129 D112

				0.	7	enumb*	P013							
City of Portland					Health Inspection Report Page of L									
Establishment Name			No	No. of Risk Factor/Intervention Violations							Date - 26-08			
4				No. of Repeat Risk Factor/Intervention ViolationsTime In										
Artemisia Address				Score (optional)										
License/Est. ID# Address					City/State			Zip Code		Telephone				
GI Pleasma St					Postain				04/12					
License Posted 4+pine Owner Name [MYes [] No 51/38 Many Bruns					Purpose of Inspection			Est. Type	R	Risk Category				
				Annum								- visit vertan		
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/o														
Circle designated compliance status (IN, OUT, N/O, N/A) IN= in compliance OUT=not in compliance N/O=not observed								Mark "X" in a rected on-site dur						
Compliance Status			cos				oliance Status	Tected off Site dui	ing maper		-repeat vid	COSR		
Supervision			848				Potentiall	y Hazardous Foo			ture			
5 1 NOUT	performs duties Employee Health				5 16 IN OUTN/A Proper cooking time & temperatures 5 17 IN OUTN/A Proper reheating procedures for hot holding									
				536	5 18	В	IN OUT N/A N/O	Proper cooling tim	e & tempe	erature	loiding			
5 2 WOUT	Management awareness; policy present							Proper hot holding						
5 3 N ØUT		Proper use of reporting, restriction & Exclusion Good Hygienic Practices			5 21				er cold holding temperatures er date marking & disposition					
	Proper eating, tasting, drinking, or tobacco use				5 22	2	IN OUTN/A NA	Time as a public h	ealth cont	trol: proce	dures			
5 IN OUT Prev	No discharge from eyes, nose, and mouth enting Contamination by Hands			4444				& record Consumer A	dvisory					
5 6 (JN) OUT N/Q	Hands clean & properly washed				5 2	3	IN OUT N/A	Consumer advisor			义			
27 IN OUTN/A NO		ontact with RTE foods or ate method properly followed						undercooked food ghly Susceptible		lit n⊣ ions	'nu –			
58 (IN OUT	· ' '	vashing facilities supplied &			5 24	4		Pasteurized foods			ods not			
	accessible Approved	Cource	100	1155	i i i i i i i i i i i i i i i i i i i	_		offered Chemic	al			Serger Sec		
5 9 (N) OUT		orm approved source	4444		5 25		IN OUT (NHA)	Food additives: ap	proved &					
5 10 TN OUT N/A N/O		t proper temperature ondition, safe, & unadulterated			5 26	6	IN OUT	Toxic substances & used	properly id	dentified,	stored,			
5 11 (I), OUT 1 12 W OUTN/A N/O				-343	_	Copfor	mance with App	roved Pr	ocedure	S				
tags, parasite destruction					5 27	7	IN OUT	Compliance with v		pecialized				
Protection from Contamination 2 13 IN OUT N/A Food separated & protected					1			process, & HACCI						
2 14 IN OUT N/A	Food-contact su			11			oper practices or factors of foodborn							
5 15 IN OUT	Proper disposition		prevalent contributing factors of foodborne illness or injury. Public Health Interventions are control measures to prevent foodborne illness or injury.											
served, reconditioned, & unsafe food GOOD RETAIL PRACTICES														
		are preventative measures to c	ontro	I the a	ddition	n o	of pathogens, chen							
Mark "X" in box if nun		s R	ox for C	30:	S and/or R COS=	corrected on-site d	uring inspe	ection H=	repeat vioi	cos R				
Safe Food and Water				Proper Use of Utensils 2 41 In-use utensils: properly stored										
5 28 Pasteurized eggs used where required 5 29 Water & ice from approved source					2 4			properly stored ment & linens: prop	erly stored	d, dried &	handled			
	Variance obtained for specialized processing				2 4	3	Single-use & si	ngle-service articles						
Food Temperature Control 5 31 Proper cooling methods used; adequate equipment for					2 4	2 44 Gloves used properly Utensil, Equipment and Vending								
temperature control				\Box	2 45 Food & non-food contact surfaces cleanable, properly									
5 32 Plant food properly cooked for hot holding 5 33 Approved thawing methods used			+-	+-	1 4	6		tructed, & used acilities: installed, n	naintained	& used:	test strins			
Thermometers provided & accurate					1 4	_		ewashing facilities: installed, maintained, & used; test strips food contact surfaces clean						
Food Identification 1 35 Food properly labeled; original container				14	4 4	8	Hot & cold wat	Physical Facilities cold water available; adequate pressure						
Prevention of Food Contamination			1	5 25	5 4	9	Plumbing instal	led; proper backflo	w devices					
4 36 Insects, rodents, & animals not present 2 37 Contamination prevented during food preparation, storage & displa					5 5 2 5			te water properly d properly constructe		d & clas	ned			
 2 37 Contamination prevented during food preparation, storage & display 5 38 Personal cleanliness 			ıy	+	2 5			ise properly dispos						
1 39 Wiping cloths: properly used & stored						3		es installed, mainta						
1 40 Washing fruits & vegetables 1 54 Adequate ventilation & lighting; designated areas used														
Health This Person in Charge (Signature) Supply Health Inspector (Signature) Med Sun Follow-up: YES NO (circle one) Follow-up Date:														
	111	110												
PLC III, WILL														
Health Inspector (Sign		Follo	W-	up: YES NO	(circle one) F	ollow-up l	Date:							
	-													