Ш	Failed _	Closed IHH	State of Maine H	lea	Ith	In	sp	ectio	n Report			Page	1 of 4	
			#I	No. of	Risk	Faci	tor/Int	ervention\	/iolations		0	Date		/2013
Establishment Name As Authorized by 22 MRSA § 2496 WESTIN PORTLAND HARBORVIEW HOTEL						No. of Repeat Risk factor / Intervention Violations Score (optional)					0	Time In	3:30	
						la compressione de la compressi					<u> </u>	Time Out		PIVI
License Expiry Date/EST. ID# Address					1 -				Zip Code		Telephon			
8/13/2012 / 868 157 HIGH ST				PORTLAND				04101-2814 207-775-5411						
License Type Owner Name MUN - EATING PLACE AND LOI RB PORTLAND MASTER					1	urpose of Inspection			License Fosted		Risk Category			
IVIC	JN - EATIN				1							High		
		FOC	DDBORNE ILLNESS RISK F	ACT	ORS	AA 6	ND P	UBLIC H	IEALTH INTE	ERVENTIC	NS			
	Long the second	Access to the second se	(IN, OUT, N/O, N/A) for each number						c"X" in appropria					
***************************************	IN=in compliar	nce OUT=not in complia	ance N/O=not observed N/A=not	applic	able			COS=cor	rected on-site duri	ng inspection	F	R≔repeat viola	tion	
Cor	mpliance State			cos	R		Comp	liance Sta						cos
		Supervision PIC present, demonstrates knowledge, and			\dashv	Potentially Hazardous Food Time/Temperature 16 IN Proper cooking time & temperatures						1		
1	IN	performs duties	a alea movieage, and			17		IN	Proper reheating					+-+
T			ployee Health			18		IN	Proper cooling					11
2	IN	Management awaren				19		IN	Proper hot hole					1
3	IN		ng, restriction & exclusion ygienic Practices		4	20		IN	Proper cold ho	lding temper	atures	\$		11
4	IN		, drinking, or tobacco use	1	H	21		IN	Proper date ma					
5	IN	No discharge from ey		+	\forall	22		IN	Time as a publi		-		record	
		Preventing Co	ntamination by Hands				·		Consu	mer Advisor	У			
6	IN	Hands clean & prope	rly washed	T	П			**********	Consumer adv	sory provide	d for i	raw or		TT
7		No bare hand contact	with RTE foods or approved		\vdash	23		IN	undercooked for	oods				
1	IN	alternate method pro	perly followed						Highly Susce	eptible Popu	lation	18		
8	IN	Adequate handwashi	ng facilities supplied & accessible		П	24		IN	Pasteurized for	ods used; pro	hibite	d foods not		П
1		Аррг	oved Source			24			offered					1 1
9	IN	Food obtained from a	pproved source		П					Chemical				
10	IN	Food received at proj	per temperature	1	\vdash	25	f	IN	Food additives	approved &	prope	erly used		
11	IN		on, safe, & unadulterated	_	Н	26		IN	Toxic substanc	es properly i	dentif	ied, stored &	k used	
-		Required records ava	\dashv	H			Conformance with Approved Procedures							
12	IN	parasite destruction				27		IN	Compliance wit	th variance, s	pecia	lized proces	s,	
		Protection	from Contamination		Н	-		11.4	& HACCP plan					1
13	IN	Food separated & pro	otected	T	П	Г	Di-I	F		1.				\neg
14	IN	IN Food-contact surfaces: cleaned and sanifized Risk ractors are improper practices or procedures identified												
15 Proper disposition of returned, previously served,					prevalent contributing factors of foodborne illness or injury. Public Health Interventions are control measures to prevent foodborne illness or injury.									
	·	reconditioned, & uns	afe food			ᆫ	THE COT O	rontions are	Control Incusure.	to prevent it	Jouboi	no mnoso or	nijai y.	
			GOOD	RET/	AIL	PRA	ACTI	CES						
		Good Retail Practices and	e preventative measures to control the ac	dition	of pat	noge	ns, che	emicals, and	t physical objects i	nto foods.				
Mar	k "X" in box if n	umbered item is not in con	npliance Mark "X" in appropriate t	oox for	cos	and/c	or R	COS=co	rrected on-site du	ing inspection	R=	repeat violation	on	
			1	cos	R	T								cos
Safe Food and Water						Proper Use of Utensils							1 1	
28 IN Pasteurized eggs used where required				Т-	\mathbf{H}	144	IN I	n uso uton	sils: properly sto					П
29		e from approved source		+	H	-						deled 0 be		++
30				-	H	-	-		quipment, & liner & single-service					++
Food Temperature Control					\dashv	-	-	Single-use & single-service articles: properly stored & used						
					-	44	IN C	Gloves used properly Utensils, Equipment and Vending						
31	IV I	ire control	roduate eduihiliatif 101	1	11	-	1 10	ood 2 no-	otensiis, Equip		4	8		1 1
32		properly cooked for he	ot holding	+	H	45	IINI		i-rood contact st esigned, constru		anig			
		What the same of t			H	-	1							
33 IN Approved thawing methods used 34 IN Thermometers provided and accurate			-	H	-	-	***************************************	ng facilities: inst		ined,	& used; test	strips	\vdash	
J46 1	III I I I I I I I I I I I I I I I I I	eters provided and acc			Щ	47	IN N	ion-food c	ontact surfaces					
251	IN Food area	Food Identific		- 1	_	-	I I.			al Facilities				1
35 IN Food properly labeled; original container Prevention of Food Contamination							48 IN Hot & cold water available; adequate pressure					3		$\perp \perp$
201	N. Incest				-	-	-		stalled; proper l					
36		odents, & animals not p			\sqcup	-	-		vaste water prop		-	~~~~		
37 1			food preparation, storage & display	-			-		ties: properly co				-	
38 IN Personal cleanliness					Ш	-	-	3arbage &	refuse properly	disposed; fa	cilities	maintained		
39 IN Wiping cloths: properly used & stored						53	IN F	Physical fa	cilities installed,	maintained,	& clea	ın		
40	N Washing f	ruits & vegetables				54	IN A	Adequate v	entilation & ligh	ling; designa	ted ar	eas used		
			-//		100000000000000000000000000000000000000	-								
⁵ ers	on in Charge (Signature)	Among Med)						Date:	12/3/2	2013		

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Establishment Name					Date	12/3/2013
WESTIN PORTLAND HARBORVIEW	HOTEL					
License Expiry Date/EST. ID# 8/13/2012 / 868	Address 157 HIGH ST	City / State PORTLAND	ME	Zip Code 04101-2814		

Inspection Notes

OK TO ISSUE LICENSE OK TO OPERATE

Person in Charge (Signature)

Amaz Mad

Date: 12/3/2013

Health Inspector (Signature)