

030 A001

City of Portland Health Inspection Report

Page 1 of 2

Establishment Name <i>Gilbert Chowder</i>	No. of Risk Factor/Intervention Violations	Date <i>9/15/08</i>		
	No. of Repeat Risk Factor/Intervention Violations	Time In		
	Score (optional) 98	Time Out		
License/Est. ID# <i>6827</i>	Address <i>92 Commercial</i>	City/State <i>PTL</i>	Zip Code	Telephone
License Posted <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Owner Name <i>Treble Ender</i>	Purpose of Inspection <i>Reinspect</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					Potentially Hazardous Food Time/Temperature				
5 1	IN OUT	PIC present, demonstrates knowledge, and performs duties			5 16	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N/A N/O	Proper cooking time & temperatures		
Employee Health					Consumer Advisory				
5 2	IN OUT	Management awareness; policy present			5 23	IN OUT <input checked="" type="checkbox"/> N/A	Consumer advisory provided for raw or undercooked foods		
5 3	IN OUT	Proper use of reporting, restriction & Exclusion			Highly Susceptible Populations				
Good Hygienic Practices					Chemical				
5 4	IN OUT N/O	Proper eating, tasting, drinking, or tobacco use			5 25	IN OUT <input checked="" type="checkbox"/> N/A	Food additives: approved & properly used		
5 5	IN OUT N/O	No discharge from eyes, nose, and mouth			5 26	IN OUT	Toxic substances properly identified, stored, & used		
Preventing Contamination by Hands					Conformance with Approved Procedures				
5 6	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N/O	Hands clean & properly washed			5 27	IN OUT <input checked="" type="checkbox"/> N/A	Compliance with variance, specialized process, & HACCP plan		
2 7	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N/A N/O	No bare hand contact with RTE foods or approved alternate method properly followed			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.				
5 8	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Adequate handwashing facilities supplied & accessible							
Approved Source									
5 9	IN OUT	Food obtained from approved source							
5 10	IN OUT N/A N/O	Food received at proper temperature							
5 11	IN OUT	Food in good condition, safe, & unadulterated							
1 12	IN OUT N/A N/O	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							

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

Person in Charge (Signature) *[Signature]* Date: *9/15/08*

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

