

039-E10

# City of Portland Health Inspection Report

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Establishment Name <i>Hoban Inn</i>	No. of Risk Factor/Intervention Violations	Date <i>7-24-09</i>		
	No. of Repeat Risk Factor/Intervention Violations			
	Score (optional) <i>100</i>			
License/Est. ID#	Address <i>80 Spring</i>	City/State <i>AL Me</i>	Zip Code <i>Me</i>	Telephone
License Posted [ ] Yes [ <input checked="" type="checkbox"/> ] No <i>New</i>	Owner Name <i>LA Fette Hoban</i>	Purpose of Inspection <i>New-rempest.</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	Compliance Status		COS	R
<b>Supervision</b>				<b>Potentially Hazardous Food Time/Temperature</b>			
5 1	<input checked="" type="radio"/> IN <input type="radio"/> OUT			5 16	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
	PIC present, demonstrates knowledge, and performs duties			5 17	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
<b>Employee Health</b>				5 18	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
5 2	<input checked="" type="radio"/> IN <input type="radio"/> OUT			5 19	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
	Management awareness; policy present			5 20	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
5 3	<input checked="" type="radio"/> IN <input type="radio"/> OUT			5 21	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
	Proper use of reporting, restriction & Exclusion			5 22	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
<b>Good Hygienic Practices</b>				<b>Consumer Advisory</b>			
5 4	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/O			5 23	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
	Proper eating, tasting, drinking, or tobacco use				Consumer advisory provided for raw or undercooked foods		
5 5	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/O			<b>Highly Susceptible Populations</b>			
	No discharge from eyes, nose, and mouth			5 24	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
<b>Preventing Contamination by Hands</b>					Pasteurized foods used; prohibited foods not offered		
5 6	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/O			<b>Chemical</b>			
	Hands clean & properly washed			5 25	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
2 7	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			5 26	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
	No bare hand contact with RTE foods or approved alternate method properly followed				Toxic substances properly identified, stored, & used		
5 8	<input checked="" type="radio"/> IN <input type="radio"/> OUT		X	<b>Conformance with Approved Procedures</b>			
	Adequate handwashing facilities supplied & accessible <i>with 3 wells</i>			5 27	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
<b>Approved Source</b>					Compliance with variance, specialized process, & HACCP plan		
5 9	<input checked="" type="radio"/> IN <input type="radio"/> OUT			<b>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.</b>			
5 10	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O						
	Food obtained from approved source						
5 11	<input checked="" type="radio"/> IN <input type="radio"/> OUT						
	Food received at proper temperature						
1 12	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O						
	Food in good condition, safe, & unadulterated						
<b>Protection from Contamination</b>							
2 13	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O						
	Required records available: shellstock tags, parasite destruction						
2 14	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O						
	Food separated & protected						
5 15	<input checked="" type="radio"/> IN <input type="radio"/> OUT						
	Food-contact surfaces: cleaned & sanitized						
	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
5 28	Pasteurized eggs used where required			2 41	In-use utensils: properly stored		
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 & used		
<b>Food Temperature Control</b>				2 44	Gloves used properly		
5 31	Proper cooling methods used; adequate equipment for temperature control			<b>Utensil, Equipment and Vending</b>			
5 32	Plant food properly cooked for hot holding			2 45	Food & non-food contact surfaces cleanable, properly designed, constructed, & used		
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		
<b>Food Identification</b>				<b>Physical Facilities</b>			
1 35	Food properly labeled; original container			4 48	Hot & cold water available; adequate pressure		
<b>Prevention of Food Contamination</b>				5 49	Plumbing installed; proper backflow devices		
4 36	Insects, rodents, & animals not present			5 50	Sewage & waste water properly disposed		
2 37	Contamination prevented during food preparation, storage & display			2 51	Toilet facilities: properly constructed, supplied, & cleaned		
5 38	Personal cleanliness			2 52	Garbage & refuse properly disposed; facilities maintained		
1 39	Wiping cloths: properly used & stored			1 53	Physical facilities installed, maintained, & clean		
1 40	Washing fruits & vegetables			1 54	Adequate ventilation & lighting; designated areas used		

Person in Charge (Signature)

*Ron McChay*

Date:

*7-24-09*

Health Inspector (Signature)

*Suzanne Huns*

Follow-up:

YES NO (circle one)

Follow-up Date: