

City of Portland Health Inspection Report

Establishment Name <i>Portland Restaurant / Comedy Club</i>		No. of Risk Factor/Intervention Violations	Date <i>8-21-07</i>		
		No. of Repeat Risk Factor/Intervention Violations		Time In _____	
License/Est. ID# <i>07503</i>		Address <i>16 Custom House</i>	City/State <i>Portland</i>	Zip Code <i>07101</i>	Telephone
License Posted <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Owner Name <i>Olive Keating</i>	Purpose of Inspection <i>New Bus.</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 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	IN OUT			PIC present, demonstrates knowledge, and performs duties		
Employee Health						
5 2	IN OUT			Management awareness; policy present		
5 3	IN OUT			Proper use of reporting, restriction & Exclusion		
Good Hygienic Practices						
5 4	IN OUT	N/O		Proper eating, tasting, drinking, or tobacco use		
5 5	IN OUT	N/O		No discharge from eyes, nose, and mouth		
Preventing Contamination by Hands						
5 6	IN OUT	N/O		Hands clean & properly washed		
2 7	IN OUT	N/A		No bare hand contact with RTE foods or approved alternate method properly followed		
5 8	IN OUT			Adequate handwashing facilities supplied & accessible		
Approved Source						
5 9	IN OUT			Food obtained from approved source		
5 10	IN OUT	N/A		Food received at proper temperature		
5 11	IN OUT			Food in good condition, safe, & unadulterated		
1 12	IN OUT	N/A		Required records available: shellstock tags, parasite destruction		
Protection from Contamination						
2 13	IN OUT	N/A		Food separated & protected		
2 14	IN OUT	N/A		Food-contact surfaces: cleaned & sanitized		
5 15	IN OUT			Proper disposition of returned, previously served, reconditioned, & unsafe food		
Potentially Hazardous Food Time/Temperature						
5 16	IN OUT	N/A		Proper cooking time & temperatures		
5 17	IN OUT	N/A		Proper reheating procedures for hot holding		
5 18	IN OUT	N/A		Proper cooling time & temperature		
5 19	IN OUT	N/A		Proper hot holding temperatures		
5 20	IN OUT	N/A		Proper cold holding temperatures		
5 21	IN OUT	N/A		Proper date marking & disposition		
5 22	IN OUT	N/A		Time as a public health control: procedures & record		
Consumer Advisory						
5 23	IN OUT	N/A		Consumer advisory provided for raw or undercooked foods		
Highly Susceptible Populations						
5 24	IN OUT	N/A		Pasteurized foods used; prohibited foods not offered		
Chemical						
5 25	IN OUT	N/A		Food additives: approved & properly used		
5 26	IN OUT			Toxic substances properly identified, stored, & used		
Conformance with Approved Procedures						
5 27	IN 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.

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	X 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	X Non-food contact surfaces clean		
Prevention of Food Contamination							
4 36	Insects, rodents, & animals not present			Physical Facilities			
2 37	X 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	X Toilet facilities: properly constructed, supplied, & cleaned		
				2 52	X Garbage & refuse properly disposed; facilities maintained		
				1 53	X Physical facilities installed, maintained, & clean		
				1 54	X Adequate ventilation & lighting; designated areas used		

Person in Charge (Signature) *Heather Lala* Date: *8-21-07*

Health Inspector (Signature) *Sy Ann* 8-21-07

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

City of Portland Health Inspection Report

Establishment Name <u>Portable restaurant/comedy club</u>	As Authorized by 22 MRSA § 2496	Date <u>8-21-07</u>
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License/EST. ID # <u>07503</u>	Address <u>16 Custom House</u>	City/State <u>Portland - ME</u>	Zip Code <u>07101</u>	Telephone
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TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
	<u>45°</u>				
	<u>40°</u>				
		<u>Dishwasher okay</u>			

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.
<u>37</u>	<u>Peeling paint ceiling in prep area must be removed + rep.</u>
<u>37</u>	<u>ALL holes in walls ceiling must be closed</u>
<u>53</u>	<u>sheetsrock must be painted / cleanable surfaces</u>
<u>53</u>	<u>Freezer is not in good working order</u>
	<u>Floor needs to be repaired</u>
<u>46</u>	<u>Dishwasher Test strip ^{not available} is not okay for prep</u>
54	<u>54 Bathrooms ventilated to outside</u>
<u>X</u>	<u>Check re ceiling issues + fire cone -</u>
<u>52</u>	<u>- Have Dumpster covers repaired / replaced -</u>

Person in Charge (Signature) <u>Heather Lukan</u>	Date <u>8-21-07</u>
Health Inspector (Signature) <u>Suz Hunt</u>	Date <u>8-21-07</u>