

208-A002

City of Portland Health Inspection Report

Establishment Name <i>Shipyard Brew Pub & Pubs</i>		No. of Risk Factor/Intervention Violations		Date <i>3-6-09</i>	
		No. of Repeat Risk Factor/Intervention Violations		Time In _____	
License/Est. ID# <i>903</i>		Address <i>1001 Westmark</i>		City/State <i>Portland Me</i>	
License Posted <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Owner Name <i>HMS Host</i>		Purpose of Inspection <i>Annual</i>	
		Score (optional) <i>88</i>		Time Out _____	
		Zip Code		Telephone	
		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
Supervision									
5 1	IN	OUT			5 16	IN	OUT/N/A	N/O	
PIC present, demonstrates knowledge, and performs duties					Proper cooking time & temperatures				
Employee Health									
5 2	IN	OUT			5 17	IN	OUT/N/A	N/O	
Management awareness; policy present					Proper reheating procedures for hot holding				
5 3	IN	OUT			5 18	IN	OUT/N/A	N/O	
Proper use of reporting, restriction & Exclusion					Proper cooling time & temperature				
Good Hygienic Practices									
5 4	IN	OUT			5 19	IN	OUT/N/A	N/O	
Proper eating, tasting, drinking, or tobacco use					Proper hot holding temperatures				
5 5	IN	OUT			5 20	IN	OUT	N/A	
No discharge from eyes, nose, and mouth					Proper cold holding temperatures				
Preventing Contamination by Hands									
5 6	IN	OUT			5 21	IN	OUT/N/A	N/O	
Hands clean & properly washed					Proper date marking & disposition				
2 7	IN	OUT/N/A			5 22	IN	OUT/N/A	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	IN	OUT			Consumer Advisory				
Adequate handwashing facilities supplied & accessible					5 23	IN	OUT	N/A	
Approved Source									
5 9	IN	OUT			Highly Susceptible Populations				
Food obtained from approved source					5 24	IN	OUT	N/A	
5 10	IN	OUT/N/A			Chemical				
Food received at proper temperature					5 25	IN	OUT	N/A	
5 11	IN	OUT			Food additives: approved & properly used				
Food in good condition, safe, & unadulterated					5 26	IN	OUT		
1 12	IN	OUT/N/A			Toxic substances properly identified, stored, & used				
Required records available: shellstock tags, parasite destruction					Conformance with Approved Procedures				
Protection from Contamination									
2 13	IN	OUT			5 27	IN	OUT	N/A	
Food separated & protected					Compliance with variance, specialized process, & HACCP plan				
2 14	IN	OUT			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.				
Food-contact surfaces: cleaned & sanitized									
5 15	IN	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
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		
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				
2 37	X	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		
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		
					1 53		Physical facilities installed, maintained, & clean		
					1 54		Adequate ventilation & lighting; designated areas used		

Person in Charge (Signature) <i>Mick R. R.</i>	Date: <i>3-06-09</i>
Health Inspector (Signature) <i>Sig Ann</i>	Follow-up: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (circle one) Follow-up Date: _____

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Establishment Name <i>Shipyard Brewpub & Pubs</i>		As Authorized by 22 MRSA § 2496		Date <i>3-06-09</i>	
License/EST. ID #	Address <i>1051 Westowne</i>	City/State	Zip Code	Telephone	

TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
<i>Hot</i>	<i>140</i>				
<i>Cold</i>	<i>40</i>	<i>Sanitation Bucket</i>			
<i>Cold</i>	<i>40</i>				
<i>Cold</i>	<i>40</i>	<i>Dish washer</i>			
	<i>0°</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	Description
<i>37</i>	<i>Cutting Boards must be smooth Re calibrate Sanitation mix CaO site</i>
	<i>Very nice establishment -</i>

Person in Charge (Signature) _____
Health Inspector (Signature) _____

M. R. [Signature]
[Signature]

Date _____
Date _____