) \_\_\_\_\_  
 (SS # not required, collected on a voluntary basis)

**5. Mailing Address for License & Renewal Notices:**

Street 1333 Washington Ave City Portland State ME ZIP 04122

**6. Previous Owner's Information:**

Former Owner's Name \_\_\_\_\_ Former Business Name Compass/Canteen

**7. Signatures:**

Applicant's Signature [Signature] Print Matt Noyes  
 Date of Application 3/11/08 Planned Opening Date 5/2/08

**8. Does water come from an on site source:** (Well, spring, surface water) ( ) Yes  No

If yes, please contact the Drinking Water Program at: 207-287-7690, for further information and requirements, and refer to the form titled "Water Testing Requirements for Licensed Establishments"

**9. Is Wastewater disposal to a private system:** (Not maintained by a municipality) ( ) Yes  No

If yes, please contact the Subsurface Wastewater Program at: 207-287-5672, for further information and requirements, and refer to the form entitled "Septic Review Requirements for an Eating and Lodging License"

**PLEASE ALLOW 30 DAYS FOR PROCESSING.  
MAKE CHECKS PAYABLE TO TREASURER, STATE OF MAINE, AND REFER TO FEE SCHEDULE ON PAGE 4.**

### Eating Place Business Plan for Review

Please complete the table below by filling in the blanks, and placing a check mark where applicable to your business plan.

Please provide a menu or draft menu					
COLD STORAGE		PROPOSED OPERATING HOURS		SERVICE PROVIDED	
Walk-in Cooler	✓	Monday:	6 AM/PM	2:30AM/PM	Take-out
Reach-in Refrigerator	✓	Tuesday:	6 AM/PM	2:30AM/PM	Buffet
Closed Display Refrigerator		Wednesday:	6 AM/PM	2:30AM/PM	Sit-Down
Open Display Refrigerator		Thursday:	6 AM/PM	2:30AM/PM	Delivery
Refrigerated Buffet Unit		Friday:	6 AM/PM	2:30AM/PM	Window
Beverage Cooler	✓	Saturday:	AM/PM	AM/PM	Catering
Refrigerated Food Prep. Unit		Sunday:	AM/PM	AM/PM	Other
Rapid Pull-down Refrigerator		<b>KITCHEN EQUIPMENT &amp; SINKS</b>		<b>TOILET FACILITIES</b>	
Walk-in Freezer	✓	Ice Machine(s)	✓	Number of Fixtures:	
Reach-in Freezer	✓	Warewashing Sink(s) with 3 basins	✓	<b>Men's Bathroom</b>	4
Closed Display Freezer		Warewashing Sink(s) with 2 basins		Water Closets	2
Open Display Freezer		Hand washing Sink(s)	✓	Urinals	
Freezer Buffet Unit			✓	Lavatories	
Other			✓		
DRY STORAGE		<div style="font-size: 2em; font-family: cursive;">                     Food Handler                      u/date                 </div>		<b>Women's Bathroom</b>	4
Metal Shelves				Water Closets	2
Wooden Shelves				Lavatories	
Plastic Shelves					
Cabinets				<b>Employee Bathroom</b>	4
Bins (food grade)				Water Closets	2
Barrels (food grade)				Urinals	
Bulk				Lavatories	
Pallets					
Other				<b>Other (describe)</b>	
CERTIFIED FOOD HANDLER					
Name:	Mary Foley		Certificate Date:	3/19/04	
Name:			Certificate Date:		
Name:			Certificate Date:		
Name:			Certificate Date:		
Name:			Certificate Date:		
Additional Information:					

# *Information Already on File*

Use this grid to draw a floor plan including square footage, or provide an engineered floor plan.

Each square is approximately ¼ inch by ¼ inch. Please include square Footage.

Floor plan should include the following items:

Sinks:	Toilet Facilities:	Refrigeration:	Facilities:
1. Hand Washing	1. Water Closets	1. Walk-in Coolers	1. Food Preparation Areas
2. Ware Washing	2. Lavatories	2. Walk-in Freezers	2. Food Storage Areas
3. Utility	3. Urinals	3. Freestanding Coolers	3. Trash/Refuse/Redemption Areas
4. Food Prep	4. Other	4. Freestanding Freezers	4. Dining Areas
5. Dipper Wells		5. Other	5. Break Rooms/Office
6. Other			6. Equipment/Counters/Seats/Tables
			7. Dry Storage/All Other Storage

**\*\*All FEES COLLECTED ARE NON-REFUNDABLE 22MRSA § 2494**

ESTABLISHMENT TYPE	BASE FEE	ADD ON FEE	MAXIMUM FEE
Note: Eating Places in Portland, South Portland, Lewiston, and Auburn pay a flat fee of \$60.00.			
Agricultural Fair Campground	\$125.00	None	
Bed & Breakfast	\$45.00	\$2.00 / Room	\$150.00
Bottle Club	\$45.00	\$3.00 / seat	\$150.00
Campground	\$45.00	\$1.00/Site+\$3.00/Cottage	\$150.00
Catering Establishment	\$75.00	None	
Cottages	\$45.00	\$3.00 / Cottage	\$150.00
Day Youth Camp	\$45.00	None	
Eating & Lodging Place	\$45.00	\$3/ seat + \$2 /room	\$150.00
Eating Place / Catering (seats)	\$45.00	\$3.00 / seat	\$150.00
Eating Place Mobile	\$60.00	None	
Eating Place (seats)	\$45.00	\$3.00 / seat	\$150.00
Eating Place Take Out (no seats)	\$75.00	None	
Eating Place Temporary	\$45.00	None	
Eating Place / Vending Machine	\$45.00	\$3.00 / seat	\$150.00
Jails (Correctional Facilities)	\$50.00	None	
Lodging Place	\$45.00	\$2.00 / Room	\$150.00
Mass Gathering	\$100.00 - \$750.00	None	\$750.00
Recreational Camp	\$75.00	None	
Residential Youth Camp	\$90.00	None	
School Feeding	\$100.00	None	
School Feed / Catering	\$100.00	None	
School Feed / Satellite	\$100.00	None	
Sr. Citizen Meal Commissary	\$40.00	None	
Sr. Citizen Meal/Satellite	\$30.00	None	
Soup Kitchens	\$50.00	None	
Temporary Campground	\$125.00	None	
Trip & Travel Youth Camp	\$45.00	None	
Vending Machine	\$45.00	None	
Vending Machine Commissary	\$75.00	None	
Vending Machine Location	\$5.00 / Location	None	

**MISCELLANEOUS FEES PER ESTABLISHMENT**

Reprint license	\$10.00
Late renewal	\$25.00
Non profit / courtesy inspection	\$15.00
Holding fee	\$10.00
Additional inspection	\$35.00

Pursuant to Title 22 M.R.S.A. § 2501, Nonprofit organizations including, but not limited to, 4-H Clubs, scouts and agricultural societies shall be exempt from department rules and regulations relating to dispensing foods and nonalcoholic beverages at not more than 12 public events or meals within one calendar year. For the purposes of these rules, 12 public events are interpreted to mean monthly, but in no case more than 12 events per year. In those instances, the establishment shall be licensed as provided in these rules.

MAKE CHECK PAYABLE TO:      TREASURER, STATE OF MAINE (Fee Non-Refundable)

PLEASE MAIL TO:              DHHS / ENVIRONMENTAL HEALTH DIVISION  
 HEALTH INSPECTION PROGRAM  
 286 WATER STREET, KEY PLAZA, 3<sup>RD</sup> FLOOR  
 11 STATE HOUSE STATION  
 AUGUSTA, MAINE 04333-0011

**Please find a State of Maine Food Code Summary is attached for your review.**

STATE OF MAINE FOOD CODE SUMMARY  
(Handy Check List)

- All food service establishments must obtain a license from the Department of Health and Human Services.
- The license must be posted in the food service establishment for view by consumers and regulators.
- There must be a designated Person In Charge able to demonstrate knowledge of safe food handling.
- Water must be supplied from an approved source. (Provide current documents for private wells.)
- An ample supply of hot water (110° F) to meet peak demands shall be provided. (This is normal hot water temperature. Higher temperatures are required for hot water sanitization.)
- Food service establishment operations must not be conducted in a private home. (No home kitchen food preparation.)
- Food employee's health must not present risk of food contamination.
- Employees must keep themselves clean, including hands, fingernails, and outer clothing.
- Food must be from approved sources, stored at proper temperatures, and protected from contamination.
- All food preparation areas and warewashing areas must be provided with hand cleaning facilities.
- Handwashing sinks must be provided with hot water, hand soap, and disposable single use towels.
- Warewashing sinks must be provided for all food service establishments that use equipment, utensils, or dishware that is required to be washed, rinsed, and sanitized.
- Employee toilet facilities are required for all food service establishments. (Mobile establishments are required to have toilet facilities available.)
- Customer toilet facilities are required for establishments with more than 12 seats. (Additional requirements, if alcohol is served.)
- All surfaces in food preparation areas shall be smooth, durable, easily cleanable, and non-porous.
- All cold holding equipment must maintain 41° F or colder. (Thermometers required.)
- All hot holding equipment must maintain 140° F or hotter. (Thermometers required.)
- There are use limitations for cast iron, lead, copper, galvanized metal, sponges, wood, and nonstick coatings.
- Food ingredient containers must be labeled. (Ingredient name, and dated, if perishable.)
- All food and non-food contact surfaces must be kept clean, and food contact surfaces must be sanitized.
- Clean wiping cloths in chemical sanitizing solution must be readily available in all food preparation areas and used to wipe food contact surfaces. (A test kit is required for proper sanitizing solution concentration.)
- Raw fruits & vegetables must be washed. (Prior to being cooked, or served ready to eat.)
- Self-service, ready-to-eat food must be monitored and protected from customer contamination.
- Ventilation is required when cooking. (Fire suppression equipment may be required.)
- All windows, doors, and openings must provide protection from insects, rodents, and animals.
- Animals are not allowed on the premises. (Rare exceptions.)
- Consumer advisory is required when serving raw or undercooked foods.
- All plumbing must be according to law. (Provide documents, i.e. plumbing permits.)
- A service sink (mop sink) is required in all permanent food service establishment structures.
- Mobile establishments must use approved water and waste water tanks.
- Lighting must be provided, and light bulbs in food areas must be shielded.
- A copy of the Maine Food Code and the most recent inspection report should be available for reference at all times.

**FOR A COMPLETE COPY OF THE MAINE FOOD CODE**  
CONTACT THE HEALTH INSPECTION PROGRAM AT (207) 287-5671

OR

DOWNLOAD A COPY FROM: <http://www.maine.gov/dhhs/eng/el>

Experience fresh  
Our service is a beach



# Menu

Available all Week

Cream of Tomato  
Soup *at the Deli*

Veggie Quesadilla  
*at the Grill*

Chicken Caesar  
Salad  
Buffalo Chicken  
Salad

# weekly specials

*The Beacon*

March 10 - 14, 2008

Breakfast 6:45-9:30am Break 9:30-11:30am

Lunch 11:30-1:15pm Break 1:15-3:00pm

monday

Chicken & Barley Soup	Chicken Pepper Panini Ham & Swiss Panini Four Cheese Panini	Banana Pancakes
Chicken Cordon Bleu Sandwich Naked Cheeseburger	Pasta Zone	Spinach Rolletto

tuesday

Minestrone Soup	Chicken Pepper Panini Ham & Swiss Panini Four Cheese Panini	Farmers Omelet
Steak & Cheese Sub Naked Cheeseburger	Chicken Berry Salad	Ham & Cheese Calzone

wednesday

Beef Noodle Soup	Chicken Pepper Panini Ham & Swiss Panini Four Cheese Panini	Meat Lover's Pickup
Blazing Chicken Sandwich Naked Cheeseburger	Roast Turkey Carvery	Spinach Rolletto

thursday

Tuscan Vegetable Soup	Chicken Pepper Panini Ham & Swiss Panini Four Cheese Panini	Egg & Cheese Burrito
Italian Sausage Sub Naked Cheeseburger	Buffalo Mash	Ham & Cheese Calzone

friday

New England Clam Chowder	Chicken Pepper Panini Ham & Swiss Panini Four Cheese Panini	Mexican Omelet
Chicken Pepper Jack Sandwich Naked Cheeseburger	Parmesan Crusted Chicken	Spinach Rolletto

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