038.A005

-	С	ity of Portland	H	ea	lth	Ir	 าร	spection		eport	Pageof		
Establishment Name			No. of Risk Factor/Intervention Violations Date									/	
						peat Risk Factor/Intervention Violations					Time In 1/07	10)
Anabica Collee								Scor	e (optional)	Time Out		_	
License/Est. ID# Address License Posted Owner Name WALSH CARAGORIA		<u> </u>		City/State Zip Code Telephone									
License Posted Owner Name			47	The	Pu	rpo:	se o	of Inspection		Est. Type	Risk Category		
			Keren Kara						Clean (Sub)				
		ORNE ILLNÉSS RISK FA										-1/- · · · D	
Circle designated compliance status (IN, OUT, N/O, N/A) IN= in compliance OUT=not in compliance N/O=not observed											riate box for COS an spection R=repeat v		
Compliance Status			cos					ance Status				cos	
	/ision			-	401				ardous Food Tim				
5 1 IN OUT	1 IN OUT PIC present, demonst performs duties									er cooking time & te er reheating procedu	ures for hot holding		
	Employe	e Health			5	18	IN	OUT/N/A N/O	Prope	er cooling time & ter	mperature		
5 2 IN OUT 5 3 IN OUT		wareness; policy present eporting, restriction & Exclusion								er hot holding tempe er cold holding temp			
	Good Hygien	ic Practices			5	21	ĪŃ	OUTN/A N/O	Prope	er date marking & d	lisposition		
5 4 (IN OUT N/O		asting, drinking, or tobacco use om eyes, nose, and mouth			5	22	IN	OUT N/A N/G	% rec	as a public health o	control: procedures		
Preventing Contamination by Hands								OUT (VA)		onsumer Advisoi			
5 6 IN OUT N/O 2 7 (N OUTN/A N/O	Hands clean &	properly washed ontact with RTE foods or			5	23	IN	OUT (N/A		umer advisory providence of the providence of the contract of	ded for raw or		
	approved altern	ate method properly followed								Susceptible Popu			
5 8 IN OUT	Adequate hand accessible	washing facilities supplied &			5	24	IN	OUT N/A	offere		prohibited foods not		
Approved Source								>	Chemical				
5 9 (IN OUT N/A(N/O		form approved source at proper temperature				25 26		OUT N/A		additives: approved	d & properly used ly identified, stored,	-	-
5 11 (IN OUT	Food in good o	ondition, safe, & unadulterated							& use	ed			
1 12 IN OUTN/A N/O	Required record tags, parasite of	ds available: shellstock			5	27	IN			e with Approved bliance with variance			
Protection from Contamination					process, & HACCP plan								
2 13 IN OUT N/A Food separated & protected 2 14 IN OUT N/A Food-contact surfaces: cleaned & sanitized											dures identified as the		t
5 15 IN OUT		on of returned, previously					ess or injury. Public He foodborne illness or						
served, reconditioned, & unsafe food					ᆜᆫ				troi me	easures to prevent	TOOGDOTTIC IIITC33 OF	ii ijui y.	_
Good	Retail Practices	GOOI are preventative measures to co							nicals.	and physical objec	ts into foods.		300
Mark "X" in box if nur	propri	ate t	ox fo	r CC	Sa	and/or R COS	=correc	cted on-site during in	nspection R=repeat vi				
Safe Food and Water			COS	S R					Pr	oper Use of Uten	sils	cos	H
5 28 Pasteurized eggs used where required						41		In-use utensils:			ored, dried & handled		
5 29 Water & ice from approved source 30 Variance obtained for specialized processing				H		43				ervice articles: property			\vdash
Food Temperature Control					2			Gloves used pr	roperly				
5 31 Proper cooling methods used; adequate equipment for temperature control				+	2	45				itact surfaces clean		-	٣
5 32 Plant food properly cooked for hot holding			ļ			46		designed, cons			ned, & used; test strip	-	-
5. 33 Approved thawing methods used			-	+		47		Non-food conta			neu, & useu, test sinp	-	
Food Identification								11-1-0		Physical Facilitie			
1 35 Food properly labeled; original container Prevention of Food Contamination						48				illable; adequate pre roper backflow devi			\vdash
4 36 Insects, rodents, & animals not present						50				er properly dispose			F
2 37 Contamination prevented during food preparation, storage & display 5 38 Personal cleanliness			ıy		\ <u></u>	51 52				rly constructed, sup operly disposed; fac			\vdash
1 39 Wiping cloths: properly used & stored						53				alled, maintained, 8			F
1 40 Washing fruits	<u> </u>	لــــــــــــــــــــــــــــــــــــــ		54		Adequate venti	nauon	& lighting; designate	led areas used				
Person in Charge (Signature)								Date	e:				_
													-
Health Inspector (Signature) WWW 9.04.07													
Health Inspector (Sign	nature) M	YUNV "			Fo	llow	-up	: YES NO	(circl	le one) Follow-	up Date:		
	·) v												