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

| Insp. Date | Insp. Date Business/Contact | | | Address | dress Dist# | | | 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 | 1 | 040 B028001 | 83 | Re-Inspect 30 Day | 12/06/04 | 12/09/08 |
| 02/01/2005 | YOSAKU | Kevin Carroll | | 1 DANFORTH ST | 1 | 040 B028001 | 90 | Passed | 02/01/06 | 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 |
| 04/18/2006 | YOSAKU | Arthur Rowe | Jonathan Reed | 1 DANFORTH ST | I | 040 B028001 | 80 | Re-Inspect 30 Day | 05/18/06 | 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 |
| 01/11/2007 | 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 | 1 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 | | I 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

Monday, March 07, 2011

| | City of Portland | Hea | lth | I | nspectio | n Report | Page of 2 | 1 |
|--|--|---|--------|------|--------------------------------|--|--------------------------|--------|
| stablishment Name | | No. of I | Risk F | Fac | tor/Intervention | Violations | Date Nos 2 | 24- |
| H YOSAK | , | No. of F | Repea | at F | Risk Factor/Inter | vention Violations | Time In | |
| AN JUSTAN |) | | | | Time Out | | | |
| cense/Est. ID# | Address | Score (optional) of City/State Zip Code | | | | | Telephone | |
| | 1 Danjunsis | | F | 7 | ~ | | rerepriorie | |
| cense Posted | Owner Name | | Pur | ро | se of Inspection | Est. Type | Risk Category | |
|] Yes [] No | 7AKU S | 410 | C | dn | planic Pollowy | , , | , | |
| FOODE | BORNE ILLNESS RISK FA | CTORS | AND |) P | | THINTERVENTION | S | |
| | nce status (IN, OUT, N/O, N/A) | | | | | 24, 207 51 253 2555 16 | oriate box for COS and | d/or l |
| IN= in compliance OUT=not in c | | | | | | rrected on-site during in | | |
| Compliance Status | | COS R | Co | om | pliance Status | | <u> </u> | cos |
| | ervision | | | | | y Hazardous Food Tir | | |
| | demonstrates knowledge, and | | 5 1 | | | Proper cooking time & to | | |
| performs dutie | | | 5 1 | 7 | IN OUTN/A DEC | Proper reheating proced Proper cooling time & te | ures for hot holding | + |
| | ree Health awareness; policy present | | 5 1 | 9 | AND OUT N/A N/O | Proper bot holding temp | emperature | + |
| | reporting, restriction & Exclusion | | 5 2 | 20 | | Proper cold holding tem | | + |
| | enic Practices | | 5 2 | 21 | OUT N/A N/O | Proper date marking & d | disposition | |
| IN OUT N/O Proper eating | , tasting, drinking, or tobacco use | | 5 2 | 22 | NOUTN/A N/O | Time as a public health | | |
| | from eyes, nose, and mouth | | | 1 | | & record | | |
| | amination by Hands | | 512 | 2 | #N OUT N/A | Consumer Advisory provi | | - |
| | & properly washed contact with RTE foods or | - | ا ا | 1 | TIV GOT IV/A | undercooked foods | ided for raw or | |
| | rnate method properly followed | | | | Н | ighly Susceptible Pop | ulations | + |
| | ndwashing facilities supplied & | | 5 2 | 24 | | Pasteurized foods used; | | _ |
| accessible | - | | | | | offered | | |
| Approv | ed Source | | | | _ | Chemical | | |
| | d form approved source | | 5 2 | 25 | IN OUT N/A | Food additives: approve | | _ |
| | d at proper temperature condition, safe, & unadulterated | | 5 2 | 10 | IN OUT | Toxic substances proper & used | rly identified, stored, | |
| | ords available: shellstock | | | 7 | Conto | rmance with Approved | Procedures | - |
| tags, parasite | | | 5 2 | 27 | NOUT N/A | | | + |
| | m Contamination | | | | | process, & HACCP plan | | |
| NOUT N/A Food separat | | | Б | liek | factore are imp | roper practices or proces | durae identified as the | - mo |
| | surfaces: cleaned & sanitized | | | | | factors of foodborne illne | | |
| | sition of returned, previously aditioned. & unsafe food | | 11.5 | | | trol measures to prevent | | |
| Served, recor | MEDICAN BANKA ANTO CARACTER STATE OF THE STA | DRETAL | II PR | 201 | CTICES | | | |
| Good Retail Practice | s are preventative measures to c | | n work | _ | | micals and physical phier | ete into foode | |
| Mark "X" in box if numbered item is | | | | | | | | olatio |
| | | COS R | | | | 2 106000 | xxxx | СО |
| The second secon | d and Water | | | 4.4 | E Italian standin | Proper Use of Uten | sils | + |
| Pasteurized eggs used where Water & ice from approved so | | + | 2 4 | 41 | | properly stored ment & linens: properly s | torad driad & handlad | + |
| Variance obtained for special | | + | 2 | 43 | | ingle-service articles: prop | | + |
| | erature Control | + | 2 | 44 | Gloves used p | roperly | | 1 |
| 1 Proper cooling methods used | | | | | | tensil, Equipment and | | |
| temperature control | | | 2 | 45 | THE STREET COME TO SMITH STATE | od contact surfaces clear | nable, properly | |
| Plant food properly cooked forApproved thawing methods up | | | 4 | 46 | | structed, & used | and 9 woods took atrino | - |
| Approved thawing methods up Thermometers provided & according to the Approved that the Approved the | | | 1 | | - | acilities: installed, maintai act surfaces clean | ned, & used; test strips | 5 |
| | entification | + | - | 7, | Tron-lood cont | Physical Facilitie | ıs | + |
| Food properly labeled; origina | | | 4 | | Hot & cold wa | ter available; adequate pr | | + |
| Prevention of F | ood Contamination | | 5 | 49 | | lled; proper backflow dev | | |
| 6 Insects, rodents, & animals n | | | 5 | | | ste water properly dispose | | |
| | g food preparation, storage & displa | ty | 2 | 51 | | properly constructed, sur use properly disposed; fa | | + |
| Personal cleanliness Wiping cloths: properly used | & stored | 1 | 1 | | | es installed, maintained, 8 | | + |
| Washing fruits & vegetables | | | 1 | | - | ilation & lighting; designa | | + |
| T Trasining nuits a vegetables | / | | | | | 1/ | | |
| son in Charge (Signature) | | | | | Dat | e: //- 24 | -/0 | |

| Establishment Name | oity of Fortia | nd Health Inspectio As Authorized by 22 MRSA § 2496 | | Page of Date |
|-----------------------------|---------------------|---|----------|-------------------|
| License/EST. ID # | Address | City/State | Zip Code | Telephone |
| Item/Location | Temp Dispu | Item/Location, Temp | Mana (La | Temp Men a 4/ 7s |
| | O8SER\ | ATIONS AND CORRECTIVE AC | CTIONS | |
| Mys S | Our Park | d within the time frames below, or as state 160° | #6411 - | YAmaki Co (75 |
| 39 Sponger | Bun uses Sponger | By warewas He Allowe L | | |
| | linoru Yah | roi re sick | ha Misa | for |
| Person in Charge (Signature | Muso soup is | Found, | daily | Date 11-27-(0 |

| 6 S | ity of Davidson | 11- | ! | J. I. | | IC 3 | A ¹ | | | | 190 13 018 | | |
|---|--|------|----------|-------|--------------|-------------|--------------------------|----------|--------------------|--|--|--------|--|
| | ity of Portland | | | | | | | | | | Pageof | 1 10 | |
| Establishment Name | | | | | | | r/Intervent | | | | - | 2.08 | |
| Yosaku | | No. | of F | Rep | eat | Ris | k Factor/Ir | | | Violations | Time In | | |
| | 1 | | | | | | | 5 | | | / 90/ | | |
| License/Est. ID# | Address | | | Ci | ity/S | Stat ([| e l ⊿ | 1 4 | 2 | Zip Code | Telephone | | |
| 000 | 1 Danfoith DI | | | | Yo ! | 41 | and, M | 16 | | | 207 180.0 | 880 | |
| License Posted | 1 Day forth St Owner Name Sato Searle En | ۱. ۵ | /:sc: | Pı | urpo | ose | of Inspec | tion | | Est. Type | Risk Category | | |
| Yes []No | | | | | | | | | | | | | |
| | ORNE ILLNESS RISK FA | | | | | | | ALTI | | STORES OF SERVICE AND A SERVICE | 60 Table | | |
| IN= in compliance OUT=not in cor | e status (IN, OUT, N/O, N/A) t mpliance N/O=not observed | | | | | | | =corre | | | opriate box for COS and inspection R=repeat vi | | |
| Compliance Status | | COSR | | | _ | - | ance Statu | | | | | COSR | |
| Super | | | | | -140 | | | | | | ime/Temperature | | |
| 5 1 IN OUT PIC present, de performs duties | emonstrates knowledge, and | _ | | | 5 16 | | | | | cooking time & reheating proce | temperatures edures for hot holding | | |
| Employe | e Health | | | | | IN | OUT N/A | N/O F | Proper | cooling time & | temperature | | |
| | vareness; policy present eporting, restriction & Exclusion | | -6 | | | | | | | hot holding ten | | | |
| Good Hygien | ic Practices | | | 5 | 5 21 | IN | OUTN/A N | V/O F | Proper | date marking & | disposition | | |
| | asting, drinking, or tobacco use om eyes, nose, and mouth | | | 5 | 5 22 | IN | OUTN/A N | | Time as & recor | ent into the proposition of the section of the sect | h control: procedures | | |
| Preventing Contan | | | \dashv | | - | | | | | nsumer Advis | sory | | |
| 5 6 IN OUT NO Hands clean & 2 7 IN OUTN/A N/O No bare hand c | | | _ | 5 | 5 23 | CIN | DUT N | | | ner advisory pro ooked foods | ovided for raw or | | |
| approved altern | ate method properly followed | | | | | | | | | usceptible Po | pulations | | |
| | washing facilities supplied & | | | 5 | 5 24 | IN | OUT (| / | Pasteur | | d; prohibited foods not | | |
| accessible Approved | Source | | - | + | | | | | onerea | Chemical | | | |
| | form approved source | | | 5 | 5 25 | IN | OUT (| | | | red & properly used | | |
| 5 10 IN OUT N/A N/O Food received a | at proper temperature ondition, safe, & unadulterated | | - | 5 | 5 26 | | JOHL | | loxic s & used | | erly identified, stored, | | |
| 1 12 IN OUTNA N/O Required record | ds available: shellstock | | \neg | | | | | | | | ed Procedures | | |
| Protection from | | | - | 6 | 527 | DIN | (EUG) | | | ance with variars, & HACCP pla | ACCOUNT OF THE PARTY OF THE PAR | V | |
| 2 13 IN OUT N/A Food separated | | | | Ī | Die | k fe | ectore aro | | | | edures identified as the | most | |
| | urfaces: cleaned & sanitized on of returned, previously | 1 . | | | | | | | | | ness or injury. Public He | | |
| | tioned, & unsafe food | X | | | Inte | erve | ntions are | contro | ol mea | sures to preve | nt foodborne illness or i | njury. | |
| | GOOI | | | | | | | | | | | | |
| Good Retail Practices Mark "X" in box if numbered item is no | are preventative measures to continuous mark "X" in app | | | | | | | | | | | ation | |
| | | cos | | T | | | | | - | | | COS R | |
| Safe Food 5 28 Pasteurized eggs used where | 1000 C 100 C | +-1 | \dashv | 2 | 2 4 1 | П | In-use uter | nsils: c | | per Use of Ute | ensiis | - | |
| 5 29 Water & ice from approved sou | rce | | | 2 | 2 42 | 2 | Utensils, ed | quipm | nent & I | linens: properly | stored, dried & handled | | |
| 30 Variance obtained for specializ | ed processing ature Control | 1 | | | 2 43 | | Single-use Gloves use | | | vice articles; pro | operly stored & used | | |
| 5 31 Proper cooling methods used; | | | | | | | | Ute | ensil, E | Equipment an | | | |
| temperature control 5 32 Plant food properly cooked for | hot holding | - | - | 2 | 2 45 | 9 | Food & no designed, | | | | anable, properly | | |
| 5 33 Approved thawing methods use | ed | | | | 1 46 | | Warewashi | ing fac | cilities: | installed, maint | ained, & used; test strips | | |
| 1 34 Thermometers provided & accu | rate ntification | | _ | 1 | 1 47 | 7 | Non-food o | contac | | ices clean hysical Facilit | ios | | |
| 1 35 Food properly labeled; original | | | | | 4 48 | | | | er availa | able; adequate | pressure | | |
| Prevention of Formation 4 36 Insects, rodents, & animals not | od Contamination | | | | 5 49 | | | | | per backflow de r properly dispos | | | |
| 2 37 X Contamination prevented during | | ay | | 2 | 2 51 | 1 | - | | | | upplied, & cleaned | | |
| 5 38 Personal cleanliness | atavad | | | 2 | 2 52 1 53 | | - | | | perly disposed; filled, maintained, | facilities maintained | | |
| 1 39 Wiping cloths: properly used & Washing fruits & vegetables | stored | × | | 1 | 1 54 | - | | | | | nated areas used | | |
| | | | | | | | , | | | | | | |
| Ph | Le M. 1 | | | | | | | | | / | 1 0 | | |
| Person in Charge (Signature) | (Knyn My | | | _ | | | | Date: | : | 01/22 | 108 | | |
| | // /// | | | | | | | | | . , | | | |
| Lizability Incorporate (Oissanting) | // // | | | | olla: | | VEC | NO | (oirele | one) Falls: | wun Data: | | |
| Health Inspector (Signature) | | _ | | | ollo | w-up | YES YES | IVO | (circle | one) Follow | w-up Date: | | |

3

Susan = owner

040 B 028

| Ci | ty of Portla | and Health Insp | pection Re | port | Page <u>∂</u> | of <u>2</u> | |
|---|------------------------|--|------------------------|------------------|---------------|-------------|--|
| Establishment Name | | As Authorized by 22 M | | Date | | | |
| Yosaku | | | | | Jan 22-0 | 18 | |
| License/EST. ID # | Address 1 Dan fo | cth St City/State | Bitland, ME | Zip Code | Telephone | | |
| 0.55 | | EMPERATURE OBSER | | | | | |
| Item/Location 18 Gooder Play 1 Lisplay 3 - Lisplay 3 - | 45 | Item/Location ISHWASHER CHILOR AMDWASH AMDWASH | 75//- | Item/Loc | ation %0° | Temp | |
| | | | | *** | | - | |
| | | (*** (A)) | • | | | | |
| Number | report must be correct | ted within the time frames below | w, or as stated in sec | tions 8-405.11 a | | Food Code. | |
| | | | | | | | |
| | | Food canny | , | 1 | | - | |
| paper | trel te | SOLUTION AT | Mannes | 005 | | | |
| hanssin | k for | hann was it Food contract so as to no | only | C,03, | (DISHES | 02 | |
| 39 no Spm | ges on | Food comac | r Si | Mace | BUANE | 25 | |
| 37 Suparati | FISH | so as to no | T CLOSS | Corran | rivite (| n woler | |
| 8 Paper town | els neers | to be RID | KEH JO | r AS V | 10 T | | |
| > ' | CADIS CU | maninata | , Must B | e Acce | ssible | _ | |
| HA CCP | PLAN | requires | on si | te | | | |
| | | s Must F measure | | | HWAY | | |
| 17 1000 | DOALL | INED on E | | PISH - | | | |
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| | | | | | <u>.</u> | | |
| | 71. | har so | | | 1 22 | 001 | |
| Person in Charge (Signature) | 14 Kusja | M XII | | ı | Date / 22 | -08 | |
| Health Inspector (Signature) | 1 | | | | Date | | |

| | | | | | | | | | | | Č | 140 | 13028 | | |
|-----------|---------------------|--------------------------------------|--|--------|--------------------|-------|----------|---------|--|----------|--------------------------------|------------|------------------------------------|-------------------------|-----------|
| | w 8 | C | ity of Portland | Н | ea | lth | ılı | nsp | ectio | n F | Report | | Page | of_2 | |
| Estab | lishment Name | 9 | | No | o. of I | Risk | Fac | ctor/In | tervention | n Viola | itions | | Date | 12/09/ | 00 |
| | \vee . | | | No | o. of I | Repe | eat I | Risk F | actor/Inte | rventi | on Violation | ns | Time In | , , | |
| | Yosako |) | | | | | | | | Sco | re (optional | ar | T)me Out | | |
| Licens | se/Est. ID# | | Address | 1 | | Ci | ty/S | tate | | | Zip Code | 15 | Telephone | | |
| | 8 | 55 | 1 Daylouth | 5+ | | | B. | flord | ME | | ` | | 207. 780 | 0.088 | 0 |
| Licen | se Posted | | Owner Name | | | _ | ırpo | se of | Inspectio | n | Est. Type | | Risk Catego | ory | |
| [JAe | s []No | | 1 Daylorth ! Owner Named Sato Scale Gal. | | | | F | m13 |) | | | | | | |
| | | FOODBO | RNE ILLNESS RISK FA | | | AN | ID F | PUBL | IC HEAL | AI HT. | NTERVEN | TIONS | 3 | | |
| | | | e status (IN, OUT, N/O, N/A) | | | | | | | | | | iate box for C | | |
| | | OUT=not in con | npliance N/O=not observed | | | app | licat | ole | COS=co | orrecte | d on-site du | iring ins | pection R =re | epeat vi | olation |
| Com | pliance Status | Cunor | | cos | R | (| Com | pliand | e Status | IIv Har | ardous Fe | ad Tim | a/Tammauatu | | COSR |
| 51 | OUT | Superv PIC present, de | monstrates knowledge, and | | | 5 | 116 | IN OI | | | er cooking ti | | e/Temperatu mperatures | re | |
| | | performs duties | | | | 5 | 17 | IN O | JTN/A M/O | Prop | er reheating | procedu | res for hot ho | lding | |
| | n | Employee | The state of the s | 5 5 | | 5 | 18 | IN OI | JT N/A N/C | | er cooling tin | | | | |
| | OUT OUT | | vareness; policy present eporting, restriction & Exclusion | | | | | IN SO | JTN/A N/O JT N/A | | er hot holdin er cold holdi | | | | |
| 2 1 | DF 001 | Good Hygien | | | | | 21 | | JTX/AXVO | | er date mark | | | | |
| | IN OUT NO | | asting, drinking, or tobacco use | | \vdash | | | | JENIA NO | | | | ontrol: procedi | ures | - |
| 5 5 1 | IN OUT NO | No discharge fro | om eyes, nose, and mouth | | | | | | | & red | | | | | 1 |
| | | | ination by Hands | | | - | Ioo I | NO | IT NI/A | | consumer A | | | 1 466 | |
| | N OUT N/O | Hands clean & | properly washed ontact with RTE foods or | | | 5 | 23 | | JI N/A | | rcooked foo | | led for raw or | . 1 | |
| | IN JOHN/A N/O | | ate method properly followed | | | - | | | - | | Susceptibl | | | | |
| 58 | N ØUT) | | washing facilities supplied & | | | 5 | 24 | MO | | | | | prohibited foo | ds not | |
| | | accessible | | | | | (| _ | | offer | | | | | |
| CIO 14 | DOUT | Approved | | | | 5 | 25 6 | DO OI | JT N/A | LEnno | Chemi | | 9 properly us | a d | |
| | | Food obtained i | orm approved source at proper temperature | - | | | | OI | | | | | & properly us | | |
| | OUT | | ondition, safe, & unadulterated | | | | | | | & us | | ргорон | y lacitimos, or | 0100, | |
| | N OUTN/A N/O | | s available: shellstock | | | | | | | | | | Procedures | a _{de} Alberta | g 506 mg |
| | | tags, parasite d | | | | 5 | 27 | IN O | JT N/A | | | | , specialized | | |
| 2 13 | | Food separated | | | | - | | | | proce | ess, & HACC | P plan | Sosh. | | |
| 2 14 | | | infaces: cleaned & sanitized | | - | - 11 | | | | | | | ures identified | | |
| 5 15 1 | | | on of returned, previously | | \vdash | | 7 | | | | | | s or injury. Pu | | |
| | | served, recondit | ioned, & unsafe food | | | | _ | | | itroi m | easures to p | prevent | foodborne illn | ess or Ir | njury. |
| | | | GOOL |) RI | ETAI | LP | RA | CTIC | ES | | | | | | |
| | | | are preventative measures to co | | | | | | | | | | | | |
| Mark | k "X" in box if nun | nbered item is not | t in compliance Mark "X" in app | _ | s R | ox to | or CC |)S and | or H COS | S=corre | cted on-site of | during ins | spection R=re | epeat viol | cos R |
| | | Safe Food | and Water | 100 | 3 1 | | | | | Pi | oper Use o | f Utens | ils | | COSTA |
| 5 28 | | gs used where re | | | | | 41 | | use utensils | | | | | | |
| 5 29 | | om approved sour | | | | 2 | 42 | | The state of the s | | | | red, dried & h | | |
| 30 | Variance obtain | ned for specialize Food Tempera | | + | + | 2 | 43 | | yes used | | | s: prope | erly stored & u | sed | +-+- |
| 5 31 | Proper cooling | | adequate equipment for | + | + | 2 | 74 | GIC | | | , Equipmer | nt and \ | /endina | sphashel | Bright La |
| | temperature co | ontrol | | 1 | | 2 | 45 | 1 1 | od & non-fe | ood cor | ntact surface | 1000 | ble, properly | | |
| 5 32 | | perly cooked for h | | | \square | | | _ | signed, cor | | | | | | |
| 5 33 | | ving methods use provided & accur | | - | + | - | 46 | | | | | maintain | ed, & used; te | st strips | |
| 1 34 | memorneters | Food Iden | | | - | 1 | 4/ | INO | n-lood con | iaci Su | flaces clean Physical F | acilities | September 1 | and the second | V 16. |
| 1 35 | Food properly | labeled; original of | | + | | | 48 | | t & cold wa | ater ava | ailable; adeq | | | | |
| | Pre | evention of Foo | od Contamination | | | | 49 | | | - 1 | roper backflo | | | | |
| 4 36 | | s, & animals not | | 1 | | | 50 | | The state of the s | | ter properly | | | _ | |
| 2 37 5 38 | Personal clear | | ood preparation, storage & displa | LY | + | | 51 52 | | | | | | olied, & cleane lities maintain | | - |
| 1 39 | | properly used & s | stored | + | $\dot{\mathbf{H}}$ | | 53 | 1 | | | talled, mainta | | | cu | + + |
| 1 40 | Washing fruits | | | \top | \top | | 54 | | | | | | ed areas used | Í | |
| Perso | n in Charge (Sig | gnature | Vy S | 7 |) | | | | Da | te: | 12/09/ | 108 | | | |
| | | | | | | | | | | | , , | | | | |
| | | | / /// | | | | | | | | | | | | |
| Health | n Inspector (Sign | nature) | | | | Fo | ollow | -up: | YES (NO | Circ | le one) | Follow-u | ip Date: | | |
| | | | | | | | - | | | _ | | | | - | _ |
| | | White co | py - Inspections Office | | Yell | ow | cop | oy - S | tate | Pink | copy - Cu | stome | er | | |

| ud. | C | ity of Po | rtland Hea | Ilth Insp | ection R | eport | | 2 of 2 |
|----------------|--------------------------|--|-------------------------|--|----------------------|--|----------------------------|--------------------------|
| stablishr | mont Name | | | orized by 22 MR | | | Date 12 | 09/08 |
| | Vo Se | s ku | | | | | , | , |
| icense/E | | | Darforth St | City/State | 1 45 | Zip Code | Telepho | one |
| 78-736 | | | TEMPERATU | | | | | |
| | Item/Location | Temp | Item/Loc | | Temp | | ocation | Temp |
| 521. | Uzrevasher | 50-100 | Walk-In | | 40°F | F34_ | Seshi | 3 YOK |
| | | PPM | Freeze | ./ | OSOF | | | |
| | | | | | | man a seri succession of a series of the | | |
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| | | | | | | | | |
| | | SO DISCOMMENDATION OF THE PARTY | | | | | | |
| | Violations cited in this | | SERVATIONS A | | | | and 8-406 11 c | of the Food Coo |
| Item lumber | Violations cited in this | report must be et | sirected within the tin | ne names below, | or as stated in s | 0000113 0-403.11 | and 0-400.11 C | in the rood co |
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| erson ir | n Charge (Signature) | 1 dry | 1 | | | | Date | 1 |
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| ealth In | spector (Signature) | 61 | //(| | | | Date)} | 09/05 |

| | | City of Portland | Н | ea | lth | ln | nspection Report Page | | | | | | |
|--------------|--|--|------|-----------|---------|-----|--|--|--|--|--|--|--|
| Feta | ablishment Name | | | | 1/10- | | | | | | | | |
| LSta | A CONSTINE | / / | | | | | | | | | | | |
| |) | Assel | NO | . 01 | нереац | HI | Risk Factor/Intervention Violations Fime In | | | | | | |
| Lice | ense/Est. ID# | 8 Saku Address | , | | City | C. | Score (optional) 77 Time Out Zip Code Telephone | | | | | | |
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| Lice | ense Posted | Owner Name | 1 | -1 | Purn | 05 | se of Inspection Est. Type Risk Category | | | | | | |
| | res []No | Sel. C. L. E. | 1 | | | | Consult 0/ | | | | | | |
| i les | A market along a | ECODBODNE II I NESS DISK EN | CT | OPS | AND | DI | PUBLIC HEALTH INTERVENTIONS | | | | | | |
| 17.00 | Circle design | nated compliance status (IN, OUT, N/O, N/A) | | | | | | | | | | | |
| IN | | OUT=not in compliance N/O=not observed | | | | | | | | | | | |
| Со | mpliance Status | | cos | R | Co | mp | pliance Status cos R | | | | | | |
| 514 | LINGUE | Supervision | | | 514.0 | 16 | Potentially Hazardous Food Time/Temperature | | | | | | |
| 5 1 | INOUT | PIC present, demonstrates knowledge, and performs duties | | | 5 17 | 4 | IN OUT N/A N/O Proper cooking time & temperatures (N/OUT N/A N/O Proper reheating procedures for hot holding | | | | | | |
| PEE, | | Employee Health | | | 5 18 | 3 1 | NOUT N/A N/O Proper cooling time & temperature | | | | | | |
| 5 3 | IN OUT | Management awareness; policy present Proper use of reporting, restriction & Exclusion | | | 5 19 | | OUT N/A N/O Proper hot holding temperatures OUT N/A Proper cold holding temperatures | | | | | | |
| 5 3 | IN OUT | Good Hygienic Practices | | | | | OUTN/A N/O Proper date marking & disposition | | | | | | |
| 5 4 | (N-OUT N/O | Proper eating, tasting, drinking, or tobacco use | | | | | IN OUTN/A N/O Time as a public health control: procedures | | | | | | |
| 5 5 | NOUT NO | The state of the s | | | | Ţ | & record Consumer Advisory | | | | | | |
| 5 6 | VOOUT N/O | venting Contamination by Hands Hands clean & properly washed | | | 5 23 | 3 1 | N/A Consumer advisory provided for raw or | | | | | | |
| 27 | N OUTN/A N/O | No bare hand contact with RTE foods or | | | | - | undercooked foods | | | | | | |
| 5.0 | C OUT | approved alternate method properly followed | | | 510.4 | П/ | Highly Susceptible Populations (N) OUT N/A Pasteurized foods used; prohibited foods not | | | | | | |
| 5 8 | NOUT | Adequate handwashing facilities supplied & accessible | | | 5 24 | , (| (N) OUT N/A Pasteurized foods used; prohibited foods not offered | | | | | | |
| DE S | decil Marian acce | Approved Source | | | 4. | | Chemical | | | | | | |
| 5 9 | OUT | Food obtained form approved source | | | 5 25 | | IN OUT N/A Food additives: approved & properly used | | | | | | |
| 5 10 | NOUT N/A N/O | Food received at proper temperature Food in good condition, safe, & unadulterated | | | (3) 26 |) | Toxic substances properly identified, stored, & used | | | | | | |
| 1 12 | | Required records available: shellstock | | - | ٧. | 1 | Conformance with Approved Procedures | | | | | | |
| | | tags, parasite destruction | | | 5 27 | 7 1 | IN OUT NA Compliance with variance, specialized | | | | | | |
| 614 a | INOUT N/A | rotection from Contamination | | | | _ | process, & HACCP plan | | | | | | |
| 2 14 | The state of the s | A TOTAL WAS PRESENTED IN THE CONTRACTOR OF THE C | | | | | factors are improper practices or procedures identified as the most | | | | | | |
| 5 15 | | Proper disposition of returned, previously | | | | | alent contributing factors of foodborne illness or injury. Public Health | | | | | | |
| | | served, reconditioned, & unsafe food | | | | _ | ventions are control measures to prevent foodborne illness or injury. | | | | | | |
| | | | _ | | | _ | CTICES CONTRACTOR CONT | | | | | | |
| Ma | | | | | | | of pathogens, chemicals, and physical objects into foods. S and/or R COS=corrected on-site during inspection R=repeat violation | | | | | | |
| | THE PARTY OF THE P | | _ | SR | | | COS R | | | | | | |
| 5 28 | Pasteurized ed | Safe Food and Water ggs used where required | T, : | + | 2 4 | 1 | Proper Use of Utensils In-use utensils: properly stored | | | | | | |
| 5 29 | | om approved source | | + | 2 4 | 2 | Utensils, equipment & linens: properly stored, dried & handled | | | | | | |
| 30 | | ned for specialized processing | 1 | | 21)4 | | | | | | | | |
| 5 31 | Proper cooling | Food Temperature Control methods used; adequate equipment for | | | 2 4 | 4 | Gloves used properly Utensil, Equipment and Vending | | | | | | |
| 3 0 1 | temperature co | A CONTROL OF THE PROPERTY OF T | + | \forall | 2 4 | 5 | Food & non-food contact surfaces cleanable, properly | | | | | | |
| 5 32 5 33 | Plant food prop | perly cooked for hot holding | | | | | designed, constructed, & used | | | | | | |
| 5)33 1)34 | | ving methods used provided & accurate | + | \vdash | 1 4 | | Warewashing facilities: installed, maintained, & used; test strips | | | | | | |
| 1) 34 | Thermometers | Food Identification | + | + | 14 | 1 | Non-food contact surfaces clean Physical Facilities | | | | | | |
| 1 35 | Food properly | labeled; original container | + | + | 4 4 | | Hot & cold water available; adequate pressure | | | | | | |
| 200 | | evention of Food Contamination | | | 5 4 | | | | | | | | |
| 4 36 2 37 | | ts, & animals not present prevented during food preparation, storage & displa | 21 | + | 5 5 2 5 | | Sewage & waste water properly disposed Toilet facilities: properly constructed, supplied, & cleaned | | | | | | |
| 5 38 | | | ч | + | 2 5 | 2 | Garbage & refuse properly disposed; facilities maintained | | | | | | |
| 1 39 | Wiping cloths: | properly used & stored | | \Box | 1/5 | 3 | Physical facilities installed, maintained, & clean | | | | | | |
| 1 40 | Washing fruits | & vegetables | | | 1 5 | 4 | Adequate ventilation & lighting; designated areas used | | | | | | |
| | | | | | | | | | | | | | |
| | | | R | | | | 1/1/12 | | | | | | |
| Pers | son in Charge (Sig | gnature) | | _ | T | | Date: ////// | | | | | | |
| | | O | | | | | / / | | | | | | |
| 11 | Ith Ingenete (O | natural (1 1 base | | | Eell- | | Up: (VES) NO (girdle ene) Follow up Date: //22/07 | | | | | | |
| пеа | Ith Inspector (Signature) | | | | | | | | | | | | |

40-B-28

| | City | y of Portla | nd Health Ins | pection F | Report | Page of |
|------------|------------------------------|--|--|-----------|---|------------------------------|
| Establishn | | | As Authorized by 22 M | | | ate |
| | Xusaky | | | | | , , |
| License/ES | ST. ID# | Address |) / City/State | 12-4 | Zip Code | Telephone |
| | 0)) | TE | MPERATURE OBSER | RVATIONS | q. | |
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| Item | Violations cited in this rep | OTHER PERSONS ASSESSED. | ATIONS AND CORRE d within the time frames belo | | THE RESERVE OF THE PERSON NAMED IN COLUMN | 1 8-406.11 of the Food Code. |
| Number | | | | | | |
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| - 17 | 10 | | Table 1 | - and | 01 41 | |
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| 39 |) to | re clo | | 2 - W. | pm Cor | wers, Etc - |
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| Person in | Charge (Signature) | /1 | | | Da | te //1/67 |
| Health Ins | pector (Signature) | //// | | | Da | te |

| | | | | | 3017 | 12-51 | Day (Ca) | | 100 | ALC: U | Dec and | | | | | | |
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| | | 4 | 1112 (1117) | _ 20 = (| (80) | - | | 1 1 | - | -1 | | 40 | 13-28 | - | | | |
| | | , | 0/2 | C | ity of Portland | Н | lea | ali | th | L | ns | | | | Pageof | | |
| | | / | 70 | 11 | | | - | | | | | | | | ulis | · In | / |
| ES | ar | IIS | shment Nam | LOSAKI | L | | | | | - | | r/Intervention Viola | | | Date 4/18 | 106 | 9 |
| | | | | | | No | o. of | R | ере | eat | Ris | k Factor/Intervention | on Violations | | Time In | | |
| | | | | | | | | | | | | Scor | re (optional) | | Time Out | | |
| Lic | en | se | /Est. ID# | | Address | 1 | | | Cit | ty/S | tat | A | Zip Code | | Telephone | | _ |
| | • | | 95 | 7 | 10 1 1 | (| | | - | - | | | | | relephone | | |
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| Lic | en | se | Posted | | Owner Name | | | | Pu | ırpo | se | of Inspection | Est. Type | | Risk Category | | |
| 1 | Ye | es | [] No | | Sato Sople En | tra | 0. | | | | Te | Raulan | 01 | 1 | | | |
| 100 | | | | FOODBO | ORNE ILLNESS RISK FA | - | - | 0 | ANI | | | | ITEDVENTIO | NIC | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | e status (IN, OUT, N/O, N/A) | | | | | | | | | | ate box for COS and | | |
| | _ | | | | mpliance N/O=not observed | N/ | A=nc | ot a | pp | licat | ole | COS=corrected | d on-site during | insp | pection R=repeat vio | olatio | n |
| Co | m | pli | iance Status | | | cos | R | | C | Com | pli | iance Status | | | | cos | F |
| | | | | Superv | | 199 | | | | | - | Potentially Haz | | | | Maria. | |
| 1 | | IN | OUT | C CO. C. | emonstrates knowledge, and | | | | 1000 | | Sept. Sept. of | | er cooking time & | | | | |
| | 1 | | | performs duties | | | | | | | | | | | res for hot holding | | |
| 10 | - | INI | OUT | Employe | | | | - | | | | | er cooling time & | | | | L |
| 3 | _ | | OUT | | wareness; policy present eporting, restriction & Exclusion | | 1 | 12 | | 20 | | | er hot holding ter er cold holding te | | | - | H |
| 13 | 1 | IIV | 001 | Good Hygien | | | 1 | 3 | 7 | 21 | | | er date marking & | | CONTRACTOR OF THE PARTY OF THE | | - |
| 14 | L | IN | OUT N/O | | asting, drinking, or tobacco use | | | 1 | _ | 22 | _ | - | | | ontrol: procedures | | |
| 5 | 4 | IN | OUT N/O | | om eyes, nose, and mouth | | | | | | | & rec | | | | | |
| W. F. | | J.P. | Pre | venting Contam | nination by Hands | | a a | | | | ni s | | onsumer Advi | | | FRE | |
| 6 | _ | - | OUT N/O | | properly washed | | | | 5 | 23 | IN | _i _/i | umer advisory pr | ovide | ed for raw or | | |
| 7 | | IN | OUTN/A N/O | | ontact with RTE foods or | | | | | | - 2 | | rcooked foods | | | | |
| - 0 | + | IKI | OUT | | ate method properly followed | | | - | 6 | 24 | INI | | Susceptible Po | | | 199 | 10 |
| 8 | | IN | OUT | accessible | washing facilities supplied & | | | | 3 | 24 | IIN | OUT N/A Paste | | ea; p | prohibited foods not | | |
| | 1 | 0.74 | | Approved | 1 Source | - Late | - | - | H | | | Office | Chemical | | Andrew Parkers | | - |
| 19 | T | IN | OUT | | form approved source | | | + | 5 | 25 | IN | OUT N/A Food | additives: appro | ved | & properly used | | H |
| 1 (| - 21 | 1. | | | at proper temperature | | | 1 | | | | | | | identified, stored, | | |
| 11 | | | OUT | | ondition, safe, & unadulterated | | | | | | _ | & use | | | | | |
| 12 | 2 | IN | OUTN/A N/O | Required record | ds available: shellstock | | | | | 1 | | | e with Approv | | | i i i | |
| | | | 4 | tags, parasite of | The same of the sa | | | | 5 | 27 | IN | | oliance with varia | - | specialized | - | |
| | _ | | A STATE OF THE PARTY OF THE PAR | | Contamination | Wig | | | | | | proce | ess, & HACCP pl | an | | | L |
| | | 1000 | OUT N/A | Food separated | urfaces: cleaned & sanitized | | | - | I | Ris | k fa | actors are improper | practices or pro | cedu | ires identified as the | most | t |
| | E 20 mile | 0895 | OUT | | on of returned, previously | | | + | | prev | ale | ent contributing factor | s of foodborne ill | Ines | s or injury. Public Hea | alth | |
| 1' | K |) | 001 | | tioned, & unsafe food | | | | | | rve | entions are control me | easures to preve | ent fo | oodborne illness or ir | njury. | |
| | | | | | | DR | ET/ | _ | _ | | CT | TICES | | | WALL THE SHARE SELECTION | 47110 | |
| | | | Good | Retail Practices | are preventative measures to c | | | _ | | | _ | | and physical ob | jects | into foods. | | |
| ١ | lar | k ") | | | t in compliance Mark "X" in ap | | | | | | | | | | | lation | |
| W. | | | | | | CC | SR | | | | | | | | | cos | F |
| 10 | 0 | - | Deate de d | Safe Food | | | | | 0 | 144 | | | oper Use of Ut | ensi | IIS | 515 | |
| 2 | | | | ggs used where room approved sour | | - | - | - | 2 | 41 | | In-use utensils: prope Utensils, equipment 8 | | / eta | red dried & handlad | | - |
| 3 | - | | The state of the s | ined for specialize | The state of the s | + | - | - | 2 | | - | Single-use & single-s | | | | | - |
| - | - | | Tarion obta | Food Temper | | | 3 00 | 1 | 2 | | - | Gloves used properly | | - opoi | ., 510100 & 0000 | | |
| 3 | 1 | 1 | Proper cooling | | adequate equipment for | 1 | | 1 | F | 11/8 | | | , Equipment ar | nd V | ending | WEY. | - |
| | 1 | | temperature c | | | | | 13 | 2 | 45 | X | Food & non-food cor | AND THE RESIDENCE OF THE PERSON OF THE PERSO | | | | |
| 3 | 2 | | | perly cooked for | | | | 100 | 1 | | , | designed, constructe | | | | | |
| 3 | | | | wing methods use | | | 1 | 0 | | 46 | | | | taine | ed, & used; test strips | | |
| 3 | 4 | 7 | Inermometers | provided & accu | | - | | 1 | 1 | 47 | K | Non-food contact sur | | 41 | | | |
| 3 | 5 | 1 | Food properly | Food Ider labeled; original | | | | - | 1 | 48 | | Hot & cold water ava | Physical Facili | | | 150 | - |
| 3 | 2 | + | | | od Contamination | | | | | 49 | | Plumbing installed; p | | | | | - |
| 1 3 | 6 | 1 | | ts, & animals not | | | | 1 | | 50 | | Sewage & waste wat | | | | | - |
| 2 3 | - | _ | | | food preparation, storage & displa | ay | | | 2 | 51 | | Toilet facilities: prope | | _ | | | - |
| 3 | - | 1 | Personal clea | nliness | | | | | 2 | 52 | | Garbage & refuse pr | | | | | |
| - | 9) | | | properly used & | stored | | | 1 | 1 | 100000 | | Physical facilities inst | | | | | |
| 4 | 0 | 1 | Washing fruits | & vegetables | | | 1 | 11 | 1 | 54 | 10 | Adequate ventilation | & lighting; desig | nate | d areas used | | |
| | | | | 6 | | | | - | | | | | | | | | |
| | | | | X | 1 10 | | | | | | | | 11/1-1 | 17 | | | |
| Pe | SC | n i | in Charge (Si | gnature) | W C | - | Name and Address of | | | | | Date: | 4/18/0 | P | | | |
| 20150 | | 207 | | | | | | 1 | | - | | | 1 | | | | |

Health Inspector (Signature)

Follow-up: YES

Follow-up Date:

NO (circle one)



CITY OF PORTLAND PLANNING AND URBAN DEVELOPMENT INSPECTION SERVICES DIVISION

FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

Date 4/18/06
Sanitarian

| SUPPLEMENTAL SHEET NO | | () * | 10 - 11 - 2 00 | · owe |
|------------------------------|----------|------------|----------------|--------|
| Owner's Name | Establis | hment Name | aKu. | |
| Establishment Address | | Zip | 11100 | |
| Hom Cox Temp. | | | Lac | Tem, 2 |
| MISC FRZN 17" | | WASh | 3 BAY | 54 |
| Shrimp Pap 44° | | Jani | 3 BHY | |
| Salmon 49° | | * WASh | DW | 1100 |
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| wiping cloth wet o pin 3- | 304:14 | | | |
| Hood System - Dirty 3-3 | 305-111 | | | |
| REFRIS No Thenmometer | 3 501.16 | 4-204.12 | | |
| Micro Very Dirty Inside | 4-601-11 | A | | |
| HANDWASH I INACCESSE 5-2 | | | | |
| Bulk Bins Dirty 424-601. | 114 | | | |
| FAN COVERS DIRTY- WAIKINGSOM | 1 3-3 | 05.14 | | |
| OPER FOOD WOLKING | | | | |
| Cight Shield Bont 6-202.11 | | | | |
| No Ph Meter. | | | | |
| No CONSLINEIL Advisory-Sushi | | | | |
| Justi RICE - NO HAARP & | -103.12 | | | |
| Co2 Christie- Not Sucured | | | | |
| REVIEW Chapter 2 V | | | | |
| Mon-Handley Scoops 2000 | 9 4-201. | 1/ | | |