

# City of Portland Health Inspection Report

Establishment Name <b>Herb's Gully</b>	No. of Risk Factor/Intervention Violations	Date <b>10/02/07</b>		
	No. of Repeat Risk Factor/Intervention Violations	Time In		
	Score (optional) <b>95</b>	Time Out		
License/Est. ID# <b>17553</b>	Address <b>PO Box 3874</b>	City/State <b>Portland, ME</b>	Zip Code <b>04101</b>	Telephone <b>780.8080</b>
License Posted <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Owner Name <b>MR Ben LLC</b>	Purpose of Inspection <b>Annual</b>	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 <input checked="" type="radio"/> OUT <input checked="" type="radio"/>						
PIC present, demonstrates knowledge, and performs duties			<input checked="" type="checkbox"/>				
<b>Employee Health</b>							
52	IN <input checked="" type="radio"/> OUT <input checked="" type="radio"/>						
Management awareness; policy present			<input checked="" type="checkbox"/>				
53	IN <input checked="" type="radio"/> OUT <input checked="" type="radio"/>						
Proper use of reporting, restriction & Exclusion			<input checked="" type="checkbox"/>				
<b>Good Hygienic Practices</b>							
54	IN <input checked="" type="radio"/> OUT <input checked="" type="radio"/> N/O						
Proper eating, tasting, drinking, or tobacco use							
55	IN <input checked="" type="radio"/> OUT <input checked="" type="radio"/> N/O						
No discharge from eyes, nose, and mouth							
<b>Preventing Contamination by Hands</b>							
56	IN <input checked="" type="radio"/> OUT <input checked="" type="radio"/> N/O						
Hands clean & properly washed							
27	IN <input checked="" type="radio"/> OUT <input checked="" type="radio"/> N/A <input checked="" type="radio"/> N/O						
No bare hand contact with RTE foods or approved alternate method properly followed							
58	IN <input checked="" type="radio"/> OUT <input checked="" type="radio"/>						
Adequate handwashing facilities supplied & accessible							
<b>Approved Source</b>							
59	IN <input checked="" type="radio"/> OUT <input checked="" type="radio"/>						
Food obtained from approved source							
510	IN <input checked="" type="radio"/> OUT <input checked="" type="radio"/> N/A <input checked="" type="radio"/> N/O						
Food received at proper temperature							
511	IN <input checked="" type="radio"/> OUT <input checked="" type="radio"/>						
Food in good condition, safe, & unadulterated							
112	IN <input checked="" type="radio"/> OUT <input checked="" type="radio"/> N/A <input checked="" type="radio"/> N/O						
Required records available: shellstock tags, parasite destruction							
<b>Protection from Contamination</b>							
213	IN <input checked="" type="radio"/> OUT <input checked="" type="radio"/> N/A						
Food separated & protected							
214	IN <input checked="" type="radio"/> OUT <input checked="" type="radio"/> N/A						
Food-contact surfaces: cleaned & sanitized							
515	IN <input checked="" type="radio"/> OUT <input checked="" type="radio"/>						
Proper disposition of returned, previously served, reconditioned, & unsafe food							
<b>Potentially Hazardous Food Time/Temperature</b>							
516	IN <input checked="" type="radio"/> OUT <input checked="" type="radio"/> N/A <input checked="" type="radio"/> N/O						
Proper cooking time & temperatures							
517	IN <input checked="" type="radio"/> OUT <input checked="" type="radio"/> N/A <input checked="" type="radio"/> N/O						
Proper reheating procedures for hot holding							
518	IN <input checked="" type="radio"/> OUT <input checked="" type="radio"/> N/A <input checked="" type="radio"/> N/O						
Proper cooling time & temperature							
519	IN <input checked="" type="radio"/> OUT <input checked="" type="radio"/> N/A <input checked="" type="radio"/> N/O						
Proper hot holding temperatures							
520	IN <input checked="" type="radio"/> OUT <input checked="" type="radio"/> N/A <input checked="" type="radio"/> N/O						
Proper cold holding temperatures							
521	IN <input checked="" type="radio"/> OUT <input checked="" type="radio"/> N/A <input checked="" type="radio"/> N/O						
Proper date marking & disposition							
522	IN <input checked="" type="radio"/> OUT <input checked="" type="radio"/> N/A <input checked="" type="radio"/> N/O						
Time as a public health control: procedures & record							
<b>Consumer Advisory</b>							
523	IN <input checked="" type="radio"/> OUT <input checked="" type="radio"/> N/A						
Consumer advisory provided for raw or undercooked foods							
<b>Highly Susceptible Populations</b>							
524	IN <input checked="" type="radio"/> OUT <input checked="" type="radio"/> N/A						
Pasteurized foods used; prohibited foods not offered							
<b>Chemical</b>							
525	IN <input checked="" type="radio"/> OUT <input checked="" type="radio"/> N/A						
Food additives: approved & properly used							
526	IN <input checked="" type="radio"/> OUT <input checked="" type="radio"/>						
Toxic substances properly identified, stored, & used							
<b>Conformance with Approved Procedures</b>							
527	IN <input checked="" type="radio"/> OUT <input checked="" type="radio"/> N/A						
Compliance with variance, specialized process, & HACCP plan							
<p><b>Risk factors</b> 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.</p>							

## 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>			
297	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) *Joseph M. Allen* Date: **10/02/07**

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