

City of Portland Health Inspection Report

Establishment Name <u>Miriam Health</u>	As Authorized by 22 MRSA § 2496	Date <u>1-24-11</u>
License/EST. ID #	Address <u>110 Free</u>	City/State <u>Portland</u>
	Zip Code	Telephone

TEMPERATURE OBSERVATIONS					
Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
					<u>40°</u>
					<u>40°</u>

OBSERVATIONS AND CORRECTIVE ACTIONS

Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 and 8-406.11 of the Food Code.

Item Number	Observations/Corrective Actions
<u>8</u>	<u>Install disposable hand towel + soap dispenser @ Ambosink</u>
<u>34</u>	<u>Put thermometer in all coolers</u>

Person in Charge (Signature) <u>Mariamete Mirio</u>	Date <u>1/24/11</u>
Health Inspector (Signature) _____	Date _____