

152 8002

City of Portland Health Inspection Report

Establishment Name Wok-Inn	No. of Risk Factor/Intervention Violations	12	Date	
	No. of Repeat Risk Factor/Intervention Violations	8	Time In	
	Score (optional)	79	Time Out	
License/Est. ID# 863	Address 1209 Forest Ave	City/State Portland, ME	Zip Code	Telephone 797-9052
License Posted <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Owner Name Judy Tany	Purpose of Inspection Complaint	Est. Type EP	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
Supervision							
5 1	IN <u>OUT</u>			5 16	IN OUT N/A <u>N/O</u>		
	PIC present, demonstrates knowledge, and performs duties		<input checked="" type="checkbox"/>		Proper cooking time & temperatures		
Employee Health							
5 2	IN <u>OUT</u>			5 17	IN OUT N/A <u>N/O</u>		
	Management awareness; policy present		<input checked="" type="checkbox"/>		Proper reheating procedures for hot holding		
5 3	IN <u>OUT</u>			5 18	IN OUT N/A <u>N/O</u>		
	Proper use of reporting, restriction & Exclusion		<input checked="" type="checkbox"/>		Proper cooling time & temperature		
Good Hygienic Practices							
5 4	<u>IN</u> OUT N/O			5 19	IN <u>OUT</u> N/A N/O		
	Proper eating, tasting, drinking, or tobacco use				Proper hot holding temperatures		
5 5	<u>IN</u> OUT N/O			5 20	IN <u>OUT</u> N/A		
	No discharge from eyes, nose, and mouth				Proper cold holding temperatures		
Preventing Contamination by Hands							
5 6	IN OUT <u>N/O</u>			5 21	IN OUT <u>N/A</u> N/O		
	Hands clean & properly washed				Proper date marking & disposition		
2 7	<u>IN</u> OUT N/A N/O			5 22	IN OUT <u>N/A</u> N/O		
	No bare hand contact with RTE foods or approved alternate method properly followed				Time as a public health control: procedures & record		
5 8	<u>IN</u> OUT			Consumer Advisory			
	Adequate handwashing facilities supplied & accessible			5 23	IN OUT <u>N/A</u>		
Approved Source							
5 9	<u>IN</u> OUT			Highly Susceptible Populations			
	Food obtained from approved source			5 24	IN OUT <u>N/A</u>		
5 10	IN OUT N/A <u>N/O</u>			Chemical			
	Food received at proper temperature			5 25	<u>IN</u> OUT N/A		
5 11	<u>IN</u> OUT				Food additives: approved & properly used		
	Food in good condition, safe, & unadulterated			5 26	IN <u>OUT</u>		
1 12	IN OUT N/A N/O				Toxic substances properly identified, stored, & used		
	Required records available: shellstock tags, parasite destruction			Conformance with Approved Procedures			
Protection from Contamination							
2 13	<u>IN</u> OUT N/A			5 27	IN OUT <u>N/A</u>		
	Food separated & protected			Compliance with variance, specialized process, & HACCP plan			
2 14	IN <u>OUT</u> N/A			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.			
5 43	IN OUT						
	Food-contact surfaces: cleaned & sanitized						
	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
5 28	Pasteurized eggs used where required			2 41	In-use utensils: properly stored		
5 29	Water & ice from approved source			2 42	Utensils, equipment & linens: properly stored, dried & handled		
30	Variance obtained for specialized processing			2 43	Single-use & single-service articles: properly stored & used		
Food Temperature Control							
5 31	Proper cooling methods used; adequate equipment for temperature control			2 44	Gloves used properly		
5 32	Plant food properly cooked for hot holding			Utensil, Equipment and Vending			
5 33	Approved thawing methods used			2 45	Food & non-food contact surfaces cleanable, properly designed, constructed, & used		
1 34	Thermometers provided & accurate			1 46	Warewashing facilities: installed, maintained, & used; test strips		<input checked="" type="checkbox"/>
Food Identification							
1 35	Food properly labeled; original container			1 47	Non-food contact surfaces clean		
Prevention of Food Contamination							
4 36	Insects, rodents, & animals not present			Physical Facilities			
5 37	Contamination prevented during food preparation, storage & display			4 48	Hot & cold water available; adequate pressure		
5 38	Personal cleanliness			5 49	Plumbing installed; proper backflow devices		<input checked="" type="checkbox"/>
1 39	Wiping cloths: properly used & stored			5 50	Sewage & waste water properly disposed		
1 40	Washing fruits & vegetables			2 51	Toilet facilities: properly constructed, supplied, & cleaned		
				2 52	Garbage & refuse properly disposed; facilities maintained		
				2 53	Physical facilities installed, maintained, & clean		
				1 54	Adequate ventilation & lighting; designated areas used		

Person in Charge (Signature) Judy Tany Date: 3/17/08

Health Inspector (Signature) [Signature] Follow-up: YES NO (circle one) Follow-up Date: 10 days

City of Portland Health Inspection Report

Establishment Name Wok-Inn		As Authorized by 22 MRSA § 2496		Date 03/17/08	
License/EST. ID # 863	Address 1209 Forest Ave	City/State Portland, ME	Zip Code	Telephone	

TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Handsink	120°	Cooler # 2	36°	Ribs (Hot)	120°
				Chicken (105)	52°
WATER	135°				

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 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.
14	Manual Warewashing sanitizer process 4-501.115 DEMONSTRATED (2)
19	Improper hot holding temp Ribs @ 120°
26	Identifying information on all products (cheese) 7-101.11
37	Food not contaminated by other sources, chicken stored in sink 3-bay 3-307.1
46	Warewashing facilities test strips used 4-501.116
49	Plumbing installed per Law; air-gap, waste water, WASTE SMELL 5-202.1
53	CLEAN ALL CEILING VENTS
	RESTRAIN ALL CO2 TANKS.
	DO NOT TAKE MORE FOOD OUT UNTIL READY TO PREPARE
	* Repair step stiles in Dining Room
53 49	DOWNSTAIRS WALK-IN - CLEAN UP ALL WATER - NO DRIPS ALLOWED - REPOSITION DRAIN PIPE TO BE INDIRECT OVER DRAIN. CLEAN ALL MOLD

Person in Charge (Signature)		Date	
Health Inspector (Signature)		Date	03/17/08

**DIVISION OF ENVIRONMENTAL HEALTH
MASTER COMPLAINT RECORD**

INTAKE

COMPLAINT #: 08-050

ESTABLISHMENT CITED IN COMPLAINT & ID#: Wok Inn ID# 863

DATE/TIME OF OCCURRENCE: 2/23/08 6pm

INTAKE DATE/TIME OF COMPLAINT: 3/3/08 5pm

LOCATION OF ESTABLISHMENT: 1209 Forest Ave Portland, Maine

COMPLAINT DESCRIPTION:

Complainant ate at this establishment and a few hours later had very bad stomach cramps, vomiting, and diarrhea. His symptoms lasted for 6 days. He had the Budda Box which had crab Rangoon, pork strips, pork fried rice, chicken fingers, chicken Rangoon, crab Rangoon, and terryaki chicken wings.

NATURE OF COMPLAINT: ILLNESS/HEALTH RELATED SANITATION/ENVIRONMENT
 HYGENIC PRACTICES FOOD/INJURY SAFETY OTHER

RECEIVED BY: Lisa Brown

INVESTIGATION

PERSON (S) INTERVIEWED: MANAGER / OWNER Judy TANG. POSITION(S): OWNER

INSPECTION RESULTS: O N F INSPECTION REPORT: Y N

CORRECTIVE ACTION: See report on ongoing issues

HEALTH INSPECTOR COMMENTS:

OWNER Does NOT believe consumer - Regarding no Free Food.

SIGNATURE OF HEALTH INSPECTOR: [Signature] DATE: March 17, 2008

SIGNATURE OF PERSON IN CHARGE: _____

REFERRALS

	DATE/INITIAL		DATE/INITIAL
<input type="checkbox"/> DEPARTMENT OF AGRICULTURE	_____	<input type="checkbox"/> DISEASE CONTROL	_____
<input type="checkbox"/> DRINKING WATER PROGRAM	_____	<input checked="" type="checkbox"/> MUNICIPALITIES	3/3/08 LB _____
<input type="checkbox"/> WASTE WATER PROGRAM	_____	<input type="checkbox"/> DEPARTMENT OF EDUCATION	_____
<input type="checkbox"/> MARINE RESOURCES	_____	<input type="checkbox"/> INLAND FISHERIES AND WILDLIFE	_____
<input type="checkbox"/> FIRE MARSHAL	_____	<input type="checkbox"/> STATE POLICE	_____
<input type="checkbox"/> LIQUOR LICENSING	_____	<input type="checkbox"/> BOARD OF PESTICIDE CONTROL	_____
<input type="checkbox"/> TOBACCO ENFORCEMENT	_____	<input type="checkbox"/> OTHER	_____

DOA	287-3841	Marine Resources	624-6550	South Portland Mun.	767-7603	Auburn Mun.	333-6600	SP	800-452-4664
DWP	287-7690	Fire Marshal	626-3880	Portland Mun.	874-8700	DOC	287-2211	BOP	287-2731
WWP	287-5672	Disease Control	287-5195	Lewiston Mun.	784-2951	IF&W	287-2766		