

City of Portland Health Inspection Report

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|---|---|--|-----------|------------------------------------|--|
| Establishment Name <i>Holiday Inn by the Bay</i> | | No. of Risk Factor/Intervention Violations | | Date <u>6/1</u> | |
| | | No. of Repeat Risk Factor/Intervention Violations <u>5</u> | | Time In _____ | |
| | | Score (optional) <u>95</u> | | Time Out _____ | |
| License/Est. ID# <u>883</u> | Address <u>88 Springs St</u> | City/State <u>Portland, ME</u> | Zip Code | Telephone <u>(765) 288-8422</u> | |
| License Posted <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Owner Name <u>Harper Hotels, Inc</u> | Purpose of Inspection <u>Annual</u> | 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 | Compliance Status | | COS | R | | | | |
|--|-------------------------------------|-----|---|---|-------------------------------------|-----|---|--|--|--|--|
| Supervision | | | | | | | | | | | |
| 51 | <u>IN</u> OUT | | | 516 | <u>IN</u> OUT <u>N/A</u> <u>N/O</u> | | | | | | |
| PIC present, demonstrates knowledge, and performs duties | | | | Potentially Hazardous Food Time/Temperature | | | | | | | |
| Employee Health | | | | | | | | | | | |
| 52 | <u>IN</u> OUT | | | 517 | <u>IN</u> OUT <u>N/A</u> <u>N/O</u> | | | | | | |
| Management awareness; policy present | | | | Proper reheating procedures for hot holding | | | | | | | |
| 53 | <u>IN</u> OUT | | | 518 | <u>IN</u> OUT <u>N/A</u> <u>N/O</u> | | | | | | |
| Proper use of reporting, restriction & Exclusion | | | | Proper cooling time & temperature | | | | | | | |
| Good Hygienic Practices | | | | | | | | | | | |
| 54 | <u>IN</u> OUT | N/O | | 519 | <u>IN</u> OUT <u>N/A</u> <u>N/O</u> | | | | | | |
| Proper eating, tasting, drinking, or tobacco use | | | | Proper hot holding temperatures | | | | | | | |
| 55 | <u>IN</u> OUT | N/O | | 520 | <u>IN</u> OUT | N/A | | | | | |
| No discharge from eyes, nose, and mouth | | | | Proper cold holding temperatures | | | | | | | |
| Preventing Contamination by Hands | | | | | | | | | | | |
| 56 | <u>IN</u> OUT | N/O | | 521 | <u>IN</u> OUT <u>N/A</u> <u>N/O</u> | | | | | | |
| Hands clean & properly washed | | | | Proper date marking & disposition | | | | | | | |
| 27 | <u>IN</u> OUT <u>N/A</u> <u>N/O</u> | | | 522 | <u>IN</u> OUT <u>N/A</u> <u>N/O</u> | | | | | | |
| No bare hand contact with RTE foods or approved alternate method properly followed | | | | Time as a public health control: procedures & record | | | | | | | |
| 58 | <u>IN</u> OUT | | | Consumer Advisory | | | | | | | |
| Adequate handwashing facilities supplied & accessible | | | | 523 <u>IN</u> OUT <u>N/A</u> Consumer advisory provided for raw or undercooked foods <u>1 yr</u> ✓ | | | | | | | |
| Approved Source | | | | | | | | | | | |
| 59 | <u>IN</u> OUT | | | Highly Susceptible Populations | | | | | | | |
| Food obtained from approved source | | | | 524 <u>IN</u> OUT <u>N/A</u> Pasteurized foods used; prohibited foods not offered | | | | | | | |
| 510 | <u>IN</u> OUT <u>N/A</u> <u>N/O</u> | | | Chemical | | | | | | | |
| Food received at proper temperature | | | | 525 <u>IN</u> OUT <u>N/A</u> Food additives: approved & properly used | | | | | | | |
| 511 | <u>IN</u> OUT | | | 526 <u>IN</u> OUT Toxic substances properly identified, stored, & used | | | | | | | |
| Food in good condition, safe, & unadulterated | | | | Conformance with Approved Procedures | | | | | | | |
| 112 | <u>IN</u> OUT <u>N/A</u> <u>N/O</u> | | | 527 <u>IN</u> OUT <u>N/A</u> Compliance with variance, specialized process, & HACCP plan | | | | | | | |
| Required records available: shellstock tags, parasite destruction | | | | 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. | | | | | | | |
| Protection from Contamination | | | | | | | | | | | |
| 213 | <u>IN</u> OUT | N/A | | | | | | | | | |
| Food separated & protected | | | | | | | | | | | |
| 214 | <u>IN</u> OUT | N/A | | | | | | | | | |
| Food-contact surfaces: cleaned & sanitized | | | | | | | | | | | |
| 515 | <u>IN</u> OUT | | | | | | | | | | |
| Proper disposition of returned, previously served, reconditioned, & unsafe food | | | | | | | | | | | |

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 | | |
| Food Temperature Control | | | | | | | |
| 531 | Proper cooling methods used; adequate equipment for temperature control | | | 244 | Gloves used properly | | |
| 532 | Plant food properly cooked for hot holding | | | Utensil, Equipment and Vending | | | |
| 533 | Approved thawing methods used | | | 245 | Food & non-food contact surfaces cleanable, properly designed, constructed, & used | | |
| 134 | Thermometers provided & accurate | | | 146 | Warewashing facilities: installed, maintained, & used; test strips | | |
| Food Identification | | | | | | | |
| 135 | Food properly labeled; original container | | | 147 | Non-food contact surfaces clean | | |
| Prevention of Food Contamination | | | | | | | |
| 436 | Insects, rodents, & animals not present | | | Physical Facilities | | | |
| 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 | | |
| | | | | 154 | Adequate ventilation & lighting; designated areas used | | |

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| Person in Charge (Signature) <i>Ron McChay</i> | Date: <u>06/02/08</u> |
| Health Inspector (Signature) _____ | Follow-up: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (circle one) Follow-up Date: _____ |