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City of Portland					00.007							
Establishment Name			of Ris		Date WE 10 10 1							
CPALE.		140.) ne	pear	nis	k Factor/Interv	rime Out					
License/Est. ID# Address			City/				Score (optional)	Telephone				
				PL			'					
LICAULT S 536 Linguess License Posted Owner Name				Purpose of Inspection			Est. Type	Risk Category				
[] Yes [] No												
FOODB	ORNE ILLNESS RISK FA	CTO	RS A	ND	PU	BLIC HEALT	HINTERVENTIO	INS				
Circle designated complian	ce status (IN, OUT, N/O, N/A)	for eac	h nur	nbere	d it	em	Mark "X" in app	ropriate box for COS and/or R				
IN= in compliance OUT=not in compliance N/O=not observed		N/A=	not ap				rected on-site during	inspection R=repeat violation				
Compliance Status Supervision				Con	npl	iance Status Potentially	/ Hazardous Food	cos Time/Temperature				
5 IN OUT PIC present, of	PIC present, demonstrates knowledge, and			5 16		OUTN/A-NO	Proper cooking time 8	r cooking time & temperatures r reheating procedures for hot holding				
performs dutie	s ee Health			5 17 5 18	IIV	OUT N/A WA						
5 2 IN OUT Management a	awareness; policy present	/		5 19	IN	OUTN/A N	Proper hot holding te	mperatures				
	reporting, restriction & Exclusion nic Practices		7.	5 21	IN	OUNAMO	'					
5 4 IN OUT Proper eating,	tasting, drinking, or tobacco use					OUT WANO	Time as a public heal & record					
	rom eyes, nose, and mouth mination by Hands						Consumer Advi	sory				
5 6 IN OUT WO Hands clean 8	properly washed			5 23	IN	OUT (WA)	Consumer advisory pr undercooked foods	ovided for raw or				
2 7 IN OUTN/A N/O No bare hand approved alter	nate method properly followed				<u> </u>		ghly Susceptible Po					
	dwashing facilities supplied &			5 24	IN	TUO TUO	Pasteurized foods use offered	ed; prohibited foods not				
	d Source	144 37	:				Chemical					
	form approved source			5 25			Food additives: appro	ved & properly used perly identified, stored,				
5 11 MOUT Food in good	at proper temperature condition, safe, & unadulterated			320	"		& used	_				
1 12 IN OUTN/A NO Required reco				5 27	LIN		mance with Approv Compliance with varia					
tags, parasite destruction Protection from Contamination						1001	process, & HACCP pl	-				
2 13 POUT N/A Food separate 2 14 NO OUT N/A Food-contact s				Ris	k f	actors are impr	oper practices or pro-	cedures identified as the most				
	od-contact surfaces: cleaned & sanitized prevalent contributing factors of foodborne illness or injury. Public Health Interventions are control measures to prevent foodborne illness or injury.											
served, recond	ditioned, & unsafe food		- A II			TICES	or measures to preve	ent recuberne unices or injury.				
Good Retail Practices	are preventative measures to c						nicals, and physical ob	ijects into foods.				
Mark "X" in box if numbered item is n	ot in compliance Mark "X" in ap	propriat	e box	for C	os	and/or R COS=	corrected on-site during	g inspection R=repeat violation cos				
Safe Food and Water			1		47.E		Proper Use of Ut	anni krietieta Areania (Alice a Marchi, taran Makadi katika Mana Areania (Alice Areania)				
5 28 Pasteurized eggs used where required				2 41 In-use utensils: properly stored 2 42 Utensils, equipment & linens: properly stored, dried & hand								
5 29 Water & ice from approved source 30 Variance obtained for specialized processing				2 43	3	Single-use & sir	ngle-service articles: p					
Food Temperature Control 5 31 Proper cooling methods used; adequate equipment for			-	2 44	!	Gloves used pr	operly ensil, Equipment ar	nd Vending				
temperature control				2 45	2 45 Food & non-food contact surfaces cleanable, properly							
5 32 Plant food properly cooked for hot holding 5 33 Approved thawing methods used			-	1 46	3	designed, cons Warewashing fa		tained, & used; test strips				
1 34 Thermometers provided & acc	urate			1 47	7		ct surfaces clean					
Food Identification 1 35 Food properly labeled; original container				4 48	3	Hot & cold water	Physical Facili er available; adequate					
Prevention of Food Contamination				5 49			ed; proper backflow d					
 4 36 Insects, rodents, & animals not present 2 37 Contamination prevented during food preparation, storage & display 			-	5 50 2 51			e water properly dispo properly constructed,					
5 38 Personal cleanliness				2 52			se properly disposed; s installed, maintained					
1 39 Wiping cloths: properly used &1 40 Washing fruits & vegetables		-	1 54			ation & lighting; design						
Person in Charge (Signature)	MAA Mg)	· -			Date	: 12/10/0	7				
Health Inspector (Signature)	of Hum Dec			Follov	w-u	p: YES NO	(circle one) Follo	ow-up Date:				

		City of Port	land He	alth Insp	ection F	Report	Page	2-of_2
Establishm		· · · · · · · · · · · · · · · · · · ·		horized by 22 Mi	Page 2 of 2 Date			
SPACE.					Dec 10-07			
License/EST. ID #		Address 536 G	ngiss	City/State	Zip Code	Telephone 828 5600		
		774	TEMPERAT	URE OBSER	VATIONS	<u> </u>	020	
	tem/Location	Temp		ocation	Temp	Item/L	ocation	Temp
	vole-	46						
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		OBSI	ERVATIONS	AND CORRE	CTIVE ACTIO	DNS 2 405 14	9 406 41	f the Food Code
Item Number	4	his report must be corr					and 6-400.11 C	or the rood code.
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Person in	Charge (Signature) / //	(''')	12/10/0	(A)		Date	
Health Ins	pector (Signature)	Sto He	m	12	10h/ 07		Date	