

# City of Portland Health Inspection Report

Establishment Name <b>WOK - INN</b>		No. of Risk Factor/Intervention Violations		Date <b>02/22/08</b>	
		No. of Repeat Risk Factor/Intervention Violations		Time In _____	
License/Est. ID# <b>863</b>		Address <b>1209 Forest Ave</b>		Score (optional) <b>(88)</b>	
License Posted <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		City/State <b>Portland, ME</b>		Zip Code _____	
Owner Name _____		Purpose of Inspection <b>Annual</b>		Telephone <b>799-9052</b>	
Est. Type _____		Risk Category _____		Time Out _____	

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

## 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	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT			241	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input type="checkbox"/> R
Pasteurized eggs used where required					242 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> R In-use utensils: properly stored				
529	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT			243 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> R Utensils, equipment & linens: properly stored, dried & handled				
Water & ice from approved source					244 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> R Single-use & single-service articles: properly stored & used				
30	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT			245 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> R Gloves used properly				
Variance obtained for specialized processing					<b>Utensil, Equipment and Vending</b>				
<b>Food Temperature Control</b>									
531	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT			246 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> R Warewashing facilities: installed, maintained, & used; test strips				
Proper cooling methods used; adequate equipment for temperature control					247 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> R Non-food contact surfaces clean				
532	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT			<b>Physical Facilities</b>				
Plant food properly cooked for hot holding					448 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> R Hot & cold water available; adequate pressure				
533	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT			549 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> R Plumbing installed; proper backflow devices				
Approved thawing methods used					550 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> R Sewage & waste water properly disposed				
134	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT			251 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> R Toilet facilities: properly constructed, supplied, & cleaned				
Thermometers provided & accurate					252 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> R Garbage & refuse properly disposed; facilities maintained				
<b>Food Identification</b>									
135	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT			153 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> R Physical facilities installed, maintained, & clean				
Food properly labeled; original container					154 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> R Adequate ventilation & lighting; designated areas used				
<b>Prevention of Food Contamination</b>									
436	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT							
Insects, rodents, & animals not present									
237	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT							
Contamination prevented during food preparation, storage & display									
538	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT							
Personal cleanliness									
139	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT							
Wiping cloths: properly used & stored									
140	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT							
Washing fruits & vegetables									

Person in Charge (Signature)		Date: <b>02/22/08</b>
Health Inspector (Signature)		Follow-up: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (circle one)      Follow-up Date: <b>30 days</b>

