CISA INAI

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City o	f Portland	Hea	lt	th	In	spection	Report		Pageof	- 0	
Porthula Commely Commels Comme		No. of Risk Factor/Intervention Violations						Date 6/05/05			
		No. of Repeat Risk Factor/Intervention Violations						Time In			
						Score (optional)	87	Time Out			
				City/State			Zip Code		relephone		
License Posted Owner, Name Oliver Kentuly				Purpose of Inspection			Est. Type		Risk Category		
			£ 9(-)			11/800		عاده		40.00	
FOODBORNEILLNESS 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=nc	ot a	pplica	eu i able	COS=corre			pection R=repeat vi		
Compliance Status		cos R				iance Status		*****************************		COS R	
Supervision Dig areas to the same transmitted	a knowledge and			5 16	1 18		Hazardous Food roper cooking time		e/Temperature		
5 1 IN OUT PIC present, demonstrate performs duties	s knowledge, and			5 17	<u>, 11</u>	V OUTN/A N/Q>,P	roper reheating pro	cedu	res for hot holding		
Employee Health				5 18			roper cooling time roper hot holding t				
5 N OUT Management awareness; 5 N OUT Proper use of reporting, re		Action 1	5	5 20	11	NOUT NA P	roper cold holding	temp	eratures		
Good Hygienic Practic	ces		1	5 21			roper date marking ime as a public he				
Froper eating, tasting, drings in OUT W/ Proper eating, tasting, drings in OUT No discharge from eyes, in				322	"		record	aiii) Ç	procedures		
Preventing Contamination I	y Hands			1250000000	44.5	N OUT (N/A)C	Consumer Advisory processing the		y ed for raw or		
56 IN OUT N/C Hands clean & properly w 27 IN OUTN/A N/O No bare hand contact with			-	5 23	"		ndercooked foods	JIOVIG	ed lor law of	l ² n.	
approved alternate metho	d properly followed	, "		510.4			nly Susceptible I				
58 INOUT Adequate handwashing fa	cilities supplied &	1. The state of th		5 24				seu;	prohibited foods not		
Approved Source			ĄŽ,		111		Chemical			10.00	
5 9 (IN/OUT Food obtained form appro		3.50	-1				ood*additives: appr oxic substances pr			44 (1)	
5 11 (N) OUT Food in good condition, s	afe, & unadulterated	No.	أرين	À	-		used		4,707	, #1 12m	
1 12 (N)OUTN/A N/O Required records available tags, parasite destruction	e: shellstock	()		5127	7176		ance with Appro ompliance with var				
Protection from Contami	nation				-	# P!	rocess,/&/HACCP r				
2 13 NOUT N/A Food separated & protect		may he	}	Ris	sk f	actors are improp	per practices or pr	oced	ures identified as fine	most 1	
2 14 NOUT Food-contact surfaces: cle 5 15 NOUT Proper disposition of return		1 2 2 m	3	pre	eval	ent contributing fac	ctors of foodborne	illnes	s or injury. Public He loodborne illness of i	alth	
served, reconditioned, &		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\						vont i	Boodberrie IIIneda er i	Minary 1	
Good Retail Practices are preven	tative measures to co	ontrol the	ac	ddition	of	TICES pathogens, chemic	als, and physical o	bject	s into foods.	· • • • • • • • • • • • • • • • • • • •	
Mark "X" in box if numbered item is not in compli	ance Mark "X" in app	oropriate	box	for C	os	and/or R COS=co	orrected on-site duri	ng/ins	spection R=repeat vio		
Safe Food and Water	n de la company	COSR					Proper Use of U	Jtens	lls (;) //4//	COS R	
5 28 Pasteurized eggs used where required				2 4		In-use utensils: p		ly eta	red, dried & handled		
5 29 Water & ice from approved source 30 Variance obtained for specialized process	sing	+		2 4					rly stored & used	7 1	
Food Temperature Co	ntrol]	2 4		Gloves used prop		and (ِيْمِرُ /ending:	-1 1 m	
5 31 Proper cooling methods used; adequate of temperature control	equipment for	+ -	1	2 4	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		contact surfaces c				
5 32 Plant food properly cooked for hot holding)			1 4	_	designed, constru		intain	ed, & used; test strips	 	
5 33 Approved thawing methods used 1 34 Thermometers provided & accurate		-	1	1 4		Non-food contact		man	cu, a uscu, tost strips		
Food Identification				4 4	0		Physical Faci available; adequate		RELITA		
1 35 Food properly labeled; original container Prevention of Food Container	mination		5	5 4		Plumbing installed	d; proper backflow	devic	es		
4 36 Insects, rodents, & animals not present]	5 5		Sewage, & waste	water properly disproperly constructed,	osed	olied & cleaned		
2 37 Contamination prevented during food prepar 5 38 Personal cleanliness	ation, storage & displa	У .	1	2 5	2	Garbage & refuse	properly disposed	l; faci	lities maintained		
1 39 Wiping cloths: properly used & stored				1 5	-		installed, maintaine ion & lighting; desi				
1 40 % Washing fruits & vegetables		L	J	113			- Igrang, door	gnan	,	<u> </u>	
le de	1012	On				Deter	6-508)			
Person in Charge (Signature)	we the	* U			111	Date:	4146 Williams		, I		
Health Inspector (Signature)	uer (ei			Follo	C w-ui	PICYES NO (circle one) Foll	low-u	3.50 1/6 p Date:		
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tablishment Name	City of Por Pour Hole		rized by 22 MR			Date	
Portem	OUTHOU	against 15		. 5		4/5/0	V8 2
ense/EST. ID#	Address	Commend	City/State		Zip Code	Telephone	
	062	TEMPERATU	RE OBSERV	ATIONS			<i>n</i> '
Item/Location	Temp	Item/Loca	ation	Temp	Item/Loc		Temp
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			S. Santana, A.	The same of			
				A province			
			t per		(A		A.
	(Objective)	ERVATIONS AN	ID CORREC	TIVE ACTI	ONS 11 a	and 0 406 11 of th	e Eood Code
item	n this report must be co	rrected within the time	e trames below,		sections 6-405.11 a	ilid 6-400.11 of th	e rood code.
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alth Inspector (Signatur	- 7/1/2	1 INS			Ī	Date u^{-0}	- 1)