

037- H002

# City of Portland Health Inspection Report

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Establishment Name <i>LL Bean Retail</i>	No. of Risk Factor/Intervention Violations	Date <i>Dec 3-2007</i>		
	No. of Repeat Risk Factor/Intervention Violations	Time In		
	Score (optional) <i>100</i>	Time Out		
License/Est. ID# <i>Agriculture</i>	Address <i>542 Congress St</i>	City/State <i>OR</i>	Zip Code	Telephone
License Posted [ ] Yes [ ] No	Owner Name <i>LL Bean L</i>	Purpose of Inspection <i>Annual</i>	Est. Type	Risk Category

## 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
<b>Supervision</b>							
51	IN OUT			516	IN OUT <i>N/A N/O</i>		
				<b>Potentially Hazardous Food Time/Temperature</b>			
				517	IN OUT <i>N/A N/O</i>		
				518	IN OUT <i>N/A N/O</i>		
				519	IN OUT <i>N/A N/O</i>		
				520	IN OUT <i>N/A</i>		
				521	IN OUT <i>N/A N/O</i>		
				522	IN OUT <i>N/A N/O</i>		
<b>Employee Health</b>							
52	IN OUT			<b>Consumer Advisory</b>			
53	IN OUT			523	IN OUT <i>N/A</i>		
<b>Good Hygienic Practices</b>							
54	IN OUT <i>N/O</i>			<b>Highly Susceptible Populations</b>			
55	IN OUT <i>N/O</i>			524	IN OUT <i>N/A</i>		
<b>Preventing Contamination by Hands</b>							
56	IN OUT <i>N/O</i>			<b>Chemical</b>			
27	IN OUT <i>N/A N/O</i>			525	IN OUT <i>N/A</i>		
58	<i>IN</i> OUT			526	IN OUT		
<b>Approved Source</b>							
59	<i>IN</i> OUT			<b>Conformance with Approved Procedures</b>			
510	IN OUT <i>N/A N/O</i>			527	IN OUT <i>N/A</i>		
511	<i>IN</i> OUT			<b>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.</b>			
112	IN OUT <i>N/A N/O</i>						
<b>Protection from Contamination</b>							
213	IN OUT <i>N/A</i>						
214	IN OUT <i>N/A</i>						
515	<i>IN</i> OUT						

## 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
528	Pasteurized eggs used where required			241	In-use utensils: properly stored		
529	Water & ice from approved source			242	Utensils, equipment & linens: properly stored, dried & handled		
30	Variance obtained for specialized processing			243	Single-use & single-service articles: properly stored & used		
<b>Food Temperature Control</b>							
531	Proper cooling methods used; adequate equipment for temperature control			244	Gloves used properly		
532	Plant food properly cooked for hot holding			<b>Utensil, Equipment and Vending</b>			
533	Approved thawing methods used			245	Food & non-food contact surfaces cleanable, properly designed, constructed, & used		
134	Thermometers provided & accurate			146	Warewashing facilities: installed, maintained, & used; test strips		
<b>Food Identification</b>							
135	Food properly labeled; original container			147	Non-food contact surfaces clean		
<b>Prevention of Food Contamination</b>							
436	Insects, rodents, & animals not present			<b>Physical Facilities</b>			
237	Contamination prevented during food preparation, storage & display			448	Hot & cold water available; adequate pressure		
538	Personal cleanliness			549	Plumbing installed; proper backflow devices		
139	Wiping cloths: properly used & stored			550	Sewage & waste water properly disposed		
140	Washing fruits & vegetables			251	Toilet facilities: properly constructed, supplied, & cleaned		
				252	Garbage & refuse properly disposed; facilities maintained		
				153	Physical facilities installed, maintained, & clean		
				154	Adequate ventilation & lighting; designated areas used		

Person in Charge (Signature) *[Signature]* *K Hopkins* Date: *12.03.07*

Health Inspector (Signature) *[Signature]* *12-03-07* Follow-up: YES  NO  (circle one) Follow-up Date: