City of Portland, Maine Inspections Division Food Service Inspection Schedule by Business or Contact

Insp. Date	Insp. Date Business/Contact			Address	Dist#	Parcel	Score Status	Next Insp. Last Insp.	
11/18/2002	YOSAKU	Arthur Rowe		1 DANFORTH ST	1	040 B028001	100 Passed	11/18/03	12/09/08
11/05/2004	YOSAKU	Arthur Rowe		1 DANFORTH ST	I	040 B028001	83 Re-Inspect 30 Day	12/06/04	12/09/08
02/01/2005	YOSAKU	Kevin Carroll		I DANFORTH ST	1	040 B028001	90 Passed	02/01/06	12/09/08
04/18/2006	YOSAKU	Arthur Rowe	Jonathan Reed	I DANFORTH ST	1	040 B028001	80 Re-Inspect 30 Day	05/18/06	12/09/08
04/18/2006	YOSAKU	Arthur Rowe	Jonathan Reed	1 DANFORTH ST	1	040 B028001	80 Re-Inspect 30 Day	05/18/06	12/09/08
01/11/2007	YOSAKU	Arthur Rowe	Suzanne Hunt	I DANFORTH ST	1	040 B028001	77 Re-Inspect 10 Day	01/22/07	12/09/08
01/11/2007	YOSAKU	Arthur Rowe	Suzanne Hunt	1 DANFORTH ST	1	040 B028001	77 Re-Inspect 10 Day	01/22/07	12/09/08
01/22/2008	YOSAKU	Suzanne Hunt	Jon Rioux	I DANFORTH ST		040 B028001	80 Re-Inspect 30 Day	02/21/08	12/09/08
01/22/2008	YOSAKU	Suzanne Hunt	Jon Rioux	1 DANFORTH ST		040 B028001	80 Re-Inspect 30 Day	02/21/08	12/09/08
09/08/2008	YOSAKU	Jon Rioux		1 DANFORTH ST		040 B028001	0		12/09/08
12/09/2008	YOSAKU	Jon Rioux		1 DANFORTH ST	2	040 B028001	95 Passed	12/09/09	12/09/08

Appointments Reported: 11



City of Portland, Maine **Inspections Division** Complaints Detail Report

Suzanne Hunt Support Staff Category/Complaint:

Odor / dumpster behind restruant smells and is disturbing tenants in area. Dumsper has

been moved to create more parking now it is disturbing to abbutters.

Census 3.00

Date And Time: 08/10/2009

1:25 PM Status: Closed Complaint No: 14255

Parcel ID 040 B028001

Prop Addr:

1 DANFORTH ST

Complainant:

Best Time To Reach:

Addr:

Mood:

Response to Complainant:

Food Service / Compalintant Lisa Weiss @ 318-0243 got sick from the measu soup. Category/Complaint: She said she has a circle of friends that have also gotten sick there in the past. /gg Census 3.00

Date And Time: 11/17/2010

11:59 A

Status: Closed

Complaint No: 15839

Parcel ID 040 B028001

Prop Addr:

1 DANFORTH ST

Best Time To Reach:

Complainant:

Addr:

Mood:

Response to Complainant:

Inspection Outcome

Date

11/24/2010

Status Passed Next Insp Date Comment 11/24/2011

met with PIC, Minoru Yahara, Reviewed Miso soup contents and how it is prepared. Miso soup is disposed of at each day. It is prepared form dried fish powder, soybean paste, and dry seas weed. Thse products come prepacked. It is mixed with tofu, scallions, at serving. Dishwater sanitation at correct level... Checked refrigeration and storage of fish.

Smh call complainant and requested call back. Smh

Total Nbr Of Complaints Reported: 3

Page 2 of 2

0	ity of Portland	Ноо	l+h	ln	chactio	BO.	20		Dans Lat 2	
	ity of Portiand	Too and	State of the State of						Page of C	7
Establishment Name					tor/Intervention				Date // 00 2	4-10
XA YOSAKU	f.	No. of F	Repeal	t R	isk Factor/Inter				Time In	
-101						Score (optional)	79	Time Out	
License/Est. ID#	1 Danjunger		City	Sta	ate	Zi	p Code		Telephone	
License Posted	Owner Name	ato	Purp	os	e of Inspection	n E	st. Type		Risk Category	
	ORNE ILLNESS RISK FA	CTOPS	AND	D	POLLEGIO,	TH INT	EDVENTI	ONIC		
	e status (IN, OUT, N/O, N/A) i								iate box for COS and	t/or B
IN= in compliance OUT=not in con									pection R=repeat vid	
Compliance Status		COSR	Co	mp	liance Status					COS R
Super									e/Temperature	
5 1 (IN OUT PIC present, de performs duties	emonstrates knowledge, and		5 16		IN OUTN/A NO				res for hot holding	
Employe				В	IN OUT N/A	Proper of	cooling time	& ten	nperature	
	wareness; policy present		5 19	9	OUTN/A N/O	Proper h	ot holding t	lempe	ratures	
	reporting, restriction & Exclusion				NOUTN/A N/O	Proper of	old holding date marking			
Good Hygien 5 4 IN OUT N/O Proper eating, t	tasting, drinking, or tobacco use				OUTN/A N/O				ontrol: procedures	
	rom eyes, nose, and mouth			4		& record				
Preventing Contant			ring	21	OUT N/A		sumer Ad			
5 6 OUT N/O Hands clean & 2 7 OUT N/A N/O No bare hand c	properly washed contact with RTE foods or		3 2	4	N GOT NA		oked foods		ed for raw or	
	nate method properly followed			-	Н		sceptible		lations	
	washing facilities supplied &		5 24	4	IN OUT NA		zed foods u	sed;	prohibited foods not	
accessible	d Source					offered	Chemica			
	form approved source		5 25	5/	N/A	Food ad			& properly used	
5 10 IN OUT N/A NO Food received	at proper temperature		5 26	3	TU@ MI	Toxic su			y identified, stored.	
	condition, safe, & unadulterated			4		& used	the A			
1 12 IN OUTN/A (10) Required record tags, parasite of	ds available: shellstock		5 2	7/					Procedures , specialized	
Protection from				6		Visit in the second	& HACCP		, specialized	
2 13 NOUT N/A Food separated			Ri	ek	factors are imp	roper pra	ctices or pr	nced	ures identified as the	most
	urfaces: cleaned & sanitized								s or injury. Public Hea	
	ion of returned, previously itioned, & unsafe food		In	ten	ventions are con	trol meas	ures to pre	vent t	foodborne illness or in	njury.
	GOOL	RETAI	LPR	AC	CTICES					
	are preventative measures to co									
Mark "X" in box if numbered item is no	ot in compliance Mark "X" in app		ox for (COS	S and/or R COS	=corrected	d on-site dur	ing ins	spection R=repeat vio	cos R
Safe Food	and Water	COSR				Prop	er Use of I	Utens	ils	COS H
5 28 Pasteurized eggs used where r			2 4	1	In-use utensils:					
5 29 Water & ice from approved sou			2 4						ored, dried & handled orly stored & used	
30 Variance obtained for specialize	rature Control		2 4	4	Gloves used p	and the same of th	ice articles.	prope	erly stored & used	
5 31 Proper cooling methods used:							quipment			
temperature control	E-11 (E-10)L-		2 4	5	Food & non-fo			cleana	ible, properly	
5 32 Plant food properly cooked for5 33 Approved thawing methods use			1 4	6	designed, cons			intain	ed, & used; test strips	+
1 34 Thermorneters provided & accur			1 4		Non-food conta			iii itaii ii	od, a dood, not on po	
	ntification						ysical Fac			
1 35 Food properly labeled; original	container od Contamination		4 4		Hot & cold war Plumbing insta		The state of the s			+
4 36 Insects, rodents, & animals not		+	5 5	0	Sewage & was					
2 37 Contamination prevented during	food preparation, storage & displa	ıy	2 5	51	Toilet facilities:	: properly	constructed	, supp	olled, & cleaned	
5 38 Personal cleanliness			2 5						lities maintained	
Wiping cloths: properly used & Washing fruits & vegetables	stored		1 5	200	Physical faciliti Adequate vent					
Person in Charge (Signature)	/	-1 -1 -1			Dat		11-2			
Health Inspector (Signature) 42.	Jung		Folio	DW-	up: YES NO) (circle	gre) Fo	llow-u	ip Date:	

. С	ity of Portl	and Health Inspe	ction Report	Page of
Establishment Name		As Authorized by 22 MRSA	§ 2496	Date
License/EST, ID#	Address	City/State	Zip Code	Telephone
Item/Location	Temp	Item/Location, June 1001 Blaces samerize/OK	Temp Item/	Location Temp
	OBSER	RVATIONS AND CORRECT	VE ACTIONS	
Number Mys Sou Mys Sou Fully So Sca	es Parla	Soup is manse	46411 -	YAmak: Co (15
		Alliwe I	asta person	
Conplains -NO -M	15Sus	ham no rus s Found, is more pres		// >
Person in Charge (Signature) Health Inspector (Signature)	Sig Hun			Date //- 27 - (d)

	C	ity of Portland	П	ea	III	n I	n:	spec	ctio	nF	epo	rt	F	age	01	0
Establishment Name			No	. 01	Ris	k Fa	icto	r/Interv	ention	Viola	tions		1 6 D	ate	1-3	2-08
Yosaku			No	o. of	Re	peat	Ris	sk Facto	or/Inter	rventio	n Viola	tions	4 T	ime In	-	
										Scor	e (optio	nall	46 T	ime Out		
License/Est. ID#		Address			(City/S	Stat	te			Zip Co	de	T	elephon	e	
8	30	1 Danforth St				Pol	H	Brd	NE					207	80- (2880
License Posted		1 Dayforth St Owner Name Sato Searle En			F	urpo	ose	of Insp	ection	1	Est. Ty	ре	R	isk Cate	gory	
Yes []No		Sato Searle En	tel	Pri	SCS.			Ann.	a 1		(+)					
	ated compliance	PRNE ILLNESS RISK FA	CT for e	OR: ach	S A nun	ND nbere	PU ed it	IBLIC H	HEAL	THIN	Mark "X"	in app	propriat	e box for		
Compliance Status	ou i=not in con	apliance N/O=not observed		-	ot ap	-	-			rrected	on-site	during	inspe	ction R=	repeat v	1-1
compliance status	Superv	ision	cos	н	+ +	Con	npli	iance S	and the second second	ly Haz	ardous	Food	Time/	Tempera	ture	cos
1 IN OUT		monstrates knowledge, and			1	5 16	IN	OUTN/	AWO	Prope	er cooking	g time	& temp	eratures	ture	
	performs duties	17 - 17				5 17	IN	OUTN/	AWQ	Prope	er reheati	ing pro	cedures	for not h	nolding	
5 2 IN OUT	Employee Management aw	vareness; policy present		-		5 18 5 19	IN	N TUO I	ANO	Prope	er cooling er hot ho	idina te	tempe emperat	erature		-
		porting, restriction & Exclusion	-				IN	(OUT)	N/A	Prope	er cold he	olding t	tempera	ltures		
	Good Hygieni				1 1	5 21	IN	OUTN/	A N/O		er date m					
		asting, drinking, or tobacco use om eyes, riose, and mouth				5 22	IIV	OUTN	A N/O	& rec		olic hea	illh con	trol: proce	dures	
		ination by Hands			1	-					onsume	er Adv	isory	,		
6 IN OUT (NO)	Hands clean & p	properly washed				5 23	(IN	TUQ	N/A				rovided	for raw o	r	
		ontact with RTE loods or			1						rcooked Suscept)onulat	ione		
8 IN OUT	and the second s	ate method properly followed vashing facilities supplied &				5 24	IN	OUT			urized fo			hibited to	ods not	
	Approved	Source			1		-			Officia		mical		1.00		
	Food obtained fo	orm approved source						LOUT	WA					properly		
		t proper temperature				5 26		DOUT		Mary Townson		ces pro	perly io	dentified,	stored,	
		ondition, safe, & unadulterated s available: shellstock		-	+ +	-		_	Confo	- & use		Approv	ved Pr	ocedure	S	1
	tags, parasite de				1	5 27	DIN	(LOG P						pecialized		101
	CALL DESCRIPTION OF THE PERSONS	Contamination				$\overline{}$	1_	\sim		proce	ss, & HA	CCP p	lan		146	X
	Food separated Food-contact su	& protected rfaces: cleaned & sanitized	-		H									es identifi		
		on of returned, previously	V											or injury. I		
	served, recondit	ioned, & unsafe food	1		Ш	_			ne con	troi me	easures	to prev	rent 100	dborne il	iness or	injury.
					-			TICES			16					
		are preventative measures to continuous transfer in compliance. Mark "X" in app													reneat vid	olation
THOUSE THE DOOR IT THAT I		The service of the se	ALC: UNKNOWN	SR		101 10									nopout m	cos
E 20 Destaurined and	Safe Food a		_			2 41	_	IIn use i	the enils	100	oper Us	A STATE OF THE STA	tensils			
00	gs used where re in approved source	S. I Maria de la Companya del Companya de la Companya de la Companya del Companya de la Companya		+		2 42					erly stored linens:		v stored	d, dried &	handled	+
30 Variance obtain	ed for specialize	d processing			1 1	2 43	3	British and the second						stored &		
	Food Tempera					2 44	1	Gloves	and the second section is				nd Va	n allun m		4
5 31 Proper cooling temperature cor		dequate equipment for	-	+	1	2 45	5	Food &			Equipn tact surfa			e, properly	/	++
5 32 Plant food prope	erly cooked for h	not holding			1			designe	d, con	structe	d, & use	d			·	
THE RESERVE TO SECURE	ng methods use					1 46							ntained,	& used;	test strips	3
1 34 Thermometers p	Food Iden		+	+	1	1 47		Non-loc	od com		faces cle Physica		lities		-	+
	abeled; original o	container				4 48		Hot & c	old wa		ilable; ac			ire		
		d Contamination				5 49					roper bac					
	 & animals not revented during for 	present ood preparation, storage & displa	N.	-		5 50 2 51					er proper			d, & clea	ned	
5 38 Personal cleanli		the broken and an after a rishie				2 52	2							es mainta		
1 39 Wiping cloths: p		stored	×			1 53	X				alled, ma					
1 40 Washing fruits 8 Person in Charge (Sign		truga My				1 54		Auequa	Dat		01			areas us		
Health Inspector (Signa	ature	// 1/			4	Follov	N-11	p: YES) NC) (circ	e one)	Follo	ow-up	Date:		
, iouni inspector (orgin	4								1	12113		. 0.1	~P			

Sugar = 040 B 028

	ity of Port		Inspection R	eport	Page 2	_ of <u></u>
stablishment Name		As Authorized b	oy 22 MRSA § 2496		Date	
Yosaku					Jan 22-	08
icense/EST. ID #	Address 1 Dan	orth St City	State Portland, ME	Zip Code	Telephone	
Charles Bally St. To		TEMPERATURE OF		HAV. TESSES	The state of the s	1500
Item/Location	Temp	Item/Location	Temp	Item/Lo	cation	Temp
18 Goode Almy		Day was won	75	FISH	70	
display 3 -	450	CHAL	Def-	-		
(()	/5	3 BAS-				
		BAS- handwaster -	1040		•	
				1907		
	OBSE	RVATIONS AND CO	DRRECTIVE ACTION	VS	RENEEDS SALE	in distrib
Item Violations cited in this	s report must be corre	ected within the time frame	es below, or as stated in se	ections 8-405.11	and 8-406.11 of the	e Food Code
Number						
3 Clean -	the hose	from b	ear overplu	W -	Bar	
37 ICE U	SED 45	Enad c	annet have	hoses	in.	
paper			AT hause			
X	6 000	bankun		C.05.		1
- Manysin	r for	MAND WAS	only only 5		- (DISHES	or
7 no Spm	iges on	tool and	y act 5	my acc	BOAR	05
5/ Suparate	FISH.	50 as to	net cross	Contai	ninste (ya and
O PAPER TOW	els neer	2 to be	RIACED C	10 A3	19 1	U
~	Cross C	entani vot	to , Must	Be ACCE	essible-	_
HA CCP	PLAN	REQUIRE	b on s	ite		
15 Dead	Lopeto	MUST	+ Bo - th	DOWN !	ATILALA	
Taxl	40	mencure	Be the P.H.	1000	1 so Ty	
1000	7	measure	· · //	FISH -		
IL TAOS	rego	INED G	n EACH	HIZM -		
			-		3.8 (6)	
erson in Charge (Signature)	la tousal	De VI			Date / 2	2.08
erson in Charge (Signature)	in sally	THE			Date	0

¥1.								-		<u> </u>						_
		С	ity of Portland	Н	ea	alti	h	lr	nspect	io	n Rep	ort	Page /	012	7	
Establ	ishment Name			No	. of	Ris	k F	ac	tor/Intervent	tion	Violations		Date	12/08/	00	
	V .			No	. of	Rep	ea	t F	Risk Factor/I	nter	vention Vi	olations	Time In	7 7		
	Yosaku)									Score (op	tional)	T)me Out			
Licens	e/Est_ID#		Address			C	ity	/SI	tate		Zip	Code 5	Telephone			
		55	I Daylorth	St				_	Hard, ME				207 78	0.088	0	
/	e Posted		Owner NameV			P			se of Inspec	tion	Est.	Туре	Risk Categ	jory		
Lures	[] No					200				_						
			RNE ILLNESS RISK FA							ALT						
IN-			e status (IN, OUT, N/O, N/A) to status (IN, OUT, N/O, N/O) to status (IN, OUT, N/O, N/O, N/A) to status (IN, OUT, N/O, N/O, N/A) to status (IN, OUT, N/O, N/O, N/A) to status (IN, OUT, N/O, N/O, N/O, N/O, N/O, N/O, N/O, N/O									"X" in appropri				
	liance Status	COT-HOL HI CON		cos		1 1	_	_			rected on-s	site during insp	pection H =r	epeat vid		_
001176	0	Superv		003		1	CO	111	pliance State Poten		y Hazardo	us Food Time	e/Temperati	ure	cos	4
5 1	OUT	PIC present, de	monstrates knowledge, and				5 16	ô	IN OUTN/A D	WO P	Proper coo	king time & ten	nperatures			
	3	performs duties Employee	Health						IN OUTN/A			eating procedur		olding		
5 2	POUT I	AND ADDRESS OF THE PARTY OF THE	areness; policy present		_	1	5 19	9	M OUTN/A	1/0	Proper hot	holding temper	ratures			-
53	POUT		porting, restriction & Exclusion			1	5 20	0/	TNOUT ~	N/A	Proper cold	holding tempe	eratures			
5 4 11	N OUT NO	Good Hygieni	asting, drinking, or tobacco use						IN OUT NA			marking & dis		furoe		
Access to the second			om eyes, nose, and mouth			1				1/0	& record	public rieatiri co	ontroi. proced	uies		
	Prev	enting Contam	ination by Hands			1 [_	^			mer Advisory		19	26	
	OUT N/O	Hands clean & p	oroperly washed ontact with RTE foods or]	5 23	3	NOUT 1	N/A	Consumer	advisory provide	Correct	. 1		
- C	OTIVA IVO		ate method properly followed							Н		eptible Popul		62		_
58	V ØUT)	Adequate handy	vashing facilities supplied &			1	5 24	47	MI TUO IN	N/A		foods used; p	prohibited for	ods not		
		accessible Approved	Course					9			offered	hemical				_
519	POUT	The second secon	orm approved source		_	1	5 2	56	DOUT N	N/A		ves: approved	& properly u	sed	-	-
5 10	OUT N/A N/O	Food received a	t proper temperature						OUT			ances properly				
5 11	OUT UTN/A N/O		ondition, safe, & unadulterated			1		-1	0-		& used	b A d I	D			
1120	OTN/A N/O	tags, parasite de	s available: shellstock				5127	7				h Approved I with variance,				
		rotection from								er illi		HACCP plan	5.34.			
2 13		Food separated] [Ri	sk	factors are	impr	roper practi	ces or procedu	res identifie	d as the	most	1
2 14 IN	N OUT N/A		rfaces: cleaned & sanitized on of returned, previously		-	-	pr	ev	alent contribu	ting	factors of fo	odborne illness	s or injury. P	ublic Hea	alth	
			ioned, & unsafe food				In	ter	ventions are	cont	rol measure	es to prevent for	oodborne illr	ness or in	nju ry .	
				_			_		CTICES			4014AU31	1.04			
NAT OF			are preventative measures to co													
Mark	X In DOX II num	ibered item is not	in compliance Mark "X" in app	cos	_	DOX	or c	JU	S and/or H L	.05=	=corrected o	n-site during ins	pection H=r	epeat viol	cos	R
		Safe Food a	and Water								Proper	Use of Utensi	lls	100		
5 28 5 29		gs used where re rn approved sour					2 4				properly st	ored is: properly stor	da:d 0	le a salt a al		
30	The state of the s	ned for specialize		+	+		2 4					articles: proper			+	-
		Food Tempera	ature Control				2 4	4	Gloves use	ed pr	roperly					
5 31			dequate equipment for		-	ļ ļ	2 4	E	Food 9 no			pment and V		28 117 117		
5 32	Plant food prop	perly cooked for h	not holding		+	1	2 4	J			structed, & L	urfaces cleanal ised	nie, property			
5 33		ing methods use						6			and the second s	alled, maintaine	ed, & used; te	est strips		
1 34	Thermometers	provided & accur Food Iden				1	1 4	7	Non-food o	conta	act surfaces	clean ical Facilities			100	
1 35	Food properly	labeled; original of	241 Hill Co. 1 Co.			1 1	4 4	8	Hot & cold	wate	er available:	adequate pres	sure			
			d Contamination				5 4		Plumbing in	nstal	lled; proper	backflow device				
4 36	- X-12 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	s, & animals not	present bod preparation, storage & displa		-	1 1	5 5 2 5					perly disposed nstructed, supp	lied & clean	ed		
2 37 5 38	Personal clean	ALCO DE LA CONTRACTOR DE	ou preparation, storage of displa	Я			2 5					disposed; facil				
1 39		properly used & s	stored			4 4-	1 5					maintained, &				
1 40	Washing fruits	& vegetables					1 5	4	Adequate	venti	llation & ligh	ting; designate	d areas use	d		_
Person	in Charge (Sig	nature	Vy Z	2) •					Date	e: 12/	09/08				
Health	Inspector (Sign	nature)	114			F	ollo)W	-up: YES (NO	circle one	e) Follow-up	p Date:			
		1							,	<u> </u>						
		Whi														

	, OI	ty of Por	tland Heal	th Inspe	ection F	Report	Page _ 2_ of _ 2
blishm	ent Name /			rized by 22 MRS			Date 12/09/08
	1050	ku	, ,				
nse/ES	ST. ID #	Address 1 D	Paglacth St	City/State	1 45	Zip Code	Telephone
STA A		L (TEMPEDATIN	RE OBSERV			
PERMIT	tem/Location	Temp	Item/Loca		Temp	Item/Lo	
24.	Varevaster	50-100	Walk-In		40°F	Fish	
		PPM	Frecze		OSOF		
			TA TA				
	Violations cited in this		ERVATIONS AN				and 8-406.11 of the Food (
em	Violations cited in this i	report must be cor	rected within the time	rames below, o	or as stated in s	sections 6-405.11	and 6-406. IT of the Pood (
nber							
-	n 1 1						
8	Handuas	14 51/4	c maintaka	od use	5	-2051=	
				9	J		
						A	
						ē	
		-					
			1,000				
					-		
					-		
							-
				7-1-2-			
	-			1			
			_			A STATE OF THE STA	700
			10 1				T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ion!-	Charge (Signature)	2	D 11	1		term to an extent	Date
	Charge (Signature)	24	QA.				Date 12/09/06

Health Inspector (Signature)

Follow-up:

YES

NO (circle one)

Follow-up Date:

1/22/07

40-13-28

	City	of Portla	and Health Insp	ection Re	eport	Page of		
Establishm			As Authorized by 22 M			Date 1/11/07		
	Xusaky		*					
License/ES		Address //	City/State	12.4	Zip Code	Telephone		
Mary Mary	0 2 3	Meetala 1	EMPERATURE OBSER	VATIONS		CONTRACTOR OF THE PARTY OF THE		
~	Item/Location	Temp	Item/Location	Temp	item/Locat	tion Temp		
- A	Dishwas lar	180° Faul						
	IKIN coder	350						
				-				
	Violations cited in this rec		WATIONS AND CORRE ted within the time frames below			d 8-406.11 of the Food Code.		
Item Number								
49	Needs	Jac	unn brea	Ken m	hase	ha		
		washin		THE DR	1000	7		
34	reeds	washin +	her mores less	(4)	Cherrens	1 contans		
47	(120		hermometers,	2 2 4	.f	/ 2000.		
				L arey	01 001	lan		
27	0 -		her-	c./ ·				
117	Viscand	TOXI	penfood/si	stripi_	(/			
7	Don't >	TORE O	penfood Si	-196 S.C	Michate	in in		
	cellar.	C /	//	<i>y</i>	. ,	7 -		
53			hohe.		100	x Haion.		
47	VC	1	on walk-		100			
15	and a	reced	food in			· /		
34	Stor	re ch	oth used to	2 Wif	on Con	wers, Etc		
	~ G	San	, tizen.					
33	Pont	+ ha	w tish at	- noom	temperat	Cure.		
	CONTRA	4			/			
						-		
					-	я.		
						1/		
Person in	Charge (Signature)	-/-	-		Da	te //1/07		
Health ins	spector (Signature)	///			Da	te		

1000		-		7		-		An	12-7	8	
13/20 C	ity of Portland	H	ea	ilt	th	lr	rspecti	on	Report	Pageof	- ,
Establishment Name	L	No.	of	Ri	sk F	ac	tor/Intervent	on Vio	lations	Date 41	18/06
1007 111		No.	. of	Re	epeat	t A	lisk Factor/Ir	tervent	ion Violations	Time In	
					-7			Sc	ore (optional)	Time Out	
License/Est. ID#	Address				City				Zip Code	Telephone	
855	1 Dureforth	2	1		13	17	that		04101		
License Posted	Owner Name				Purp	005	se of Inspect	ion	Est. Type	Risk Category	
[] Yes [] No	Soto Soule Fro	tenj	>-			1	Pagalo	YL	01		
FOODBO	RNE ILLNESS RISK FA	CTC	DRS	SA	AND	P	UBLIC HE	ALTHI	NTERVENTIO	ONS	
Circle designated compliance										propriate box for COS	
IN= in compliance OUT=not in con Compliance Status	npliance N/O=not observed	-		t a	1				ed on-site during	inspection R=repeat	
Superv	ision	cos	н		Co	m	pliance Statu Potent	*****	azardous Food	Time/Temperature	COSR
5 1 IN OUT PIC present, de	monstrates knowledge, and						IN OUTNA N	O Pro	per cooking time	& temperatures	
performs duties Employee	Health						IN OUTN/A N		per reheating pro per cooling time &	cedures for hot holding & temperature	
5 2 IN OUT Management aw	vareness; policy present			-	5 19	9	IN OUTN/A N	O Pro	per hot holding te	emperatures	
5 3 IN OUT Proper use of re	porting, restriction & Exclusion ic Practices			31	5 20		IN OUT N		per cold holding to per date marking		
5 4 IN OUT N/O Proper eating, ta	asting, drinking, or tobacco use				5 22		IN OUTN/A N	O Tim	e as a public hea	alth control: procedures	
5 IN OUT N/O No discharge from Preventing Contame	om eyes, nose, and mouth				H	_	1		cord Consumer Adv	isorv	
5 6 IN OUT N/O Hands clean & p	properly washed				5 23	3	IN OUT N	I/A Cor	sumer advisory p	rovided for raw or	
	ate method properly followed				1	_			ercooked foods Susceptible F	Populations	
58 IN OUT Adequate handy	washing facilities supplied &				5 24	4	IN OUT	I/A Pas	teurized foods us	sed; prohibited foods no	it
accessible	Saurea					1		offe	red Chemical		
5 9 IN OUT Food obtained for	orm approved source				5 25				d additives, appr	oved & properly used	
5 10 IN OUT N/A N/O Food received a	it proper temperature andition, safe, & unadulterated				5 26	6	IN OUT		ic substances pro sed	operly identified, stored,	
	s available: shellstock							nforma	ice with Appro	ved Procedures	
Protection from					5 27	7	IN OUT N		npliance with vari	ance, specialized	
2 13 IN OUT N/A Food separated						-1-	forton and				<u> </u>
	infaces: cleaned & sanitized on of returned, previously									ocedures identified as t illness or injury. Public l	
	ioned, & unsafe food				Int	ten	ventions are	control r	neasures to prev	vent foodborne illness o	or injury.
				_	-	_	CTICES				
Good Retail Practices a Mark "X" in box if numbered item is not	are preventative measures to c										violation
		cos					- 311H.H				COS R
5 28 Pasteurized eggs used where re					2 4	1	In-use uten		Proper Use of U perly stored	Itensils	
5 29 Water & ice from approved sour	ce				2 4	2	Utensils, ed	uipment	& linens: properl	y stored, dried & handle	ed
30 Variance obtained for specialize Food Tempera					2 4		Gloves use			properly stored & used	
5 31 Proper cooling methods used; a				-					II, Equipment a		
5 32 Plant food properly cooked for h	not holding		1	3	2 4	5			ontact surfaces cl ted, & used	leanable, properly	
5 33 Approved thawing methods use	d			3	1 4	-	Warewashi	ng facilit	ies: installed, mai	ntained, & used; test str	ips
1 34 Thermometers provided & accur				4	1 4	7			urfaces clean Physical Faci		
1 35 Food properly labeled; original of	container				4 4				vailable; adequate	e pressure	
4 36 Insects, rodents, & animals not		-			5 5	0			ater properly disp		
2 37 Contamination prevented during to	The state of the s	ay y			2 5	1	Toilet facilit	ies: proj	perly constructed,	supplied, & cleaned	
5 38 Personal cleanliness 1 39 Wiping cloths: properly used & s	stored				2 5	3	the last of the la	All seconds	stalled, maintaine	; facilities maintained ed. & clean	
1 40 Washing fruits & vegetables			11	1	1 5	4				gnated areas used	
1			150						/)		
Person in Charge (Signature)	dure	_	_					Date:	4/18/1	Ob	
110	-1101						0	5060	/ /		
Health Inspector (Signature)	1 / Mar		- 330		Follo	OW-	-up: YES	NO (ci	rcle one) Foll	ow-up Date:	
	10.										



CITY OF PORTLAND PLANNING AND URBAN DEVELOPMENT INSPECTION SERVICES DIVISION

FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

Date 4/18/06	
Sanitarian	/ARose

	14 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		0 9	13-16-2	7
Owner's Name	Establis	hment Nam	e York	1Ku	
Establishment Address		Zip			
Hom Cox TEMP.			C r>-	Loc	-Temp?
MISC FRZN 17"		W	toh	3 BAY	134
String Pap 44°		JA	r) i	3 BAY	
Salmon 49°		* WA	sh	DW	110
		* 5A	n).	DW	O ppm
		WA	sh	Dwa	1200
		THI	i	DW 2	1800
wipin, cloth wel o pm 3-					
Hood Syskin- Dirty 3-5	65-111				
REFKIS No Thenmaneter	3 501-16	4-204.12			
MICRO VERY BIRTY LITTIBL	4-64.11	4			
HANDWISH I INHOCALLY 5.2			The state of the state of		
Bulk Bins Dirty 424-601,	14				
FAN COVERS DIRTY WAIK IN COSM	1 3-30	5.19			
OPER FORD WORKER	· · · · · · · · · · · · · · · · · · ·				
Cight Shield Boomt 6-202.11					
No Ph Meter					
No CONSLINEIL Advisory-Sushi	3-60	3-11			
Justin Rice - No HAACP &	-103.12	-,			
Co2 Chnistr- Not Success					
-REVIEW CHAPTER 2 V	Land to Survey a				
Mon-Handley Scoops 2000	9-201.	11			

City of Portland, Maine Inspections Division Complaints Detail Report

Support Staff Arthur Rowe

Category/Complaint: Food Service /

Census 3.00

Date And Time: 10/20/2004

8:43 AM Status: Closed

Complaint No: 4247

Parcel ID 040 B028001

Prop Addr: 1 DANFORTH ST

Best Time To Reach:

Complainant:

Addr:

Mood: 0

Response to Complainant: 0

Inspection Outcome

Status

Next Insp Date Comment

11/05/2004

Date

Re-Inspect 30 Days

12/6/2004

City of Portland, Maine **Inspections Division** Complaints Detail Report

Suzanne Hunt Support Staff

Odor / dumpster behind restruant smells and is disturbing tenants in area. Dumsper has Category/Complaint:

been moved to create more parking now it is disturbing to abbutters.

Census 3.00

Date And Time: 08/10/2009

1:25 PM

Status: Closed

Complaint No: 14255

Parcel ID 040 B028001

Prop Addr: 1 DANFORTH ST

Complainant:

Best Time To Reach:

Best Time To Reach:

Addr:

Mood: 0

Response to Complainant: 0

Category/Complaint: Food Service / Compalintant Lisa Weiss @ 318-0243 got sick from the measu soup. She said she has a circle of friends that have also gotten sick there in the past. /gg

Census 3.00

Date And Time: 11/17/2010

11:59 AM Status: Closed

Complaint No: 15839

Parcel ID 040 B028001

Prop Addr: 1 DANFORTH ST

Complainant:

Mood: 0

Addr: Response to Complainant: 0

Inspection Outcome

Status

Next Insp Date

11/24/2011

Comment met with PIC, Minoru Yahara, Reviewed Miso soup

11/24/2010 Passed

contents and how it is prepared. Miso soup is disposed of at each day. It is prepared form dried fish powder, soybean paste, and dry seas weed. Thse products come prepacked. It is mixed with tofu,

scallions, at serving. Dishwater sanitation at correct level,... Checked refrigeration and storage of fish. Smh call complainant and requested call back. Smh

Total Nbr Of Complaints Reported: 3

City of Portland, Maine Inspections Division Permit Log Report

Permit #	Status	Appl Dat	IssueDate	Owner Name	Contractor Name	EstimatedCost
Parcel Id	040 B028	001	1 DANFORTH ST			
Permit Type:	Electrical	Permit - Electri	cal Miscellaneous			
20024997	Open	12/02/2002	12/02/2002	GIOBBI ARCHIE S &		\$0.00
Permit Type:	Plumb Per	rmit - New Plun	ıbing			
20028373	Open	11/18/2002		Giobbi Archie S &	Giobbi Archie S &	\$0.00
Permit Type:	Building I	Permit - Alterati	ons - Commercial		Install new ventalating / exhaust hood with fire system	
021291	Closed	11/15/2002	11/22/2002	Giobbi Archie S &	Restaurant Equipement of Maine	\$9,800.00
Permit Type:	Electrical	Permit - Electri	cal Miscellaneous			
20024967	Open	I 1/15/2002	11/15/2002	GIOBBI ARCHIE S &		\$0.00
Permit Type:	Building I	Permit - Alterati	ons - Commercial		Interior Renovations, including removal of walls.	
021209	Closed	10/22/2002	11/01/2002	Giobbi Archie S &	Jeremiah Ross III	\$10,000.00

Total Permits For Report Period: 5

Total Estimated Cost:

\$19,800.00