

27-F-23

City of Portland Health Inspection Report

Establishment Name Soaks	No. of Risk Factor/Intervention Violations	Date 10/5/06
	No. of Repeat Risk Factor/Intervention Violations	Time In _____
License/Est. ID# 17133	Address 30 City Ctr Portland	City/State OR 97101
License Posted <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Owner Name Rain Movement LLC	Purpose of Inspection Regular
	Est. Type 01	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
Supervision			
51	IN <input checked="" type="radio"/> OUT <input checked="" type="radio"/>		
PIC present, demonstrates knowledge, and performs duties			
Employee Health			
52	IN <input checked="" type="radio"/> OUT <input checked="" type="radio"/>		
Management awareness; policy present			
53	IN <input checked="" type="radio"/> OUT <input checked="" type="radio"/>		
Proper use of reporting, restriction & Exclusion			
Good Hygienic Practices			
54	IN <input checked="" type="radio"/> OUT <input checked="" type="radio"/> N/O <input checked="" type="radio"/>		
Proper eating, tasting, drinking, or tobacco use			
55	IN <input checked="" type="radio"/> OUT <input checked="" type="radio"/> N/O <input checked="" type="radio"/>		
No discharge from eyes, nose, and mouth			
Preventing Contamination by Hands			
56	IN <input checked="" type="radio"/> OUT <input checked="" type="radio"/> N/O <input checked="" type="radio"/>		
Hands clean & properly washed			
27	IN <input checked="" type="radio"/> OUT <input checked="" type="radio"/> N/A <input checked="" type="radio"/>		
No bare hand contact with RTE foods or approved alternate method properly followed			
58	IN <input checked="" type="radio"/> OUT <input checked="" type="radio"/>		
Adequate handwashing facilities supplied & accessible			
Approved Source			
59	IN <input checked="" type="radio"/> OUT <input checked="" type="radio"/>		
Food obtained from approved source			
510	IN <input checked="" type="radio"/> OUT <input checked="" type="radio"/> N/A <input checked="" type="radio"/>		
Food received at proper temperature			
511	IN <input checked="" type="radio"/> OUT <input checked="" type="radio"/>		
Food in good condition, safe, & unadulterated			
112	IN <input checked="" type="radio"/> OUT <input checked="" type="radio"/> N/A <input checked="" type="radio"/>		
Required records available: shellstock tags, parasite destruction			
Protection from Contamination			
213	IN <input checked="" type="radio"/> OUT <input checked="" type="radio"/> N/A <input checked="" type="radio"/>		
Food separated & protected			
214	IN <input checked="" type="radio"/> OUT <input checked="" type="radio"/> N/A <input checked="" type="radio"/>		
Food-contact surfaces: cleaned & sanitized			
515	IN <input checked="" type="radio"/> OUT <input checked="" type="radio"/>		
Proper disposition of returned, previously served, reconditioned, & unsafe food			

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

Compliance Status		COS	R
Safe Food and Water			
528	IN <input checked="" type="radio"/> OUT <input checked="" type="radio"/>		
Pasteurized eggs used where required			
529	IN <input checked="" type="radio"/> OUT <input checked="" type="radio"/>		
Water & ice from approved source			
30	IN <input checked="" type="radio"/> OUT <input checked="" type="radio"/>		
Variance obtained for specialized processing			
Food Temperature Control			
531	IN <input checked="" type="radio"/> OUT <input checked="" type="radio"/>		
Proper cooling methods used; adequate equipment for temperature control			
532	IN <input checked="" type="radio"/> OUT <input checked="" type="radio"/>		
Plant food properly cooked for hot holding			
533	IN <input checked="" type="radio"/> OUT <input checked="" type="radio"/>		
Approved thawing methods used			
34	IN <input checked="" type="radio"/> OUT <input checked="" type="radio"/>		
Thermometers provided & accurate			
Food Identification			
35	IN <input checked="" type="radio"/> OUT <input checked="" type="radio"/>		
Food properly labeled; original container			
Prevention of Food Contamination			
36	IN <input checked="" type="radio"/> OUT <input checked="" type="radio"/>		
Insects, rodents, & animals not present			
37	IN <input checked="" type="radio"/> OUT <input checked="" type="radio"/>		
Contamination prevented during food preparation, storage & display			
38	IN <input checked="" type="radio"/> OUT <input checked="" type="radio"/>		
Personal cleanliness			
39	IN <input checked="" type="radio"/> OUT <input checked="" type="radio"/>		
Wiping cloths: properly used & stored			
40	IN <input checked="" type="radio"/> OUT <input checked="" type="radio"/>		
Washing fruits & vegetables			

Compliance Status		COS	R
Proper Use of Utensils			
241	IN <input checked="" type="radio"/> OUT <input checked="" type="radio"/>		
In-use utensils: properly stored			
242	IN <input checked="" type="radio"/> OUT <input checked="" type="radio"/>		
Utensils, equipment & linens: properly stored, dried & handled			
243	IN <input checked="" type="radio"/> OUT <input checked="" type="radio"/>		
Single-use & single-service articles: properly stored & used			
244	IN <input checked="" type="radio"/> OUT <input checked="" type="radio"/>		
Gloves used properly			
Utensil, Equipment and Vending			
245	IN <input checked="" type="radio"/> OUT <input checked="" type="radio"/>		
Food & non-food contact surfaces cleanable, properly designed, constructed, & used			
146	IN <input checked="" type="radio"/> OUT <input checked="" type="radio"/>		
Warewashing facilities: installed, maintained, & used; test strips			
147	IN <input checked="" type="radio"/> OUT <input checked="" type="radio"/>		
Non-food contact surfaces clean			
Physical Facilities			
448	IN <input checked="" type="radio"/> OUT <input checked="" type="radio"/>		
Hot & cold water available; adequate pressure			
549	IN <input checked="" type="radio"/> OUT <input checked="" type="radio"/>		
Plumbing installed; proper backflow devices			
550	IN <input checked="" type="radio"/> OUT <input checked="" type="radio"/>		
Sewage & waste water properly disposed			
251	IN <input checked="" type="radio"/> OUT <input checked="" type="radio"/>		
Toilet facilities: properly constructed, supplied, & cleaned			
252	IN <input checked="" type="radio"/> OUT <input checked="" type="radio"/>		
Garbage & refuse properly disposed; facilities maintained			
153	IN <input checked="" type="radio"/> OUT <input checked="" type="radio"/>		
Physical facilities installed, maintained, & clean			
154	IN <input checked="" type="radio"/> OUT <input checked="" type="radio"/>		
Adequate ventilation & lighting; designated areas used			

Person in Charge (Signature)

Date: **10/5/06**

Health Inspector (Signature)

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