

City of Portland Health Inspection Report

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Establishment Name SABIENG		As Authorized by 22 MRSA § 2496		Date _____	
License/EST. ID #	Address	City/State	Zip Code	Telephone	

TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
	40				
	98	Dishwash			
	40	Chlorine Sanitizer			
		OK			

OBSERVATIONS AND CORRECTIVE ACTIONS

Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 and 8-406.11 of the Food Code.

Item Number	Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 and 8-406.11 of the Food Code.
51	Self closing door required on Bathroom
46	Test strips are required
37	- Install a Barrier between Prep sink and HANDWASH SINK -

Person in Charge (Signature) <i>Chakya Kucalon</i>	Date
Health Inspector (Signature)	Date