

067-B006

City of Portland Health Inspection Report

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Establishment Name <i>Denny's Congress St</i>	No. of Risk Factor/Intervention Violations	Date <i>10-22-2010</i>		
	No. of Repeat Risk Factor/Intervention Violations	Time In _____		
	Score (optional)	Time Out _____		
License/Est. ID#	Address <i>Congress St</i>	City/State	Zip Code	Telephone
License Posted [] Yes [] No	Owner Name <i>Denny's Real Estate Services Hospitality</i>	Purpose of Inspection <i>Final Followup</i>	Est. Type <i>FSVP</i>	Risk Category

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item
 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
Supervision			
5 1	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
PIC present, demonstrates knowledge, and performs duties			
Employee Health			
5 2	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
Management awareness; policy present			
5 3	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
Proper use of reporting, restriction & Exclusion			
Good Hygienic Practices			
5 4	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/O		
Proper eating, tasting, drinking, or tobacco use			
5 5	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/O		
No discharge from eyes, nose, and mouth			
Preventing Contamination by Hands			
5 6	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/O		
Hands clean & properly washed			
2 7	<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			
5 8	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
Adequate handwashing facilities supplied & accessible			
Approved Source			
5 9	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
Food obtained from approved source			
5 10	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
Food received at proper temperature			
5 11	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
Food in good condition, safe, & unadulterated			
1 12	<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			
Protection from Contamination			
2 13	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A		
Food separated & protected			
2 14	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A		
Food-contact surfaces: cleaned & sanitized			
5 15	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
Proper disposition of returned, previously served, reconditioned, & unsafe food			

Compliance Status		COS	R
Potentially Hazardous Food Time/Temperature			
5 16	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
Proper cooking time & temperatures			
5 17	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
Proper reheating procedures for hot holding			
5 18	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
Proper cooling time & temperature			
5 19	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
Proper hot holding temperatures			
5 20	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A		
Proper cold holding temperatures			
5 21	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
Proper date marking & disposition			
5 22	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
Time as a public health control: procedures & record			
Consumer Advisory			
5 23	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A		
Consumer advisory provided for raw or undercooked foods			
Highly Susceptible Populations			
5 24	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A		
Pasteurized foods used; prohibited foods not offered			
Chemical			
5 25	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A		
Food additives: approved & properly used			
5 26	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
Toxic substances properly identified, stored, & used			
Conformance with Approved Procedures			
5 27	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A		
Compliance with variance, specialized process, & HACCP plan			

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.

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
5 28	<input checked="" type="checkbox"/>		
Pasteurized eggs used where required			
5 29	<input checked="" type="checkbox"/>		
Water & ice from approved source			
30	<input checked="" type="checkbox"/>		
Variance obtained for specialized processing			
Food Temperature Control			
5 31	<input checked="" type="checkbox"/>		
Proper cooling methods used; adequate equipment for temperature control			
5 32	<input checked="" type="checkbox"/>		
Plant food properly cooked for hot holding			
5 33	<input checked="" type="checkbox"/>		
Approved thawing methods used			
1 34	<input checked="" type="checkbox"/>		
Thermometers provided & accurate			
Food Identification			
1 35	<input checked="" type="checkbox"/>		
Food properly labeled; original container			
Prevention of Food Contamination			
4 36	<input checked="" type="checkbox"/>		
Insects, rodents, & animals not present			
2 37	<input checked="" type="checkbox"/>		
Contamination prevented during food preparation, storage & display			
5 38	<input checked="" type="checkbox"/>		
Personal cleanliness			
1 39	<input checked="" type="checkbox"/>		
Wiping cloths: properly used & stored			
1 40	<input checked="" type="checkbox"/>		
Washing fruits & vegetables			

Proper Use of Utensils		COS	R
2 41	<input checked="" type="checkbox"/>		
In-use utensils: properly stored			
2 42	<input checked="" type="checkbox"/>		
Utensils, equipment & linens: properly stored, dried & handled			
2 43	<input checked="" type="checkbox"/>		
Single-use & single-service articles: properly stored & used			
2 44	<input checked="" type="checkbox"/>		
Gloves used properly			
Utensil, Equipment and Vending			
2 45	<input checked="" type="checkbox"/>		
Food & non-food contact surfaces cleanable, properly designed, constructed, & used			
1 46	<input checked="" type="checkbox"/>		
Warewashing facilities: installed, maintained, & used; test strips			
1 47	<input checked="" type="checkbox"/>		
Non-food contact surfaces clean			
Physical Facilities			
4 48	<input checked="" type="checkbox"/>		
Hot & cold water available; adequate pressure			
5 49	<input checked="" type="checkbox"/>		
Plumbing installed; proper backflow devices			
5 50	<input checked="" type="checkbox"/>		
Sewage & waste water properly disposed			
2 51	<input checked="" type="checkbox"/>		
Toilet facilities: properly constructed, supplied, & cleaned			
2 52	<input checked="" type="checkbox"/>		
Garbage & refuse properly disposed; facilities maintained			
1 53	<input checked="" type="checkbox"/>		
Physical facilities installed, maintained, & clean			
1 54	<input checked="" type="checkbox"/>		
Adequate ventilation & lighting; designated areas used			

Person in Charge (Signature) *[Signature]*

Date: *10-22-10*

Health Inspector (Signature) *[Signature]*

10-22-10

Follow-up: YES NO (circle one) Follow-up Date:

