

City of Portland Health Inspection Report

Establishment Name <i>Anthony's Italian Kitchen</i>		No. of Risk Factor/Intervention Violations	Date <i>04/29/09</i>		
		No. of Repeat Risk Factor/Intervention Violations	Time In <i>320</i>		
License/Est. ID# <i>1029</i>		Address <i>151 Middle St</i>	City/State <i>Portland, ME</i>	Zip Code	Telephone
License Posted <i>4/28/09</i>	Owner Name	Purpose of Inspection <i>Annual</i>	Est. Type	Risk Category	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Score (optional) 87		Time Out	

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

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

Person in Charge (Signature) *Dan [Signature]*

Date: *04/28/09*

Health Inspector (Signature) *[Signature]*

Follow-up: YES NO (circle one)

Follow-up Date:

City of Portland Health Inspection Report

Establishment Name Anthony's Italian Kitchen		As Authorized by 22 MRSA § 2496		Date <u>05/01/09</u>
License/EST. ID # 1029	Address 151 Middle St	City/State Portland, ME	Zip Code	Telephone

TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
		Cooler # 2	36°F		
		Freezer # 1	-10°F		

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.

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.
8	Hand Drying Provisions @ Kitchen sink 6-301.12
37	Contamination @ food prep. clean hood system
47	Clean all non-food contact surfaces around all appliances @ X in the storage area / hood system 4-602.13
49	Repair the broken or faulty P trap in the food X storage area (Plumbing Code) 5-202.11

Person in Charge (Signature)	Date
Health Inspector (Signature)	Date <u>05/19/09</u>