

039- C-001

City of Portland Health Inspection Report

Page 1 of 2

Establishment Name <i>Main Health</i>		No. of Risk Factor/Intervention Violations	Date <i>1-24-11</i>
		No. of Repeat Risk Factor/Intervention Violations	Time In
		Score (optional) <i>94</i>	Time Out
License/Est. ID#	Address <i>110 Free St.</i>	City/State <i>MT.</i>	Zip Code
Telephone	License Posted [] Yes [] No <i>Now</i>	Owner Name <i>Mr. Mersical</i>	Purpose of Inspection <i>new lic.</i>
		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 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
Supervision				
5 1	<input checked="" type="radio"/> IN <input type="radio"/> OUT	PIC present, demonstrates knowledge, and performs duties		
Employee Health				
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		
Good Hygienic Practices				
5 4	<input checked="" type="radio"/> IN <input type="radio"/> OUT N/O	Proper eating, tasting, drinking, or tobacco use		
5 5	<input checked="" type="radio"/> IN <input type="radio"/> OUT N/O	No discharge from eyes, nose, and mouth		
Preventing Contamination by Hands				
5 6	<input checked="" type="radio"/> IN <input type="radio"/> OUT N/O	Hands clean & properly washed		
2 7	<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		
5 8	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Adequate handwashing facilities supplied & accessible		
Approved Source				
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 N/A N/O	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 N/A N/O	Required records available: shellstock tags, parasite destruction		
Protection from Contamination				
2 13	<input checked="" type="radio"/> IN <input type="radio"/> OUT N/A	Food separated & protected		
2 14	<input checked="" type="radio"/> IN <input type="radio"/> OUT N/A	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
Potentially Hazardous Food Time/Temperature				
5 16	<input checked="" type="radio"/> IN <input type="radio"/> OUT N/A N/O	Proper cooking time & temperatures		
5 17	<input checked="" type="radio"/> IN <input type="radio"/> OUT N/A N/O	Proper reheating procedures for hot holding		
5 18	<input checked="" type="radio"/> IN <input type="radio"/> OUT N/A N/O	Proper cooling time & temperature		
5 19	<input checked="" type="radio"/> IN <input type="radio"/> OUT N/A N/O	Proper hot holding temperatures		
5 20	<input checked="" type="radio"/> IN <input type="radio"/> OUT N/A	Proper cold holding temperatures		
5 21	<input checked="" type="radio"/> IN <input type="radio"/> OUT N/A N/O	Proper date marking & disposition		
5 22	<input checked="" type="radio"/> IN <input type="radio"/> OUT N/A N/O	Time as a public health control: procedures & record		
Consumer Advisory				
5 23	<input checked="" type="radio"/> IN <input type="radio"/> OUT N/A	Consumer advisory provided for raw or undercooked foods		
Highly Susceptible Populations				
5 24	<input checked="" type="radio"/> IN <input type="radio"/> OUT N/A	Pasteurized foods used; prohibited foods not offered		
Chemical				
5 25	<input checked="" type="radio"/> IN <input type="radio"/> OUT N/A	Food additives: approved & properly used		
5 26	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Toxic substances properly identified, stored, & used		
Conformance with Approved Procedures				
5 27	<input checked="" type="radio"/> IN <input type="radio"/> OUT N/A	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
Safe Food and Water				
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		
30	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Variance obtained for specialized processing		
Food Temperature Control				
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		
Food Identification				
1 35	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Food properly labeled; original container		
Prevention of Food Contamination				
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
Proper Use of Utensils				
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		
Utensil, Equipment and Vending				
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		
Physical Facilities				
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) *Marianne C. Mice* Date: *1-24-11*

Health Inspector (Signature) *Suz Anne*

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