

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK  
**CITY OF PORTLAND**

**BUILDING INSPECTION**

**PERMIT**

Permit Number: 100458

**PERMIT ISSUED**

Please Read  
Application And  
Notes, If Any,  
Attached

This is to certify that THE ONETEN COMPANY LLC / Peter Noone

has permission to Change of use from school to Condo / tenant fit-up MAY 19 2010

AT 110 EXCHANGE ST CBL 032 H001001

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statutes of Maine and of the Ordinances of the City of Portland regulating the construction, maintenance and use of buildings and structures, and of the application on file in this department.

Apply to Public Works for street line and grade if nature of work requires such information.

Notification of inspection must be given and written permission procured before this building or part thereof is lathed or otherwise closed-in. 24 HOUR NOTICE IS REQUIRED.

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

**OTHER REQUIRED APPROVALS**

Fire Dept. *[Signature]*

Health Dept. *[Signature]*

Appeal Board \_\_\_\_\_

Other \_\_\_\_\_  
Department Name

*[Signature]* 5/19/10  
Director - Building & Inspection Services

**PENALTY FOR REMOVING THIS CARD**

SCANNED



CITY OF PORTLAND, MAINE  
Department of Building Inspection

# Certificate of Occupancy

LOCATION 110 EXCHANGE ST CBL 032 H001001

Issued to The Oneten Company Llc /Peter Noone Date of Issue 01/25/2011

**This is to certify** that the building, premises, or part thereof, at the above location, built — altered — changed as to use under Building Permit No. 10-0458, has had final inspection, has been found to conform substantially to requirements of Zoning Ordinance and Building Code of the City, and is hereby approved for occupancy or use, limited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES

4th Floor

APPROVED OCCUPANCY

Residential Condo  
Use Group R-3  
Type 5B  
IBC-2003

**Limiting Conditions:** This is a change of use only permit and is not intended to certify building code compliance.

This certificate supersedes  
certificate issued

Approved: 1-25-11

**City of Portland, Maine - Building or Use Permit Application**

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 10-0458	Issue Date:	CBL: 032 H001001
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Location of Construction: 110 EXCHANGE ST	Owner Name: THE ONETEN COMPANY LLC	Owner Address: 19 HANSON ST	Phone:
Business Name:	Contractor Name: Peter Noone	Contractor Address: 246 Main Street Westbrook	Phone 2077490519
Lessee/Buyer's Name	Phone:	Permit Type: Change of Use - Commercial	Zone: B-3

Past Use: Commercial -School- <i>4th floor</i>	Proposed Use: Residential Condo - Change of use <i>4th floor</i> from school to Condo / tenant fit-up	Permit Fee: \$395.00	Cost of Work: \$30,000.00	CEO District: 1
		FIRE DEPT: <i>w/conditions</i> <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: <i>R/A-2</i> Type: <i>#FL</i>	

Proposed Project Description: Change of use from school to Condo / tenant fit-up - <i>4th floor</i> <i>1st Floor restaurant - corner room</i>	Signature: <i>[Signature]</i>	Signature: <i>[Signature]</i>
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied		
Signature:		Date:

Permit Taken By: Idobson	Date Applied For: 05/03/2010	<b>Zoning Approval</b>
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<p>1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</p> <p>2. Building permits do not include plumbing, septic or electrical work.</p> <p>3. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work..</p>	<p><b>Special Zone or Reviews</b></p> <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan <p>Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/></p> <p>Date: <i>[Signature]</i></p>	<p><b>Zoning Appeal</b></p> <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied <p>Date:</p>	<p><b>Historic Preservation</b></p> <input type="checkbox"/> Not in District or Landmark <input checked="" type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied <p>Date: <i>[Signature]</i></p>
	<p><i>approved w/conditions</i></p>		

**PERMIT ISSUED**

MAY 19 2010

City of Portland

**CERTIFICATION**

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application is issued, I certify that the code official's authorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provision of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT \_\_\_\_\_ ADDRESS \_\_\_\_\_ DATE \_\_\_\_\_ PHONE \_\_\_\_\_

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE \_\_\_\_\_ DATE \_\_\_\_\_ PHONE \_\_\_\_\_

# ELECTRICAL PERMIT

## City of Portland, Me.



To the Chief Electrical Inspector, Portland Maine:  
 The undersigned hereby applies for a permit to make electrical installations  
 in accordance with the laws of Maine, the City of Portland Electrical Ordinance,  
 National Electrical Code and the following specifications:

Date \_\_\_\_\_  
 Permit # 2010-4335  
 CBL# 32-11-1

LOCATION: 110 Exchange St. METER MAKE & # \_\_\_\_\_  
 CMP ACCOUNT # \_\_\_\_\_ OWNER Justin O'Reilly  
 TENANT \_\_\_\_\_ PHONE # 415-8655

**TOTAL EACH FEE**

OUTLETS	30	Receptacles	15	Switches	4	Smoke Detector	.20
FIXTURES	15	Incandescent		Fluorescent		Strips	.20
SERVICES		Overhead		Underground		TTL AMPS <800	15.00
		Overhead		Underground		>800	25.00
Temporary Service		Overhead		Underground		TTL AMPS	25.00
							25.00
METERS		(number of)					1.00
MOTORS		(number of)					2.00
RESID/COM		Electric units					1.00
HEATING		oil/gas units		Interior		Exterior	5.00
APPLIANCES		Ranges		Cook Tops		Wall Ovens	2.00
		Insta-Hot		Water heaters	2	Fans	2.00
	1	Dryers	1	Disposals		Dishwasher	2.00
		Compactors		Spa	1	Washing Machine	2.00
		Others (denote)					2.00
MISC. (number of)		Air Cond/win					3.00
		Air Cond/cent				Pools	10.00
		HVAC		EMS		Thermostat	5.00
		Signs					10.00
		Alarms/res					5.00
		Alarms/com					15.00
		Heavy Duty(CRKT)					2.00
		Circus/Carnv					25.00
		Alterations					5.00
		Fire Repairs					15.00
		E Lights					1.00
		E Generators					20.00
PANELS		Service		Remote		Main	4.00
TRANSFORMER		0-25 Kva					5.00
		25-200 Kva					8.00
		Over 200 Kva					10.00
						TOTAL AMOUNT DUE	
						MINIMUM FEE/COMMERCIAL 55.00	45.00

**RECEIVED**

JUN - 1 2010

Dept. of Building Inspection  
 City of Portland Maine

CONTRACTORS NAME Theodore R. Roy (MT Electric) MASTER LIC. # M560019222  
 ADDRESS Freeport Me. LIMITED LIC. # \_\_\_\_\_  
 TELEPHONE \_\_\_\_\_

SIGNATURE OF CONTRACTOR [Signature]



**CITY OF PORTLAND, MAINE**  
Department of Building Inspections

**Original Receipt**

\_\_\_\_\_ 6-1 20 10 \_\_\_\_\_

Received from \_\_\_\_\_

Location of Work \_\_\_\_\_ 110 Exchange \_\_\_\_\_

Cost of Construction \$ \_\_\_\_\_ Building Fee: \_\_\_\_\_

Permit Fee \$ \_\_\_\_\_ Site Fee: \_\_\_\_\_

Certificate of Occupancy Fee: \_\_\_\_\_

**Total:** \_\_\_\_\_ 55 \_\_\_\_\_

Building (IL) \_\_\_\_\_ Plumbing (I5) \_\_\_\_\_ Electrical (I2) \_\_\_\_\_ Site Plan (U2) \_\_\_\_\_

Other \_\_\_\_\_

CBL: \_\_\_\_\_ 32-11-1 \_\_\_\_\_

Check #: \_\_\_\_\_ 069 \_\_\_\_\_ **Total Collected \$** \_\_\_\_\_ 55 \_\_\_\_\_

**No work is to be started until permit issued.  
Please keep original receipt for your records.**

Taken by: \_\_\_\_\_ [Signature] \_\_\_\_\_

WHITE - Applicant's Copy  
YELLOW - Office Copy  
PINK - Permit Copy

**City of Portland, Maine - Building or Use Permit**

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

<b>Permit No:</b> 10-0458	<b>Date Applied For:</b> 05/03/2010	<b>CBL:</b> 032 H001001
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<b>Location of Construction:</b> 110 EXCHANGE ST	<b>Owner Name:</b> THE ONETEN COMPANY LLC	<b>Owner Address:</b> 19 HANSON ST	<b>Phone:</b>
<b>Business Name:</b>	<b>Contractor Name:</b> Peter Noone	<b>Contractor Address:</b> 246 Main Street Westbrook	<b>Phone</b> (207) 749-0519
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Change of Use - Commercial	

<b>Proposed Use:</b> Residential Condo - Change of use from school to Condo / tenant fit-up - 4th floor	<b>Proposed Project Description:</b> Change of use from school to Condo / tenant fit-up - 4th floor
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<b>Dept:</b> Zoning	<b>Status:</b> Approved with Conditions	<b>Reviewer:</b> Marge Schmuckal	<b>Approval Date:</b> 05/07/2010
<b>Note:</b>			<b>Ok to Issue:</b> <input checked="" type="checkbox"/>
1) ANY exterior work requires a separate review and approval thru Historic Preservation. This property is located within an Historic District.			
2) The fourth floor shall remain a single family dwelling (condo). Any change of use shall require a separate permit application for review and approval.			
3) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.			

<b>Dept:</b> Building	<b>Status:</b> Approved with Conditions	<b>Reviewer:</b> Jeanine Bourke	<b>Approval Date:</b> 05/19/2010
<b>Note:</b>			<b>Ok to Issue:</b> <input checked="" type="checkbox"/>
1) All penetrations through rated assemblies must be protected by an approved firestop system installed in accordance with ASTM 814 or UL 1479, per IBC 2003 Section 712.			
2) Separate permits are required for any electrical, plumbing, sprinkler, fire alarm HVAC systems, heating appliances, commercial hood exhaust systems and fuel tanks. Separate plans may need to be submitted for approval as a part of this process.			
3) Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approval prior to work.			

<b>Dept:</b> Fire	<b>Status:</b> Approved with Conditions	<b>Reviewer:</b> Ben Wallace Jr.	<b>Approval Date:</b> 05/11/2010
<b>Note:</b>			<b>Ok to Issue:</b> <input checked="" type="checkbox"/>
1) Smoke and carbon monoxide alarms shall be provided. Shall be hardwired with battery back up and interconnected with in the dwelling unit.			
2) A separate Fire Alarm Permit is required for new systems; or for work effecting more than 5 fire alarm devices; or replacement of a fire alarm panel with a different model .			
3) A separate Suppression System Permit is required for all new suppression systems or sprinkler work effecting more than 20 heads.			
4) The Fire alarm and Sprinkler systems shall be reviewed by a licensed contractor[s] for code compliance. Compliance letters are required.			
5) All construction shall comply with NFPA 1 and 101.			

## **BUILDING PERMIT INSPECTION PROCEDURES**

**Please call 874-8703 or 874-8693 (ONLY )**

**or email: [buildinginspections@portlandmaine.gov](mailto:buildinginspections@portlandmaine.gov)**

With the issuance of this permit, the owner, builder or their designee is required to provide adequate notice to the City of Portland Inspection Services for the following inspections. Appointments must be requested 48 to 72 hours in advance of the required inspection. The inspection date will need to be confirmed by this office.

- **Please read the conditions of approval that is attached to this permit!! Contact this office if you have any questions.**
- **Permits expire in 6 months, if the project is not started or ceases for 6 months.**
- **If the inspection requirements are not followed as stated below additional fees may be incurred due to the issuance of a “Stop Work Order” and subsequent release to continue with construction.**

  X   **Framing/Rough Plumbing/Electrical: Prior to Any Insulating or drywalling**

  X   **Final/Certificate of Occupancy: Prior to any occupancy of the structure or use.**

**NOTE: There is a \$75.00 fee per inspection at this point.**

**The project cannot move to the next phase prior to the required inspection and approval to continue, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.**

**IF THE PERMIT REQUIRES A CERTIFICATE OF OCCUPANCY, IT MUST BE PAID FOR AND ISSUED TO THE OWNER OR DESIGNEE BEFORE THE SPACE MAY BE OCCUPIED.**



# General Building Permit Application

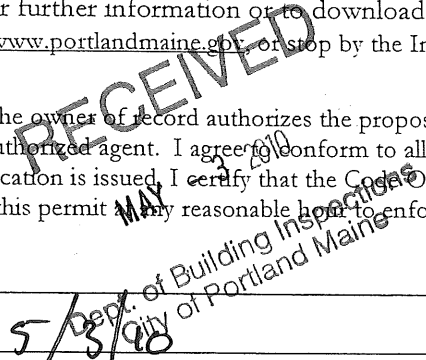
If you or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

Location/Address of Construction: <u>110 Exchange St</u>		
Total Square Footage of Proposed Structure/Area <u>2,400</u>	Square Footage of Lot <u>2,600</u>	Number of Stories <u>4</u>
Tax Assessor's Chart, Block & Lot Chart# <u>32-</u> Block# <u>H</u> Lot# <u>1</u>	Applicant * <u>must</u> be owner, Lessee or Buyer* Name <u>The OneTen Co</u> Address <u>19 Hanson St.</u> City, State & Zip <u>Portland ME</u>	Telephone: <u>207</u> <u>415-8655</u>
Lessee/DBA (If Applicable)	Owner (if different from Applicant) Name Address City, State & Zip	Cost Of Work: \$ <u>30,000</u> C of O Fee: \$ _____ Total Fee: \$ _____
Current legal use (i.e. single family) _____ Number of Residential Units _____ If vacant, what was the previous use? <u>School</u> Proposed Specific use: _____ Is property part of a subdivision? <u>no</u> If yes, please name _____ Project description: <u>Remove Bathroom Wall. change of use from school to Condo.</u>		
Contractor's name: <u>Peter Naour, PUB Builders</u> Address: <u>246 Maine St. Westbrook</u> City, State & Zip <u>Westbrook</u> <u>04092</u> Telephone: <u>749-0519</u> Who should we contact when the permit is ready: <u>Justin O'Reilly</u> Telephone: <u>415-8655</u> Mailing address: <u>19 Hanson St Portland ME</u>		

Please submit all of the information outlined on the applicable Checklist. Failure to do so will result in the automatic denial of your permit.

In order to be sure the City fully understands the full scope of the project, the Planning and Development Department may request additional information prior to the issuance of a permit. For further information or to download copies of this form and other applications visit the Inspections Division on-line at [www.portlandmaine.gov](http://www.portlandmaine.gov) or stop by the Inspections Division office, room 315 City Hall or call 874-8703.

I hereby certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the City Official's authorized representative shall have the authority to enter all areas covered by this permit at any reasonable hour to enforce the provisions of the codes applicable to this permit.



Signature: Justin O'Reilly Date: 5/3/10

This is not a permit; you may not commence ANY work until the permit is issued







**CITY OF PORTLAND, MAINE**  
Department of Building Inspections

**Original Receipt**

\_\_\_\_\_ 5.8. 20 10

Received from The Owen Co.

Location of Work 110 Exchange 1<sup>st</sup> floor

Cost of Construction \$ \_\_\_\_\_ Building Fee: 320

Permit Fee \$ \_\_\_\_\_ Site Fee: \_\_\_\_\_

Certificate of Occupancy Fee: 75

**Total:** 395

Building (I1) \_\_\_\_\_ Plumbing (I5) \_\_\_\_\_ Electrical (I2) \_\_\_\_\_ Site Plan (U2) \_\_\_\_\_

Other \_\_\_\_\_

CBL: 32-11-1

Check #: 400

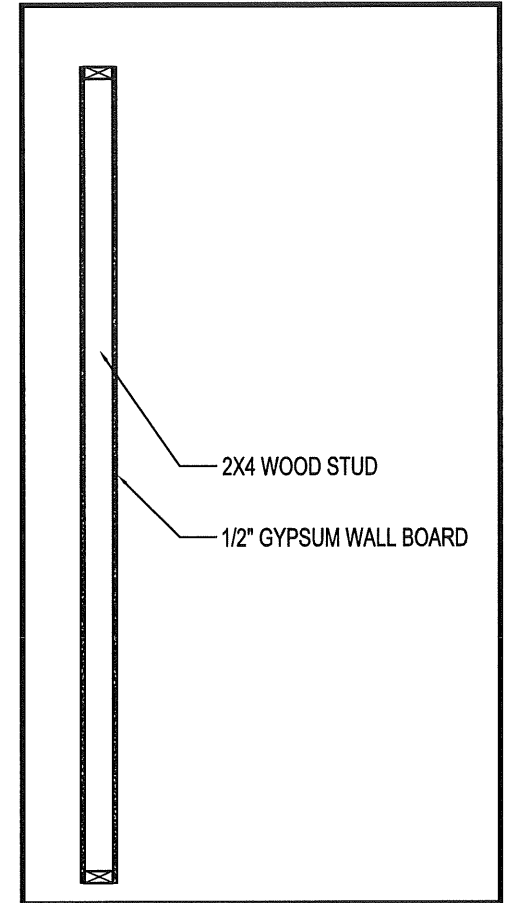
**Total Collected \$** 395

**No work is to be started until permit issued.  
Please keep original receipt for your records.**

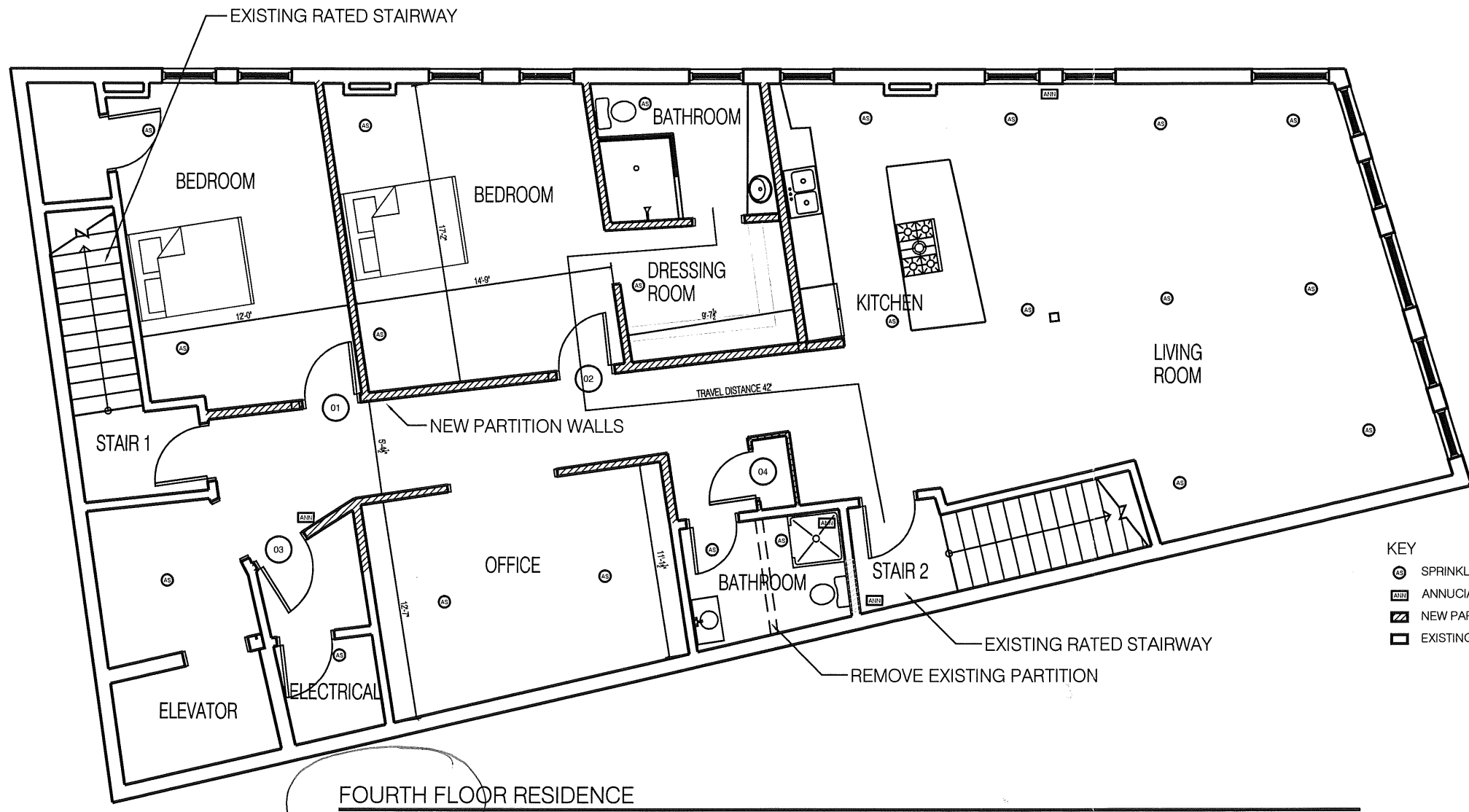
Taken by: [Signature]

TE - Applicant's Copy  
OW - Office Copy  
- Permit Copy

DOOR AND FRAME SCHEDULE							
MARK	DOOR SIZE			DOOR MATL	FRAME MATL	FIRE RATING LABEL	NOTES
	WD	HGT	THK				
0	2'-8"	6'-8"	2"	SOLID CORE BIRCH	WOOD JAMB	--	All un-numbered doors are existing
1	3'-0"	6'-8"	2"	SOLID CORE BIRCH	WOOD JAMB	N/A	--
2	3'-0"	6'-8"	2"	SOLID CORE BIRCH	WOOD JAMB	N/A	--
3	3'-0"	6'-8"	2"	SOLID CORE BIRCH	WOOD JAMB	N/A	--
4	2'-8"	6'-8"	2"	SOLID CORE BIRCH	WOOD JAMB	N/A	--



1 TYPICAL INTERIOR PARTITION  
1/2" = 1'-0"



- KEY
- ⊙ SPRINKLER HEAD
  - ⊠ ANNUCIATOR
  - ▨ NEW PARTITION
  - ▭ EXISTING WALLS

FOURTH FLOOR RESIDENCE  
1/8" = 1'-0"

SHEET TITLE  
**FOURTH FLOOR RESIDENCE**  
PROJECT  
**110 EXCHANGE STREET**

**Prospect Design**  
424 FORE STREET  
PORTLAND, ME 04101  
P 207.749.7400

A-1.4

# PLUMBING APPLICATION

Department of Health and Human Services  
Division of Environmental Health

## PROPERTY ADDRESS

Town or Plantation	Portland
Street Subdivision Lot #	110 Exchange

## PROPERTY OWNERS NAME

Last:	O'Reilly	First:	Justin
Applicant Name: DARTMOUTH PLUMBING & HEATING INC			
Mailing Address of Owner/Applicant (If Different): 29 Kannah Ave Portland, ME 04103			

2010 8136

PORTLAND  
Date Permit Issued: 5/28/10

PERMIT # 11291 TOWN COPY \$ 100.00  If Double Fee FEE Charged

Local Plumbing Inspector Signature: *[Signature]* L.P.I. # 360

32-H-1

## Owner/Applicant Statement

I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspectors to deny a Permit.

Signature of Owner/Applicant: *[Signature]* Date: 5-28-10

## Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.

Local Plumbing Inspector Signature: \_\_\_\_\_ Date Approved: \_\_\_\_\_

## PERMIT INFORMATION

### This Application is for

1.  NEW PLUMBING  
2.  RELOCATED PLUMBING

### Type of Structure To Be Served:

1.  SINGLE FAMILY DWELLING  
2.  MODULAR OR MOBILE HOME  
3.  MULTIPLE FAMILY DWELLING  
4.  OTHER - SPECIFY

### Plumbing To Be Installed By:

1.  MASTER PLUMBER  
2.  OIL BURNERMAN  
3.  MFG'D. HOUSING DEALER/MECHANIC  
4.  PUBLIC UTILITY EMPLOYEE  
5.  PROPERTY OWNER

LICENSE # 07160

RECEIVED  
MAY 28 2010  
Dept. of Building Inspections  
City of Portland Maine

### Hook-Up & Piping Relocation Maximum of 1 Hook-Up

HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.

OR

HOOK-UP: to an existing subsurface wastewater disposal system.

PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.

OR

TRANSFER FEE  
[\$6.00]

Number	Column 2 Type of Fixture	Number	Column 1 Type of Fixture
	Hosebib / Sillcock	1	Bathtub (and Shower)
	Floor Drain	0 12	Shower (Separate)
	Urinal	0 11	Sink
	Drinking Fountain	0 12	Wash Basin
	Indirect Waste	0 12	Water Closet (Toilet)
	Water Treatment Softener, Filter, etc.	0 11	Clothes Washer
	Grease / Oil Separator	0 11	Dish Washer
	Roof Drain	1	Garbage Disposal
	Bidet	0 11	Laundry Tub
	Other: _____		Water Heater
	Fixtures (Subtotal) Column 2	0 19	Fixtures (Subtotal) Column 1
		7 -	Fixtures (Subtotal) Column 2
		51	<b>Total Fixtures</b>
			Fixture Fee
			Transfer Fee
			Hook-Up & Relocation Fee
			<b>Permit Fee (Total)</b>

SEE PERMIT FEE SCHEDULE  
FOR CALCULATING FEE

60  
100  
x 1/10



**CITY OF PORTLAND, MAINE**  
Department of Building Inspections

**Original Receipt**

5029 20 10

Received from \_\_\_\_\_

Location of Work \_\_\_\_\_

Cost of Construction \$ \_\_\_\_\_ Building Fee: \_\_\_\_\_

Permit Fee \$ \_\_\_\_\_ Site Fee: \_\_\_\_\_

Certificate of Occupancy Fee: \_\_\_\_\_

**Total:** \_\_\_\_\_

Building (IL) \_\_\_\_\_ Plumbing (I5) \_\_\_\_\_ Electrical (I2) \_\_\_\_\_ Site Plan (U2) \_\_\_\_\_

Other \_\_\_\_\_

CBL: \_\_\_\_\_

Check #: 5029 \_\_\_\_\_ **Total Collected \$** \_\_\_\_\_

**No work is to be started until permit issued.  
Please keep original receipt for your records.**

Taken by: \_\_\_\_\_

WHITE - Applicant's Copy  
YELLOW - Office Copy  
PINK - Permit Copy

# City of Portland Health Inspection Report

Establishment Name <b>Corner Room</b>	No. of Risk Factor/Intervention Violations	Date <b>06/30/09</b>		
	No. of Repeat Risk Factor/Intervention Violations	Time In		
	Score (optional) <b>98</b>	Time Out		
License/Est. ID#	Address <b>110 Exchange St Portland, ME</b>	City/State	Zip Code	Telephone
License Posted [ ] Yes [ ] No	Owner Name <b>Sunshine Acres LLC</b>	Purpose of Inspection <b>NEW FSE</b>	Est. Type	Risk Category

## FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

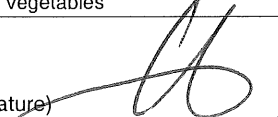
Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item Mark "X" in appropriate box for COS and/or R  
 IN= in compliance OUT=not in compliance N/O=not observed N/A=not applicable COS=corrected on-site during inspection R=repeat violation


Compliance Status		COS	R	Compliance Status		COS	R
<b>Supervision</b>							
51	IN OUT			516	IN OUT N/A N/O		
PIC present, demonstrates knowledge, and performs duties				<b>Potentially Hazardous Food Time/Temperature</b>			
<b>Employee Health</b>							
52	IN OUT			517	IN OUT N/A N/O		
Management awareness; policy present				Proper reheating procedures for hot holding			
53	IN OUT			518	IN OUT N/A N/O		
Proper use of reporting, restriction & Exclusion				Proper cooling time & temperature			
<b>Good Hygienic Practices</b>							
54	IN OUT			519	IN OUT N/A N/O		
Proper eating, tasting, drinking, or tobacco use				Proper hot holding temperatures			
55	IN OUT			520	IN OUT N/A		
No discharge from eyes, nose, and mouth				Proper cold holding temperatures			
<b>Preventing Contamination by Hands</b>							
56	IN OUT			521	IN OUT N/A N/O		
Hands clean & properly washed				Proper date marking & disposition			
27	IN OUT N/A N/O			522	IN OUT N/A N/O		
No bare hand contact with RTE foods or approved alternate method properly followed				Time as a public health control: procedures & record			
58	IN OUT			<b>Consumer Advisory</b>			
Adequate handwashing facilities supplied & accessible				523	IN OUT N/A		
				Consumer advisory provided for raw or undercooked foods			
<b>Approved Source</b>							
59	IN OUT			<b>Highly Susceptible Populations</b>			
Food obtained from approved source				524	IN OUT N/A		
510	IN OUT N/A N/O			Pasteurized foods used; prohibited foods not offered			
Food received at proper temperature				<b>Chemical</b>			
511	IN OUT			525	IN OUT N/A		
Food in good condition, safe, & unadulterated				Food additives: approved & properly used			
112	IN OUT N/A N/O			526	IN OUT		
Required records available: shellstock tags, parasite destruction				Toxic substances properly identified, stored, & used			
<b>Protection from Contamination</b>							
213	IN OUT N/A			<b>Conformance with Approved Procedures</b>			
Food separated & protected				527	IN OUT N/A		
214	IN OUT N/A			Compliance with variance, specialized process, & HACCP plan			
Food-contact surfaces: cleaned & sanitized				<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.			
515	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
528	Pasteurized eggs used where required			241	In-use utensils: properly stored		
529	Water & ice from approved source			242	Utensils, equipment & linens: properly stored, dried & handled		
30	Variance obtained for specialized processing			243	Single-use & single-service articles: properly stored & used		
<b>Food Temperature Control</b>							
531	Proper cooling methods used; adequate equipment for temperature control			244	Gloves used properly		
532	Plant food properly cooked for hot holding			<b>Utensil, Equipment and Vending</b>			
533	Approved thawing methods used			245	Food & non-food contact surfaces cleanable, properly designed, constructed, & used		
134	Thermometers provided & accurate			146	Warewashing facilities: installed, maintained, & used; test strips		
<b>Food Identification</b>							
135	Food properly labeled; original container			147	Non-food contact surfaces clean		
<b>Prevention of Food Contamination</b>							
436	Insects, rodents, & animals not present			<b>Physical Facilities</b>			
237	Contamination prevented during food preparation, storage & display			448	Hot & cold water available; adequate pressure		
538	Personal cleanliness			549	Plumbing installed; proper backflow devices		
139	Wiping cloths: properly used & stored			550	Sewage & waste water properly disposed		
140	Washing fruits & vegetables			251	Toilet facilities: properly constructed, supplied, & cleaned		
				252	Garbage & refuse properly disposed; facilities maintained		
				153	Physical facilities installed, maintained, & clean		
				154	Adequate ventilation & lighting; designated areas used		

Person in Charge (Signature)  Date: **06/30/09**

Health Inspector (Signature)  Follow-up: **YES** (circled) NO (circle one) Follow-up Date: **30 days**

