ALIN JANA

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	C	ity of Portland	Heal	lth I	nspection	on R	eport	Pageof	2_	
Establishment Name E/ Raczes			No. of Risk Factor/Intervention Violations No. of Repeat Risk Factor/Intervention Violations					Date Mas	Date May R-07	
License/Est. ID# Address		Address	City/State Score (optional)			B Time Out	Z Time Out			
Electise/Est. ID#		101 YUK S'T Owner Name			State DML	2	Zip Code	Telephone		
License Posted Owner Name Owner Name		Owner Name		Purpose of Inspection		on I	Est. Type	Risk Category		
[]Yes []No	1 ew	Owner Name Thims Donat Ak	. Fisge	01	cenin L			, and suregory		
	FOODBO	RNE ILLNESS RISK FA	CTORS	AND	PUBLIC HEA	LTHINT	ERVENTIO	ONS		
Circle desig	nated compliance	status (IN, OUT, N/O, N/A) f	or each n	umbere	d item	М	ark "X" in app	propriate box for COS	and/or R	
Compliance Status		npliance N/O=not observed	N/A=not				on-site during	g inspection R=repea	ıt violation	
	Superv		COSIA	Com	npliance Status		rdous Food	Time/Temperature	COS R	
5 1 IN OUT	PIC present, der	monstrates knowledge, and		5 16	IN OUTNA NA	Proper	cooking time	& temperatures		
	performs duties Employee	Health	$X \sqcup \bot$	5 17 5 18	IN OUTN/A 配位	Proper	reheating pro-	cedures for hot holding	,	
5 2 IN OUT		vareness; policy present			IN OUT N/A W	Proper	bot holding to	& temperature		
5 3 IN OUT	Proper use of re	porting, restriction & Exclusion		5 20	ANDOUT N/A	A Proper	cold holding t	temperatures		
5 4 IN OUT (N/O		c Practices asting, drinking, or tobacco use		5 21	IN OUTN/AN/	Proper	date marking	& disposition		
5 IN OUT NO	No discharge fro	m eyes, nose, and mouth		5 22	IN OUTNA MC	#Ime as	s a public hea d	alth control: procedures		
Prev	venting Contami	ination by Hands			/2	Coi	nsumer Adv	isory	-++	
5 6 IN OUT 12 2 7 IN OUT N/A M/O	Hands clean & p	properly washed ontact with RTE foods or		5 23	IN OUT (NA	Consun	ner advisory p	rovided for raw or		
		ate method properly followed		4686			ooked foods usceptible P	onulations		
5 8 (IN) OUT	Adequate handw	ashing facilities supplied &		5 24	IN OUT NA	A Pasteur	ized foods us	sed; prohibited foods n	ot	
	accessible	Calivas				offered				
5 9 (IN)0UT	Approved I Food obtained fo	orm approved source		5 25	IN OUT NE	A I Bood o	Chemical	oved & properly used		
5 10 IN OUT N/K N/O	Food received at	proper temperature		5 26/	IN OUT	Toxic s	ubstances pro	perly identified, stored		
5 11 NOUT 1 12 IN OUTN/A NO	Food in good co	ndition, safe, & unadulterated				& used				
I IN COTTON AND	tags, parasite de			5 27	Confe IN OUT N/A	ormance	with Approx	ved Procedures		
	rotection from (Contamination	55 Table		11/2	process	, & HACCP pl	ance, specialized lan		
2 13 IN OUT N/A 2 14 IN OUT N/A	Food separated	& protected		Risk	factore are im			cedures identified as		
5 15 IN OUT	Proper disposition	faces: cleaned & sanitized n of returned, previously		prev	alent contributin	ig factors c	of foodborne il	liness or injury. Public.	Health	
		oned, & unsafe food		Inter	ventions are co	ntrol meas	sures to preve	ent foodborne illness	or injury.	
		GOOD	RETAIL	PRA	CTICES					
Good Mark "X" in hox if num	Retail Practices as	re preventative measures to co	ntrol the a	ddition o	of pathogens, che	emicals, ar	nd physical ob	jects into foods.	20,000,000,000,000,000	
Wall A Wook it Hall	ibered item is not	in compliance Mark "X" in app	cos R	x for CO	S and/or H CO	S=correcte	d on-site durin	g inspection R=repeat		
5 28 Pasteurized eg	Safe Food a gs used where re			MARK		Prop	er Use of Ut	tensils	COSR	
5 29 Water & ice fro	m approved source	quirea e		2 41 2 42	In-use utensils	s: properly	stored		135131	
30 Variance obtain	ned for specialized	processing		2 43	Single-use &	sinale-serv	nens: properly lice articles: ni	/ stored, dried & handle roperly stored & used	3d	
5 31 Proper cooling	Food Temperat	ture Control dequate equipment for	905 57	2 44	Gloves used	properly				
temperature co		dequate equipment for		2 45	Food 9 pop 6	Utensil, E	quipment ar	nd Vending		
	erly cooked for ho			43	designed, cor	ood contac nstructed.	и sunaces cie & used	eanable, properly		
	ing methods used provided & accura			1 46	Warewashing	facilities: i	nstalled, main	tained, & used; test str	ips	
	Food Ident	ification	N 10 10 10 10 10 10 10 10 10 10 10 10 10	1 47	Non-food con	tact surfac	es clean			
35 Food properly la	abeled; original co	ontainer	ectat(5.00%	4 48	Hot & cold wa	eter availal	ysical Facili ole: adequate	ues pressure		
9 Pre	vention of Food	I Contamination	244	5 49	Plumbing insta	alled; prop	er backflow de	evices		
	s, & animals not p	resent od preparation, storage & display		5 50 2 51	Sewage & wa	aste water	properly dispo	osed		
38 Personal clean	iness			2 52	Garbage & re	s properly riuse prope	constructed, s	supplied, & cleaned facilities maintained		
	properly used & sto	ored	\times	1 53	Physical facilit	ties installe	ed, maintained	l, & clean		
40 Washing fruits &	x vegetables			1 54	Adequate ven	ntilation & I	lighting; desig	nated areas used		
Person in Charge (Sigr	natura) /	KNK -					-17 -A	2		
CLOCK IN CHARGE (SIGI	iature)		Т		Dat	te: S	-12-09	1		
		- _I //								
Health Inspector (Signa	atura) CAR	Muin		F-0						
saar mapeotor (olgila	mule) Ju	1 KJord		Follow-	up YES NC	O (circle c	ne) Follo	w-up Date:	v	

El Rayo	r-1 0		rtland Health Ins	MRSA § 2496		Pageof Date	
Consider I De Address Av grif St. Zip Code Telephone Remitocation Temp Remitocation	Elkago						
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