

028 K001

# City of Portland Health Inspection Report

Establishment Name <i>Old Port Sandwiches</i>	No. of Risk Factor/Intervention Violations	Date <i>April 28-09</i>		
	No. of Repeat Risk Factor/Intervention Violations			
License/Est. ID# <i>New</i>	Address <i>89 Mkt St.</i>	City/State	Zip Code	Telephone
License Posted [ ] Yes [ ] No <i>New</i>	Owner Name	Purpose of Inspection <i>New-</i>	Est. Type	Risk Category

Score (optional) **92**

## 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>		
5 1 <input checked="" type="radio"/> IN <input type="radio"/> OUT			5 16 <input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A <input type="radio"/> N/O		
PIC present, demonstrates knowledge, and performs duties			5 17 <input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A <input type="radio"/> N/O		
<b>Employee Health</b>			5 18 <input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A <input type="radio"/> N/O		
5 2 <input checked="" type="radio"/> IN <input type="radio"/> OUT			5 19 <input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A <input type="radio"/> N/O		
Management awareness; policy present			5 20 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
5 3 <input checked="" type="radio"/> IN <input type="radio"/> OUT			5 21 <input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A <input type="radio"/> N/O		
Proper use of reporting, restriction & Exclusion			5 22 <input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A <input type="radio"/> N/O		
<b>Good Hygienic Practices</b>			<b>Consumer Advisory</b>		
5 4 <input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/O			5 23 <input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A <input type="radio"/> N/O		
Proper eating, tasting, drinking, or tobacco use			Consumer advisory provided for raw or undercooked foods		
5 5 <input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/O			<b>Highly Susceptible Populations</b>		
No discharge from eyes, nose, and mouth			5 24 <input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A <input type="radio"/> N/O		
<b>Preventing Contamination by Hands</b>			<b>Chemical</b>		
5 6 <input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/O			5 25 <input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A <input type="radio"/> N/O		
Hands clean & properly washed			5 26 <input checked="" type="radio"/> IN <input type="radio"/> OUT		
2 7 <input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A <input type="radio"/> N/O			Toxic substances properly identified, stored, & used		
No bare hand contact with RTE foods or approved alternate method properly followed			<b>Conformance with Approved Procedures</b>		
5 8 <input checked="" type="radio"/> IN <input type="radio"/> OUT			5 27 <input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A <input type="radio"/> N/O		
Adequate handwashing facilities supplied & accessible			Compliance with variance, specialized process, & HACCP plan		
<b>Approved Source</b>			<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.		
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 <input type="radio"/> N/A <input type="radio"/> N/O					
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 type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A <input type="radio"/> N/O					
Required records available: shellstock tags, parasite destruction					
<b>Protection from Contamination</b>					
2 13 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A					
Food separated & protected					
2 14 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> 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					

## 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	Compliance Status	COS	R
<b>Safe Food and Water</b>			<b>Proper Use of Utensils</b>		
5 28 <input type="radio"/> IN <input type="radio"/> OUT			2 41 <input type="radio"/> IN <input type="radio"/> OUT		
Pasteurized eggs used where required			In-use utensils: properly stored		
5 29 <input type="radio"/> IN <input type="radio"/> OUT			2 42 <input type="radio"/> IN <input type="radio"/> OUT		
Water & ice from approved source			Utensils, equipment & linens: properly stored, dried & handled		
30 <input type="radio"/> IN <input type="radio"/> OUT			2 43 <input type="radio"/> IN <input type="radio"/> OUT		
Variance obtained for specialized processing			Single-use & single-service articles: properly stored & used		
<b>Food Temperature Control</b>			2 44 <input type="radio"/> IN <input type="radio"/> OUT		
5 31 <input type="radio"/> IN <input type="radio"/> OUT			Gloves used properly		
Proper cooling methods used; adequate equipment for temperature control			<b>Utensil, Equipment and Vending</b>		
5 32 <input type="radio"/> IN <input type="radio"/> OUT			2 45 <input type="radio"/> IN <input type="radio"/> OUT		
Plant food properly cooked for hot holding			Food & non-food contact surfaces cleanable, properly designed, constructed, & used		
5 33 <input type="radio"/> IN <input type="radio"/> OUT			1 46 <input checked="" type="radio"/> IN <input type="radio"/> OUT		
Approved thawing methods used			Warewashing facilities: installed, maintained, & used; test strips		
1 34 <input type="radio"/> IN <input type="radio"/> OUT			1 47 <input type="radio"/> IN <input type="radio"/> OUT		
Thermometers provided & accurate			Non-food contact surfaces clean		
<b>Food Identification</b>			<b>Physical Facilities</b>		
1 35 <input type="radio"/> IN <input type="radio"/> OUT			4 48 <input type="radio"/> IN <input type="radio"/> OUT		
Food properly labeled; original container			Hot & cold water available; adequate pressure		
<b>Prevention of Food Contamination</b>			5 49 <input checked="" type="radio"/> IN <input type="radio"/> OUT		
4 36 <input type="radio"/> IN <input type="radio"/> OUT			Plumbing installed; proper backflow devices		
Insects, rodents, & animals not present			5 50 <input checked="" type="radio"/> IN <input type="radio"/> OUT		
2 37 <input checked="" type="radio"/> IN <input type="radio"/> OUT			Sewage & waste water properly disposed		
Contamination prevented during food preparation, storage & display			2 51 <input type="radio"/> IN <input type="radio"/> OUT		
5 38 <input type="radio"/> IN <input type="radio"/> OUT			Toilet facilities: properly constructed, supplied, & cleaned		
Personal cleanliness			2 52 <input type="radio"/> IN <input type="radio"/> OUT		
1 39 <input type="radio"/> IN <input type="radio"/> OUT			Garbage & refuse properly disposed; facilities maintained		
Wiping cloths: properly used & stored			1 53 <input type="radio"/> IN <input type="radio"/> OUT		
1 40 <input type="radio"/> IN <input type="radio"/> OUT			Physical facilities installed, maintained, & clean		
Washing fruits & vegetables			1 54 <input type="radio"/> IN <input type="radio"/> OUT		
			Adequate ventilation & lighting; designated areas used		

Person in Charge (Signature) *[Signature]* Date: *4-28-09*

Health Inspector (Signature) *[Signature]* Follow-up: YES NO (circle one) Follow-up Date:

