

084-ER-032

# City of Portland Health Inspection Report

Establishment Name <i>Peaks Island House</i>	No. of Risk Factor/Intervention Violations	Date <i>6-25-09</i>		
	No. of Repeat Risk Factor/Intervention Violations	Time In		
	Score (optional) <i>(95)</i>	Time Out		
License/Est. ID# <i>5088</i>	Address <i>498 Islands Ave</i>	City/State <i>PK Me</i>	Zip Code <i>04106</i>	Telephone
License Posted <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Owner Name <i>W &amp; W FMC</i>	Purpose of Inspection <i>Annual</i>	Est. Type	Risk Category

## 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/or R  
 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	Compliance Status		COS	R
<b>Supervision</b>							
51	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT			PIC present, demonstrates knowledge, and performs duties			
<b>Employee Health</b>							
52	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT			Management awareness; policy present			
53	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT			Proper use of reporting, restriction & Exclusion			
<b>Good Hygienic Practices</b>							
54	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	N/O		Proper eating, tasting, drinking, or tobacco use			
55	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	N/O		No discharge from eyes, nose, and mouth			
<b>Preventing Contamination by Hands</b>							
56	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	N/O		Hands clean & properly washed			
27	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	N/O		No bare hand contact with RTE foods or approved alternate method properly followed			
58	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT			Adequate handwashing facilities supplied & accessible			
<b>Approved Source</b>							
59	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT			Food obtained from approved source			
510	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	N/O		Food received at proper temperature			
511	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT			Food in good condition, safe, & unadulterated			
112	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	N/O		Required records available: shellstock tags, parasite destruction			
<b>Protection from Contamination</b>							
213	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	N/A		Food separated & protected			
214	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	N/A		Food-contact surfaces: cleaned & sanitized			
515	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT			Proper disposition of returned, previously served, reconditioned, & unsafe food			
<b>Potentially Hazardous Food Time/Temperature</b>							
516	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	N/O		Proper cooking time & temperatures			
517	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	N/O		Proper reheating procedures for hot holding			
518	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	N/O		Proper cooling time & temperature			
519	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	N/O		Proper hot holding temperatures			
520	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	N/O		Proper cold holding temperatures			
521	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	N/O		Proper date marking & disposition			
522	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	N/O		Time as a public health control: procedures & record			
<b>Consumer Advisory</b>							
523	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	N/A		Consumer advisory provided for raw or undercooked foods			
<b>Highly Susceptible Populations</b>							
524	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	N/A		Pasteurized foods used; prohibited foods not offered			
<b>Chemical</b>							
525	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	N/A		Food additives: approved & properly used			
526	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT			Toxic substances properly identified, stored, & used			
<b>Conformance with Approved Procedures</b>							
527	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	N/A		Compliance with variance, specialized process, & HACCP plan			
<p><b>Risk factors</b> 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.</p>							

## 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	Proper Use of Utensils		COS	R
528	Pasteurized eggs used where required			241	In-use utensils: properly stored		
529	Water & ice from approved source			242	Utensils, equipment & linens: properly stored, dried & handled		
30	Variance obtained for specialized processing			243	Single-use & single-service articles: properly stored & used		
<b>Food Temperature Control</b>							
531	Proper cooling methods used; adequate equipment for temperature control			244	Gloves used properly		
532	Plant food properly cooked for hot holding			<b>Utensil, Equipment and Vending</b>			
533	Approved thawing methods used			245	Food & non-food contact surfaces cleanable, properly designed, constructed, & used		
134	Thermometers provided & accurate			146	Warewashing facilities: installed, maintained, & used; test strips		
<b>Food Identification</b>							
135	Food properly labeled; original container			147	Non-food contact surfaces clean		
<b>Prevention of Food Contamination</b>							
436	Insects, rodents, & animals not present			<b>Physical Facilities</b>			
237	Contamination prevented during food preparation, storage & display			448	Hot & cold water available; adequate pressure		
538	Personal cleanliness			549	Plumbing installed; proper backflow devices		
139	Wiping cloths: properly used & stored			550	Sewage & waste water properly disposed		
140	Washing fruits & vegetables			251	Toilet facilities: properly constructed, supplied, & cleaned		
				252	Garbage & refuse properly disposed; facilities maintained		
				153	Physical facilities installed, maintained, & clean		
				154	Adequate ventilation & lighting; designated areas used		

Person in Charge (Signature) *Nancy Wright* Date: \_\_\_\_\_

Health Inspector (Signature) *Suz Hunt*

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

# City of Portland Health Inspection Report

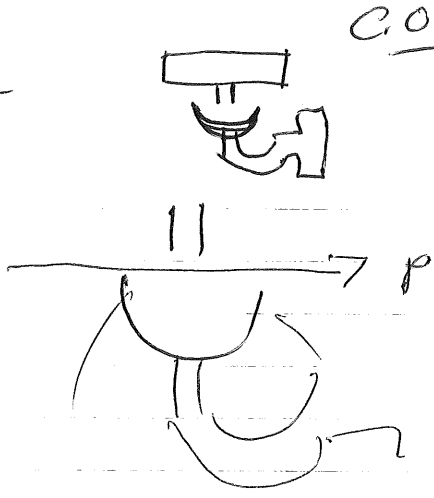
Establishment Name <i>Peaks Island House</i>		As Authorized by 22 MRSA § 2496		Date <i>6-28-09</i>	
License/EST. ID #	Address	City/State	Zip Code	Telephone	

### TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
<i>coole 1</i>	<i>40°</i>				<i>40°</i>
<i>2</i>	<i>70</i>	<i>Hot Knw Duffac</i>			<i>40°</i>
		<i>at 165°</i>			
		<i>Sun temp.</i>			

### OBSERVATIONS AND CORRECTIVE ACTIONS

Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 and 8-406.11 of the Food Code.

Item Number	Violations	Corrective Actions
<i>11</i>	<i>Raw HAMMING ABOVE FOOD</i>	<i>C.O.S.</i>
<i>49</i>	<i>POT AIR GAP on ICE sink</i>	

Person in Charge (Signature)

Date

Health Inspector (Signature)

*Suz Anne*

Date

*6-25-09*