

037 A22

City of Portland Health Inspection Report

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Establishment Name

No. of Risk Factor/Intervention Violations

Date

No. of Repeat Risk Factor/Intervention Violations

Time In

Score (optional)

Time Out

License/Est. ID#

Address

City/State

Zip Code

Telephone

License Posted

Owner Name

Purpose of Inspection

Est. Type

Risk Category

[] Yes [] No

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item
IN= in compliance OUT=not in compliance N/O=not observed N/A=not applicable

Mark "X" in appropriate box for COS and/or R
COS=corrected on-site during inspection R=repeat violation

Compliance Status		COS		R	
Supervision					
5 1	<input checked="" type="radio"/> IN <input type="radio"/> OUT				
PIC present, demonstrates knowledge, and performs duties					
Employee Health					
5 2	<input checked="" type="radio"/> IN <input type="radio"/> OUT				
Management awareness; policy present					
5 3	<input checked="" type="radio"/> IN <input type="radio"/> OUT				
Proper use of reporting, restriction & Exclusion					
Good Hygienic Practices					
5 4	<input checked="" type="radio"/> IN <input type="radio"/> OUT				
N/O Proper eating, tasting, drinking, or tobacco use					
5 5	<input checked="" type="radio"/> IN <input type="radio"/> OUT				
N/O No discharge from eyes, nose, and mouth					
Preventing Contamination by Hands					
5 6	<input checked="" type="radio"/> IN <input type="radio"/> OUT				
N/O Hands clean & properly washed					
2 7	<input checked="" type="radio"/> IN <input type="radio"/> OUT				
N/O No bare hand contact with RTE foods or approved alternate method properly followed					
5 8	<input checked="" type="radio"/> IN <input type="radio"/> OUT				
Adequate handwashing facilities supplied & accessible					
Approved Source					
5 9	<input checked="" type="radio"/> IN <input type="radio"/> OUT				
Food obtained from approved source					
5 10	<input checked="" type="radio"/> IN <input type="radio"/> OUT				
N/O Food received at proper temperature					
5 11	<input checked="" type="radio"/> IN <input type="radio"/> OUT				
Food in good condition, safe, & unadulterated					
1 12	<input checked="" type="radio"/> IN <input type="radio"/> OUT				
N/O Required records available: shellstock tags, parasite destruction					
Protection from Contamination					
2 13	<input checked="" type="radio"/> IN <input type="radio"/> OUT				
N/A Food separated & protected					
2 14	<input checked="" type="radio"/> IN <input type="radio"/> OUT				
N/A Food-contact surfaces: cleaned & sanitized					
5 15	<input checked="" type="radio"/> IN <input type="radio"/> OUT				
Proper disposition of returned, previously served, reconditioned, & unsafe food					

Compliance Status		COS		R	
Potentially Hazardous Food Time/Temperature					
5 16	<input checked="" type="radio"/> IN <input type="radio"/> OUT				
N/O Proper cooking time & temperatures					
5 17	<input checked="" type="radio"/> IN <input type="radio"/> OUT				
N/O Proper reheating procedures for hot holding					
5 18	<input checked="" type="radio"/> IN <input type="radio"/> OUT				
N/O Proper cooling time & temperature					
5 19	<input checked="" type="radio"/> IN <input type="radio"/> OUT				
N/O Proper hot holding temperatures					
5 20	<input checked="" type="radio"/> IN <input type="radio"/> OUT				
N/A Proper cold holding temperatures					
5 21	<input checked="" type="radio"/> IN <input type="radio"/> OUT				
N/O Proper date marking & disposition					
5 22	<input checked="" type="radio"/> IN <input type="radio"/> OUT				
N/O Time as a public health control: procedures & record					
Consumer Advisory					
5 23	<input checked="" type="radio"/> IN <input type="radio"/> OUT				
N/A Consumer advisory provided for raw or undercooked foods					
Highly Susceptible Populations					
5 24	<input checked="" type="radio"/> IN <input type="radio"/> OUT				
N/A Pasteurized foods used; prohibited foods not offered					
Chemical					
5 25	<input checked="" type="radio"/> IN <input type="radio"/> OUT				
N/A Food additives: approved & properly used					
5 26	<input checked="" type="radio"/> IN <input type="radio"/> OUT				
N/A Toxic substances properly identified, stored, & used					
Conformance with Approved Procedures					
5 27	<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	
Safe Food and Water					
5 28	<input checked="" type="radio"/> IN <input type="radio"/> OUT				
Pasteurized eggs used where required					
5 29	<input checked="" type="radio"/> IN <input type="radio"/> OUT				
Water & ice from approved source					
3 0	<input checked="" type="radio"/> IN <input type="radio"/> OUT				
Variance obtained for specialized processing					
Food Temperature Control					
5 31	<input checked="" type="radio"/> IN <input type="radio"/> OUT				
Proper cooling methods used; adequate equipment for temperature control					
5 32	<input checked="" type="radio"/> IN <input type="radio"/> OUT				
Plant food properly cooked for hot holding					
5 33	<input checked="" type="radio"/> IN <input type="radio"/> OUT				
Approved thawing methods used					
1 34	<input checked="" type="radio"/> IN <input type="radio"/> OUT				
Thermometers provided & accurate					
Food Identification					
1 35	<input checked="" type="radio"/> IN <input type="radio"/> OUT				
Food properly labeled; original container					
Prevention of Food Contamination					
4 36	<input checked="" type="radio"/> IN <input type="radio"/> OUT				
Insects, rodents, & animals not present					
2 37	<input checked="" type="radio"/> IN <input type="radio"/> OUT				
Contamination prevented during food preparation, storage & display					
5 38	<input checked="" type="radio"/> IN <input type="radio"/> OUT				
Personal cleanliness					
1 39	<input checked="" type="radio"/> IN <input type="radio"/> OUT				
Wiping cloths: properly used & stored					
1 40	<input checked="" type="radio"/> IN <input type="radio"/> OUT				
Washing fruits & vegetables					

Compliance Status		COS		R	
Proper Use of Utensils					
2 41	<input checked="" type="radio"/> IN <input type="radio"/> OUT				
In-use utensils: properly stored					
2 42	<input checked="" type="radio"/> IN <input type="radio"/> OUT				
Utensils, equipment & linens: properly stored, dried & handled					
2 43	<input checked="" type="radio"/> IN <input type="radio"/> OUT				
Single-use & single-service articles: properly stored & used					
2 44	<input checked="" type="radio"/> IN <input type="radio"/> OUT				
Gloves used properly					
Utensil, Equipment and Vending					
2 45	<input checked="" type="radio"/> IN <input type="radio"/> OUT				
Food & non-food contact surfaces cleanable, properly designed, constructed, & used					
1 46	<input checked="" type="radio"/> IN <input type="radio"/> OUT				
Warewashing facilities: installed, maintained, & used; test strips					
1 47	<input checked="" type="radio"/> IN <input type="radio"/> OUT				
Non-food contact surfaces clean					
Physical Facilities					
4 48	<input checked="" type="radio"/> IN <input type="radio"/> OUT				
Hot & cold water available; adequate pressure					
5 49	<input checked="" type="radio"/> IN <input type="radio"/> OUT				
Plumbing installed; proper backflow devices					
5 50	<input checked="" type="radio"/> IN <input type="radio"/> OUT				
Sewage & waste water properly disposed					
2 51	<input checked="" type="radio"/> IN <input type="radio"/> OUT				
Toilet facilities: properly constructed, supplied, & cleaned					
2 52	<input checked="" type="radio"/> IN <input type="radio"/> OUT				
Garbage & refuse properly disposed; facilities maintained					
1 53	<input checked="" type="radio"/> IN <input type="radio"/> OUT				
Physical facilities installed, maintained, & clean					
1 54	<input checked="" type="radio"/> IN <input type="radio"/> OUT				
Adequate ventilation & lighting; designated areas used					

Person in Charge (Signature)

Chakya Kuenlone

Date:

11-04-05

Health Inspector (Signature)

Sey Quin

Follow-up: YES NO (circle one)

Follow-up Date: