260-A-ZY

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	С	ity of Portland	H	ea	lth		nspecti	or	n Report	Page _/of	2	
Establishment Name			No. of Risk Factor/Intervention Violations Date 07 10me								7 Town 05	
Subway Sand wichos			No. of Repeat Risk Factor/Intervention Violations Time In									
	my will	101005							Score (optional)	Time Out		
License/Est. ID#	2	Address			Ci	ty/S	State		Zip Code	Telephone		
1910-	7	952 Brishtan	14	We	4		TTAND	M	E MUAS	318-51	1/2	
License Posted Owner Name					Pı	urpo	ose of Inspect	ion	Est. Type	Risk Categor		
tHYes [] No Sunuau						Λ	mount		Bulpe	A	у	
	FOODBO	PRNE ILLNESS RISK FA	CT	ADC.	AA	ını	ALBUCUEA			<u> </u>		
Circle desig	nated compliance	e status (IN, OUT, N/O, N/A)	for a	ons ach n	MIN	וטו	OBLICHEA	LI.				
IN= in compliance	OUT=not in con	npliance N/O=not observed	N/A	ac⊓ ⊓ \=not	app	lical		corr	Mark "X" in appro ected on-site during in	priate box for CO	S and/or R	
Compliance Status			cos				pliance Statu		solod on site during if	spection n =rep		
5 1 IN OUT	Superv	ision					Potenti	ally	Hazardous Food Ti	ne/Temperature	COS R	
	performs duties	monstrates knowledge, and				16 17	IN OUTN/A N/	0 F	Proper cooking time & t	emperatures		
	Employee	Health				18	IN OUTN/A N/ IN OUT N/A N/		Proper reheating proced Proper cooling time & te	lures for hot holdi	ng	
5 2 IN OUT 5 3 IN OUT	Management aw	areness; policy present			5	19	IN OUTN/A N/	O F	Proper hot holding temp	eratures		
3 3 114 001	Good Hygieni	porting, restriction & Exclusion		407 05		20 21	IN OUT N/	A F	Proper cold holding tem	peratures		
5 4 IN OUT N/O	Proper eating, ta	isting, drinking, or tobacco use				22	IN OUTN/A N/		Proper date marking & of ime as a public health	disposition		
5 IN OUT N/O	No discharge fro	m eyes, nose, and mouth						- 1	record	control, procedure	es	
5 6 IN OUT N/O	/enting Contam Hands clean & p	ination by Hands				loo I	IN OUT N/		Consumer Adviso	ry		
27 IN OUTN/A N/O	No bare hand co	ontact with RTE foods or			3	23	IN OUT N/		Consumer advisory provindercooked foods	ded for raw or		
	approved alterna	ite method properly followed							hly Susceptible Pop	ulations		
5 8 IN OUT	Adequate handw	ashing facilities supplied &			5	24	IN OUT N/	A P	asteurized foods used:	prohibited foods	not	
	Approved	Source				200		_ 0	ffered Chemical			
5 9 IN OUT	Food obtained fo	orm approved source			5	25	IN OUT N/	A I F	ood additives: approve	d & properly used		
5 10 IN OUT N/A N/O 5 11 IN OUT		proper temperature			5	26	IN OUT	T	oxic substances proper	ly identified, store	ed,	
1 12 IN OUTN/A N/O	Required records	ndition, safe, & unadulterated savailable: shellstock	_				Cont	&	used			
	tags, parasite de	struction			5	27	IN OUT N/	A I C	ance with Approved compliance with variance	Procedures		
P 2 13 IN OUT N/A	rotection from	Contamination							rocess, & HACCP plan	c, specializeu		
2 13 IN OUT N/A 2 14 IN OUT N/A		& protected faces: cleaned & sanitized	4	_	[Risk	factors are im	pror	per practices or proced	tures identified a	c the meet	
5 15 IN OUT	The second of th				Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health							
	served, reconditioned, & unsafe food					nter	ventions are co	ntro	I measures to prevent	foodborne illness	s or injury.	
0	D-1-3-D	GOOD	RE	TAIL	. PI	RA	CTICES					
Mark "X" in box if num	Retail Practices ain bered item is not	re preventative measures to co in compliance Mark "X" in app	ntrol	the a	dditi	on c	of pathogens, ch	emic	als, and physical objec	ts into foods.		
			cos	R	X IOI	- 00	S and/or R CO	S=cc	orrected on-site during in	spection R=repe		
5 28 Pasteurized egg	Safe Food a gs used where re	nd Water							Proper Use of Uten	sils	COSR	
5 29 Water & ice from	m approved sourc	е			_	41 42	In-use utensi	s: pi	roperly stored			
30 Variance obtain	ed for specialized	processing			2	43	Single-use &	sina	nt & linens: properly st le-service articles: prop	ored, dried & hand	dled	
5 31 Proper cooling	Food Temperal	ture Control dequate equipment for			2	44	Gloves used	prop	erly		·	
temperature con	ntrol	dequate equipment for		\vdash	2	45	Food & non f	Jten 200	sil, Equipment and	Vending		
5 32 Plant food prop	erly cooked for ho	ot holding			1-1	73	designed, col	oou 1stru	contact surfaces cleans	able, properly		
Approved thawi	ng methods used provided & accura	to			\vdash	46	Warewashing	facil	lities: installed, maintain	ed, & used; test s	strips	
THOMISMICLES A	Food Ident		S. Seek 1		1	47	Non-food con	tact	surfaces clean			
35 Food properly la	abeled; original co	ontainer			4	48	Hot & cold w	ater	Physical Facilities available; adequate pre	SSUITO		
Prevention of Food Contamination 36 Insects, rodents, & animals not present				375	5		Plumbing inst	alled	; proper backflow device	es		
36 Insects, rodents, & animals not present 2 37 Contamination prevented during food preparation, storage & display					5		Sewage & wa	ste	water properly disposed			
38 Personal cleanliness					2		Garbage & re	fuse	pperly constructed, sup properly disposed; fac	olied, & cleaned		
39 Wiping cloths: properly used & stored					1	53	Physical facili	ties i	installed, maintained, &	clean		
40 Washing fruits 8	k vegetables				1	54	Adequate ver	tilati	on & lighting; designat	ed areas used		
7	./	11 1										
Porcen in Ohter 10:	WII A	y Martina										
Person in Charge (Signature) Wy M Mulle							Da	te:	07 Jan	01		
Person in Charge (Signature) Wy Muller												
Health Inspector (2:1	LVNon	UK_						7				
Health Inspector (Signa	iture)				Foll	ow-ı	up: YES (NO) (c	ircle one) Follow-u	p Date:		

City of Portland Health Inspection Report Page 2 of 2										
Establishment Name		As Authorized by 22 M			ate					
Subway Sand	wiches		-		07 Jar ć					
License/EST. ID#	Address Brist	City/State	LMD NG	Zip Code	Telephone	-100				
	TÉ	MPERATURE OBSER	VATIONS	0910=	7 30,3	100				
Item/Location	Temp 38°F	Item/Location	Temp	Item/Loca	tion T	emp				
Cooler	Syr			MA A A A A A A A A A A A A A A A A A A						
Sarp	168°F									
J. (1)	2000									
vejetapies	38°F				<u> </u>	er ett. 41 metet pa				
						The second				
Violations cited in this ro	OBSERVA	ATIONS AND CORRE	CTIVE ACTION	S						
Item Number	port must be corrected	within the time frames below	/, or as stated in se	ctions 8-405.11 and	I 8-406.11 of the Foo	d Code.				
	NOD	eficiencies engl (Sanit	noted							
excel	CONT OU	enall Sand	extron	prao fi	1 200					
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				TO SEE AND ASSESSMENT						
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Person in Charge (Signature)	som the	life of				1 E				
Person in Charge (Signature)	The la	Mr //	<u> </u>	Dat	e 07 Jan	7				
Health Inspector (Signature)	Musk	Markes	ly	Dat	e O I San	09				