

37-A-22

City of Portland Health Inspection Report

Establishment Name Geo's Patisserie Cafe		No. of Risk Factor/Intervention Violations		Date 11/2/06	
License/Est. ID# N/A		Address 25 Forest Ave		City/State Portland	
License Posted <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Owner Name SAFE-Corp		Purpose of Inspection opening	
Score (optional) 100		Zip Code		Telephone	
Risk Category		Est. Type OR		Time In	
Time Out		Risk Category		Telephone	

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 <input checked="" type="radio"/> OUT <input type="radio"/>			Potentially Hazardous Food Time/Temperature			
PIC present, demonstrates knowledge, and performs duties				5 16	IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/>		
Employee Health				5 17	IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/>		
5 2	IN <input type="radio"/> OUT <input checked="" type="radio"/>			Proper reheating procedures for hot holding			
Management awareness; policy present				5 18	IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/>		
5 3	IN <input type="radio"/> OUT <input checked="" type="radio"/>			Proper cooling time & temperature			
Proper use of reporting, restriction & Exclusion				5 19	IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/>		
Good Hygienic Practices				Proper hot holding temperatures			
5 4	IN <input type="radio"/> OUT <input type="radio"/> N/O <input checked="" type="radio"/>			5 20	IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/>		
Proper eating, tasting, drinking, or tobacco use				Proper cold holding temperatures			
5 5	IN <input type="radio"/> OUT <input type="radio"/> N/O <input checked="" type="radio"/>			5 21	IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/>		
No discharge from eyes, nose, and mouth				Proper date marking & disposition			
Preventing Contamination by Hands				5 22	IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/>		
5 6	IN <input type="radio"/> OUT <input type="radio"/> N/O <input checked="" type="radio"/>			Time as a public health control: procedures & record			
Hands clean & properly washed				Consumer Advisory			
2 7	IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/>			5 23	IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/>		
No bare hand contact with RTE foods or approved alternate method properly followed				Consumer advisory provided for raw or undercooked foods			
5 8	IN <input type="radio"/> OUT <input checked="" type="radio"/>			Highly Susceptible Populations			
Adequate handwashing facilities supplied & accessible				5 24	IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/>		
Approved Source				Pasteurized foods used; prohibited foods not offered			
5 9	IN <input checked="" type="radio"/> OUT <input type="radio"/>			Chemical			
Food obtained from approved source				5 25	IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/>		
5 10	IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/>			Food additives: approved & properly used			
Food received at proper temperature				5 26	IN <input checked="" type="radio"/> OUT <input type="radio"/>		
5 11	IN <input checked="" type="radio"/> OUT <input type="radio"/>			Toxic substances properly identified, stored, & used			
Food in good condition, safe, & unadulterated				Conformance with Approved Procedures			
1 12	IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/>			5 27	IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/>		
Required records available: shellstock tags, parasite destruction				Compliance with variance, specialized process, & HACCP plan			
Protection from Contamination				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.			
2 13	IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/>						
Food separated & protected							
2 14	IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/>						
Food-contact surfaces: cleaned & sanitized							
5 15	IN <input checked="" type="radio"/> OUT <input type="radio"/>						
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		
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: **11/2/06**

Health Inspector (Signature) *A. Rowe* Follow-up: YES NO (circle one) Follow-up Date: