	E/2	>/-	1801001	
C	ity of Portland	Ith Inspection Report Page of 2	-	
Establishment Name		No. of F	Risk Factor/Intervention Violations Date 6-12-	08
		No. of F	Repeat Risk Factor/Intervention Violations Time In	
To Juan Margaritz			Score (optional) Time Out	
License/Est. ID# Address			City/State Zip Code Telephone	
D575 License Posted Owner Name PANLAN ALST. Gro		•	Pouslann	
License Posted Owner Name		1-	Purpose of Inspection Est. Type Risk Category	
Yes []No	Pantlans/lest. Gro	ing Inc	Annual.	
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS				
Circle designated compliance status (IN, OUT, N/O, N/A) for			11 1	
IN= in compliance OUT=not in compliance N/O=not observed NOO=not observed				olation
Supervision		COSR	Compliance Status Potentially Hazardous Food Time/Temperature	COSR
I IN OUT PIC present, demonstrates knowledge, and			5 16 IN OUTN/A (N/O) Proper cooking time & temperatures	
performs duties	Employee Health		5 17 IN OUTN/A Proper reheating procedures for hot holding 5 18 IN OUT N/A M/O Proper cooling time & temperature	
5 2 IN OUT Management awareness; policy present			5 19 NOUTN/A N/O Proper hot holding temperatures	
5 3 IN OUT Proper use of reporting, restriction & Exclusion			5 20 OUT N/A Proper cold holding temperatures	
Good Hygienic Practices			5 21 IN OUTN/A MO Proper date marking & disposition	
5 4 IN OUT N Proper eating, tasting, drinking, or tobacco use 5 5 IN OUT N discharge from eyes, nose, and mouth			5 22 IN OUTN/A MO Time as a public health control: procedures & record	
Preventing Contamination by Hands			Consumer Advisory	
5 6 IN OUT NO Hands clean & properly washed			5 23 IN OUT NA Consumer advisory provided for raw or	
2 7 IN OUTN/A No bare hand contact with RTE foods or approved alternate method properly followed			undercooked foods Highly Susceptible Populations	
	washing facilities supplied &		5 24 IN OUT N/A Pasteurized foods used; prohibited foods not	
accessible			offered	
Approved Source 5 9 (Food obtained form approved source)			Chemical	
5 10 IN OUT N/A N/O Food received	form approved source		5 25 IN OUT WA Food additives: approved & properly used 5 26 (IN) OUT Toxic substances properly identified, stored,	
5 11 (N' OUT Food in good c	ondition, safe, & unadulterated		& used	
1 12 IN OUTN/A N/O Required records available: shellstock			Conformance with Approved Procedures	
tags, parasite destruction Protection from Contamination			5 27 N/A Compliance with variance, specialized process, & HACCP plan	
2 13 (IN OUT N/A Food separated & protected				
2 14 NOUT N/A Food-contact surfaces: cleaned & sanitized			Risk factors are improper practices or procedures identified as the	most
Proper disposition of returned, previously served, reconditioned, & unsafe food			prevalent contributing factors of foodborne illness or injury. Public Heal Interventions are control measures to prevent foodborne illness or in	alth niurv
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		COSR	Proper Use of Utensils	COSR
5 28 Pasteurized eggs used where required			2 41 In-use utensils: properly stored	
5 29 Water & ice from approved source			2 42 Utensils, equipment & linens: properly stored, dried & handled	
30 Variance obtained for specialized processing Food Temperature Control		+	2 43 Single-use & single-service articles: properly stored & used 2 44 Gloves used properly	$\vdash \top$
5 31 Proper cooling methods used; adequate equipment for		+	Utensil, Equipment and Vending	
temperature control			2 45 Food & non-food contact surfaces cleanable, properly	
5 32 Plant food properly cooked for hot holding 5 33 Approved thawing methods used			designed, constructed, & used	
1 34 Thermometers provided & accurate		+	1 46 Warewashing facilities: installed, maintained, & used; test strips 1 47 Non-food contact surfaces clean	\vdash
Food Identification			Physical Facilities	\vdash
1 35 Food properly labeled; original container Prevention of Food Contamination		1	4 48 Hot & cold water available; adequate pressure 5 49 Plumbing installed; proper backflow devices	
4 36 Insects, rodents, & animals not present		+	5 50 Sewage & waste water properly disposed	
2 37 Contamination prevented during food preparation, storage & displa		.y	2 51 Toilet facilities: properly constructed, supplied, & cleaned	
5 38 Personal cleanliness			2 52 Garbage & refuse properly disposed; facilities maintained	
1 39 Wiping cloths: properly used & stored 1 40 Washing fruits & vegetables		1	1 53 Physical facilities installed, maintained, & clean 1 54 Adequate ventilation & lighting; designated areas used	\Box
[1] 07 [//dodyakte vermiation & lighting, designated areas used				
Person in Charge (Signature)			Date: 4/14/722278	
Date. The Care				
Health Inspector (Signature)			Follow-up: YES NO (circle one) Follow-up Date:	
TONY			Follow-up: YES NO' (circle one) Follow-up Date:	