

# City of Portland Health Inspection Report

Establishment Name <i>Rivalries</i>		No. of Risk Factor/Intervention Violations		Date <i>3-10-09</i>
		No. of Repeat Risk Factor/Intervention Violations		Time In <i>2:01 PM</i>
License/Est. ID# <i>8046</i>		Address <i>10 Cotton St.</i>	City/State <i>Portland, Me.</i>	Zip Code <i>04101</i>
License Posted <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Owner Name <i>Rivalries, LLC</i>	Purpose of Inspection <i>Yearly</i>	Est. Type <i></i>
		Score (optional) <i>97</i>		Time Out <i>3:05 PM</i>
Telephone <i>774-6044</i>		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	<input checked="" type="radio"/> IN <input type="radio"/> OUT			PIC present, demonstrates knowledge, and performs duties			
<b>Employee Health</b>							
52	<input checked="" type="radio"/> IN <input type="radio"/> OUT			Management awareness; policy present			
53	<input checked="" type="radio"/> IN <input type="radio"/> OUT			Proper use of reporting, restriction & Exclusion			
<b>Good Hygienic Practices</b>							
54	<input checked="" type="radio"/> IN <input type="radio"/> OUT	N/O		Proper eating, tasting, drinking, or tobacco use			
55	<input checked="" type="radio"/> IN <input type="radio"/> OUT	N/O		No discharge from eyes, nose, and mouth			
<b>Preventing Contamination by Hands</b>							
56	<input checked="" type="radio"/> IN <input type="radio"/> OUT	N/O		Hands clean & properly washed			
27	<input checked="" type="radio"/> IN <input type="radio"/> OUT	N/A	N/O	No bare hand contact with RTE foods or approved alternate method properly followed			
58	<input checked="" type="radio"/> IN <input type="radio"/> OUT			Adequate handwashing facilities supplied & accessible			
<b>Approved Source</b>							
59	<input checked="" type="radio"/> IN <input type="radio"/> OUT			Food obtained from approved source			
510	<input checked="" type="radio"/> IN <input type="radio"/> OUT	N/A	N/O	Food received at proper temperature			
511	<input checked="" type="radio"/> IN <input type="radio"/> OUT			Food in good condition, safe, & unadulterated			
112	<input checked="" type="radio"/> IN <input type="radio"/> OUT	N/A	N/O	Required records available: shellstock tags, parasite destruction			
<b>Protection from Contamination</b>							
213	<input checked="" type="radio"/> IN <input type="radio"/> OUT	N/A		Food separated & protected			
214	<input checked="" type="radio"/> IN <input type="radio"/> OUT	N/A		Food-contact surfaces: cleaned & sanitized			
515	<input checked="" type="radio"/> IN <input type="radio"/> OUT			Proper disposition of returned, previously served, reconditioned, & unsafe food			
<b>Potentially Hazardous Food Time/Temperature</b>							
516	<input checked="" type="radio"/> IN <input type="radio"/> OUT	N/A	N/O	Proper cooking time & temperatures			
517	<input checked="" type="radio"/> IN <input type="radio"/> OUT	N/A	N/O	Proper reheating procedures for hot holding			
518	<input checked="" type="radio"/> IN <input type="radio"/> OUT	N/A	N/O	Proper cooling time & temperature			
519	<input checked="" type="radio"/> IN <input type="radio"/> OUT	N/A	N/O	Proper hot holding temperatures			
520	<input checked="" type="radio"/> IN <input type="radio"/> OUT	N/A		Proper cold holding temperatures			
521	<input checked="" type="radio"/> IN <input type="radio"/> OUT	N/A	N/O	Proper date marking & disposition			
522	<input checked="" type="radio"/> IN <input type="radio"/> OUT	N/A	N/O	Time as a public health control: procedures & record			
<b>Consumer Advisory</b>							
523	<input checked="" type="radio"/> IN <input type="radio"/> OUT	N/A		Consumer advisory provided for raw or undercooked foods			
<b>Highly Susceptible Populations</b>							
524	<input checked="" type="radio"/> IN <input type="radio"/> OUT	N/A		Pasteurized foods used; prohibited foods not offered			
<b>Chemical</b>							
525	<input checked="" type="radio"/> IN <input type="radio"/> OUT	N/A		Food additives: approved & properly used			
526	<input checked="" type="radio"/> IN <input type="radio"/> OUT			Toxic substances properly identified, stored, & used			
<b>Conformance with Approved Procedures</b>							
527	<input checked="" type="radio"/> IN <input type="radio"/> OUT	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	<input checked="" type="checkbox"/> 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>			
237	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		<input checked="" type="checkbox"/>
				154	Adequate ventilation & lighting; designated areas used		

Person in Charge (Signature)

Date: *3-10-09*

Health Inspector (Signature)

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