039-F10

City of Portland	Health Inspection Report Page	(of
Establishment Name	No. of Risk Factor/Intervention Violations 5 Date	7.22.8
	No. of Repeat Risk Factor/Intervention Violations Time In	
Holism taw	Score (optional) // Time Out	+
License/Est. ID# Address SO Spring S	City/State Zip Code Telephor	
[] Yes [] No NO MCU Owner Name Lygette Holida	Purpose of Inspection Est. Type Risk Cate	egory
	CTORS AND PUBLIC HEALTH INTERVENTIONS	
Circle designated compliance status (IN, OUT, N/O, N/A)		r COS and/or B
IN= in compliance OUT=not in compliance N/O=not observed		
Compliance Status	COS R Compliance Status	COSIR
Supervision	Potentially Hazardous Food Time/Tempera	ature
5 1 IN OUT PIC present, demonstrates knowledge, and	5 16 IN OUTN/A (VG) Proper cooking time & temperatures	
performs duties	5 17 IN OUTN/A Proper reheating procedures for hot 5 18 IN OUT N/A Proper cooling time & temperature	holding
Employee Health 5 2 IN OUT Management awareness; policy present	5 19 IN OUT N/A N/O /Proper hot holding temperatures	
5 3 IN OUT Proper use of reporting, restriction & Exclusion	5 20 (IN)OUT N/A Proper cold holding temperatures	
Good Hygienic Practices	5 21 IN OUTN/A N/O Proper date marking & disposition	
5 4 IN OUT N/O Proper eating, tasting, drinking, or tobacco use	5 22 IN OUTN/A N/O Time as a public health control: proc	edures
5 NOUT N/O No discharge from eyes, nose, and mouth Preventing Contamination by Hands	Consumer Advisory	
5 6 IN OUT N/O Hands clean & properly washed	5 23 IN OUT (N/A) Consumer advisory provided for raw	or
2 7 IN OUTN/A(N/O' No bare hand contact with RTE foods or	undercooked foods	
approved alternate method properly followed	Highly Susceptible Populations	
58 INOUT Adequate handwashing facilities supplied &	5 24 IN OUT N/A Pasteurized foods used; prohibited f	oods not
accessible Approved Source	Chemical	
5 9 IN OUT Food obtained form approved source	5 25 IN OUT (N/A) Food additives: approved & properly	used
5 10 IN OUT N/A N/O Food received at proper temperature	5 26 IN OUT Toxic substances properly identified,	stored,
5 11 IN OUT Food in good condition, safe, & unadulterate		
1 12 TN OUTN/A/N/O Required records available: shellstock lags, parasite destruction	Conformance with Approved Procedure 5 27 IN OUT (N/A Ompliance with variance, specialize	
Protection from Contamination	process, & HACCP plan	
2 13(IN)OUT N/A Food separated & protected	Diale factors are imprepar practices or procedures identify	find as the most
2 14 (IN) OUT N/A Food-contact surfaces: cleaned & sanitized	Risk factors are improper practices or procedures identification prevalent contributing factors of foodborne illness or injury.	
Proper disposition of returned, previously served, reconditioned, & unsafe food	Interventions are control measures to prevent foodborne	
	D RETAIL PRACTICES	
	ontrol the addition of pathogens, chemicals, and physical objects into foods	S.
Mark "X" in box if numbered item is not in compliance Mark "X" in a	propriate box for COS and/or R COS=corrected on-site during inspection R	=repeat violation
	COSR	COSR
Safe Food and Water	Proper Use of Utensils 2 2 41 In-use utensils: properly stored	200100000000000000000000000000000000000
5 28 Pasteurized eggs used where required 5 29 Water & ice from approved source	2 42 Utensils, equipment & linens: properly stored, dried	& handled
30 Variance obtained for specialized processing	2 43 Single-use & single-service articles: properly stored &	
Food Temperature Control	2 44 Gloves used properly	
5 31 Proper cooling methods used; adequate equipment for	Utensil, Equipment and Vending	els e
temperature control 5 32 Plant food properly cooked for hot holding	2 45 Food & non-food contact surfaces cleanable, proper designed, constructed, & used	'y
5 33 Approved thawing methods used	1 46 Warewashing facilities: installed, maintained, & used	; test strips
1 34 Thermometers provided & accurate	1 47 Non-food contact surfaces clean	
Food Identification	Physical Facilities	
1 35 Food properly labeled; original container	4 48 Hot & cold water available; adequate pressure Flumbing installed; proper backflow devices	
Prevention of Food Contamination 4 36 Insects, rodents, & animals not present	5 5 49 Plumbing installed; proper backflow devices 5 5 50 Sewage & waste water properly disposed	
2 37 Contamination prevented during food preparation, storage & disp	2 51 Toilet facilities: properly constructed, supplied, & cle	
5 38 Personal cleanliness	2 52 Garbage & refuse properly disposed; facilities maintain	ained
1 39 Wiping cloths: properly used & stored	1 53 Physical facilities installed, maintained, & clean 1 54 Adequate ventilation & lighting; designated areas us	hea
1 40 Washing fruits & vegetables	1 54 Adequate ventilation & lighting; designated areas us	sed
(12 macr)		
Person in Charge (Signature)	Date:	
7 11	Monogs	
C 11	S next	
Health Inspector (Signature)	Follow-up: (YES) (yrcle one) Follow-up Date:	

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