

# City of Portland Health Inspection Report

Establishment Name <i>Bibo's Mad Apple Cafe</i>		No. of Risk Factor/Intervention Violations		Date <i>1-14-09</i>	
		No. of Repeat Risk Factor/Intervention Violations		Time In <i>9:35</i>	
License/Est. ID# <i>989</i>		Address <i>23 Forester Ave</i>	City/State <i>Portland, Me.</i>	Zip Code <i>04102</i>	Telephone <i>774-9698</i>
License Posted <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Owner Name <i>Bibo's Inc.</i>	Purpose of Inspection <i>Yearly</i>	Est. Type	Risk Category
			Score (optional) <i>97</i>	Time Out <i>10:31</i>	

## 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
<b>Supervision</b>				
51	<input checked="" type="radio"/> IN <input type="radio"/> OUT	PIC present, demonstrates knowledge, and performs duties		
<b>Employee Health</b>				
52	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Management awareness; policy present		
53	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Proper use of reporting, restriction & Exclusion		
<b>Good Hygienic Practices</b>				
54	<input checked="" type="radio"/> IN <input type="radio"/> OUT	N/O Proper eating, tasting, drinking, or tobacco use		
55	<input checked="" type="radio"/> IN <input type="radio"/> OUT	N/O No discharge from eyes, nose, and mouth		
<b>Preventing Contamination by Hands</b>				
56	<input checked="" type="radio"/> IN <input type="radio"/> OUT	N/O Hands clean & properly washed		
27	<input checked="" type="radio"/> IN <input type="radio"/> OUT	N/A No bare hand contact with RTE foods or approved alternate method properly followed		
58	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Adequate handwashing facilities supplied & accessible		
<b>Approved Source</b>				
59	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Food obtained from approved source		
510	<input checked="" type="radio"/> IN <input type="radio"/> OUT	N/A N/O Food received at proper temperature		
511	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Food in good condition, safe, & unadulterated		
112	<input checked="" type="radio"/> IN <input type="radio"/> OUT	N/A N/O Required records available: shellstock tags, parasite destruction		
<b>Protection from Contamination</b>				
213	<input checked="" type="radio"/> IN <input type="radio"/> OUT	N/A Food separated & protected		
214	<input checked="" type="radio"/> IN <input type="radio"/> OUT	N/A Food-contact surfaces: cleaned & sanitized		
515	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Proper disposition of returned, previously served, reconditioned, & unsafe food		

Compliance Status			COS	R
<b>Potentially Hazardous Food Time/Temperature</b>				
516	<input checked="" type="radio"/> IN <input type="radio"/> OUT	N/A N/O Proper cooking time & temperatures		
517	<input checked="" type="radio"/> IN <input type="radio"/> OUT	N/A N/O Proper reheating procedures for hot holding		
518	<input checked="" type="radio"/> IN <input type="radio"/> OUT	N/A N/O Proper cooling time & temperature		
519	<input checked="" type="radio"/> IN <input type="radio"/> OUT	N/A N/O Proper hot holding temperatures		
520	<input checked="" type="radio"/> IN <input type="radio"/> OUT	N/A Proper cold holding temperatures		
521	<input checked="" type="radio"/> IN <input type="radio"/> OUT	N/A N/O Proper date marking & disposition		
522	<input checked="" type="radio"/> IN <input type="radio"/> OUT	N/A N/O Time as a public health control: procedures & record		
<b>Consumer Advisory</b>				
523	<input checked="" type="radio"/> IN <input type="radio"/> OUT	N/A Consumer advisory provided for raw or undercooked foods		
<b>Highly Susceptible Populations</b>				
524	<input checked="" type="radio"/> IN <input type="radio"/> OUT	N/A Pasteurized foods used; prohibited foods not offered		
<b>Chemical</b>				
525	<input checked="" type="radio"/> IN <input type="radio"/> OUT	N/A Food additives: approved & properly used		
526	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Toxic substances properly identified, stored, & used		
<b>Conformance with Approved Procedures</b>				
527	<input checked="" type="radio"/> IN <input type="radio"/> 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

Compliance Status			COS	R
<b>Safe Food and Water</b>				
528	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Pasteurized eggs used where required		
529	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Water & ice from approved source		
30	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Variance obtained for specialized processing		
<b>Food Temperature Control</b>				
531	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Proper cooling methods used; adequate equipment for temperature control		
532	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Plant food properly cooked for hot holding		
533	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Approved thawing methods used		
134	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Thermometers provided & accurate		<input checked="" type="checkbox"/>
<b>Food Identification</b>				
135	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Food properly labeled; original container		
<b>Prevention of Food Contamination</b>				
436	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Insects, rodents, & animals not present		
237	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Contamination prevented during food preparation, storage & display		
538	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Personal cleanliness		
139	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Wiping cloths: properly used & stored		
140	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Washing fruits & vegetables		

Compliance Status			COS	R
<b>Proper Use of Utensils</b>				
241	<input checked="" type="radio"/> IN <input type="radio"/> OUT	In-use utensils: properly stored		
242	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Utensils, equipment & linens: properly stored, dried & handled		
243	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Single-use & single-service articles: properly stored & used		
244	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Gloves used properly		
<b>Utensil, Equipment and Vending</b>				
245	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Food & non-food contact surfaces cleanable, properly designed, constructed, & used		
146	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Warewashing facilities: installed, maintained, & used; test strips		
147	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Non-food contact surfaces clean		
<b>Physical Facilities</b>				
448	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Hot & cold water available; adequate pressure		
549	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Plumbing installed; proper backflow devices		
550	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Sewage & waste water properly disposed		
251	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Toilet facilities: properly constructed, supplied, & cleaned		
252	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Garbage & refuse properly disposed; facilities maintained		
153	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Physical facilities installed, maintained, & clean		
154	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Adequate ventilation & lighting; designated areas used		<input checked="" type="checkbox"/>

Person in Charge (Signature) *[Signature]*      Date: *1-14-09*

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