

# City of Portland Health Inspection Report

Establishment Name <b>Asmara Restaurant</b>		No. of Risk Factor/Intervention Violations		Date <b>03/03/09</b>
License/Est. ID# <b>9505</b>		No. of Repeat Risk Factor/Intervention Violations		Time In
Address <b>51 Oak St</b>		Score (optional) <b>96</b>		Time Out <b>1850</b>
License Posted <b>exp. 07/08</b>	Owner Name	City/State <b>Portland, ME</b>	Zip Code	Telephone
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  
 IN= in compliance OUT=not in compliance N/O=not observed N/A=not applicable  
 Mark "X" in appropriate box for COS and/or R  
 COS=corrected on-site during inspection R=repeat violation

Compliance Status			COS	R
<b>Supervision</b>				
5 1	<input checked="" type="radio"/> IN <input type="radio"/> OUT	PIC present, demonstrates knowledge, and performs duties		
<b>Employee Health</b>				
5 2	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Management awareness; policy present		
5 3	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Proper use of reporting, restriction & Exclusion		
<b>Good Hygienic Practices</b>				
5 4	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Proper eating, tasting, drinking, or tobacco use		
5 5	<input checked="" type="radio"/> IN <input type="radio"/> OUT	No discharge from eyes, nose, and mouth		
<b>Preventing Contamination by Hands</b>				
5 6	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Hands clean & properly washed		
2 7	<input checked="" type="radio"/> IN <input type="radio"/> OUT	No bare hand contact with RTE foods or approved alternate method properly followed		
5 8	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Adequate handwashing facilities supplied & accessible		
<b>Approved Source</b>				
5 9	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Food obtained from approved source		
5 10	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Food received at proper temperature		
5 11	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Food in good condition, safe, & unadulterated		
1 12	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Required records available: shellstock tags, parasite destruction		
<b>Protection from Contamination</b>				
2 13	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Food separated & protected		
2 14	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Food-contact surfaces: cleaned & sanitized		
5 15	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Proper disposition of returned, previously served, reconditioned, & unsafe food		

Compliance Status			COS	R
<b>Potentially Hazardous Food Time/Temperature</b>				
5 16	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Proper cooking time & temperatures		
5 17	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Proper reheating procedures for hot holding		
5 18	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Proper cooling time & temperature		
5 19	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Proper hot holding temperatures		
5 20	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Proper cold holding temperatures		
5 21	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Proper date marking & disposition		
5 22	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Time as a public health control: procedures & record		
<b>Consumer Advisory</b>				
5 23	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Consumer advisory provided for raw or undercooked foods		
<b>Highly Susceptible Populations</b>				
5 24	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Pasteurized foods used; prohibited foods not offered		
<b>Chemical</b>				
5 25	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Food additives: approved & properly used		
5 26	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Toxic substances properly identified, stored, & used		
<b>Conformance with Approved Procedures</b>				
5 27	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Compliance with variance, specialized process, & HACCP plan		

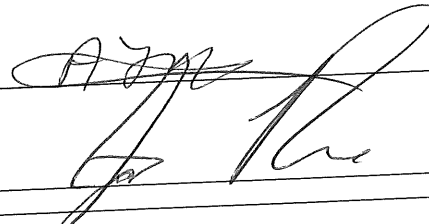
Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health Interventions are control measures to prevent foodborne illness or injury.


## 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

Compliance Status			COS	R
<b>Safe Food and Water</b>				
5 28	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Pasteurized eggs used where required		
5 29	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Water & ice from approved source		
3 0	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Variance obtained for specialized processing		
<b>Food Temperature Control</b>				
5 31	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Proper cooling methods used; adequate equipment for temperature control		
5 32	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Plant food properly cooked for hot holding		
5 33	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Approved thawing methods used		
1 34	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Thermometers provided & accurate		
<b>Food Identification</b>				
1 35	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Food properly labeled; original container		
<b>Prevention of Food Contamination</b>				
4 36	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Insects, rodents, & animals not present		
2 37	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Contamination prevented during food preparation, storage & display		
5 38	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Personal cleanliness		
1 39	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Wiping cloths: properly used & stored		
1 40	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Washing fruits & vegetables		

Compliance Status			COS	R
<b>Proper Use of Utensils</b>				
2 41	<input checked="" type="radio"/> IN <input type="radio"/> OUT	In-use utensils: properly stored		
2 42	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Utensils, equipment & linens: properly stored, dried & handled		
2 43	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Single-use & single-service articles: properly stored & used		
2 44	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Gloves used properly		
<b>Utensil, Equipment and Vending</b>				
2 45	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Food & non-food contact surfaces cleanable, properly designed, constructed, & used		
1 46	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Warewashing facilities: installed, maintained, & used; test strips		
1 47	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Non-food contact surfaces clean		
<b>Physical Facilities</b>				
4 48	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Hot & cold water available; adequate pressure		
5 49	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Plumbing installed; proper backflow devices		
5 50	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Sewage & waste water properly disposed		
2 51	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Toilet facilities: properly constructed, supplied, & cleaned		
2 52	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Garbage & refuse properly disposed; facilities maintained		
1 53	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Physical facilities installed, maintained, & clean		
1 54	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Adequate ventilation & lighting; designated areas used		

Person in Charge (Signature) 

Health Inspector (Signature) 

Date: **03-03-09**

Follow-up:  YES  NO (circle one) Follow-up Date: