

264-A-5

City of Portland Health Inspection Report

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Establishment Name

Blue House Cafe

No. of Risk Factor/Intervention Violations

Date

5/21/07

No. of Repeat Risk Factor/Intervention Violations

Time In

Score (optional) 99

Time Out

License/Est. ID#

11051

Address

1081 Brighton St

City/State

Portland

Zip Code

Telephone

License Posted

Yes No

Owner Name

Blue House Cafe Inc

Purpose of Inspection

Regular

Est. Type

01

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		Supervision		COS	R
51	IN <u>OUT</u>	PIC present, demonstrates knowledge, and performs duties			
		Employee Health			
52	IN <u>OUT</u>	Management awareness; policy present			
53	IN <u>OUT</u>	Proper use of reporting, restriction & Exclusion			
		Good Hygienic Practices			
54	IN <u>OUT</u> <u>N/O</u>	Proper eating, tasting, drinking, or tobacco use			
55	IN <u>OUT</u> <u>N/O</u>	No discharge from eyes, nose, and mouth			
		Preventing Contamination by Hands			
56	IN <u>OUT</u> <u>N/O</u>	Hands clean & properly washed			
27	IN <u>OUT</u> <u>N/A</u> <u>N/O</u>	No bare hand contact with RTE foods or approved alternate method properly followed			
58	<u>IN</u> <u>OUT</u>	Adequate handwashing facilities supplied & accessible			
		Approved Source			
59	<u>IN</u> <u>OUT</u>	Food obtained from approved source			
510	IN <u>OUT</u> <u>N/A</u> <u>N/O</u>	Food received at proper temperature			
511	<u>IN</u> <u>OUT</u>	Food in good condition, safe, & unadulterated			
112	<u>IN</u> <u>OUT</u> <u>N/A</u> <u>N/O</u>	Required records available: shellstock tags, parasite destruction			
		Protection from Contamination			
213	IN <u>OUT</u> <u>N/A</u> <u>R</u>	Food separated & protected			
214	IN <u>OUT</u> <u>N/A</u>	Food-contact surfaces: cleaned & sanitized			
515	<u>IN</u> <u>OUT</u>	Proper disposition of returned, previously served, reconditioned, & unsafe food			

Compliance Status		Potentially Hazardous Food Time/Temperature		COS	R
516	IN <u>OUT</u> <u>N/A</u> <u>N/O</u>	Proper cooking time & temperatures			
517	IN <u>OUT</u> <u>N/A</u> <u>N/O</u>	Proper reheating procedures for hot holding			
518	IN <u>OUT</u> <u>N/A</u> <u>N/O</u>	Proper cooling time & temperature			
519	IN <u>OUT</u> <u>N/A</u> <u>N/O</u>	Proper hot holding temperatures			
520	<u>IN</u> <u>OUT</u> <u>N/A</u>	Proper cold holding temperatures			
521	IN <u>OUT</u> <u>N/A</u> <u>N/O</u>	Proper date marking & disposition			
522	IN <u>OUT</u> <u>N/A</u> <u>N/O</u>	Time as a public health control: procedures & record			
		Consumer Advisory			
523	IN <u>OUT</u> <u>N/A</u>	Consumer advisory provided for raw or undercooked foods			
		Highly Susceptible Populations			
524	IN <u>OUT</u> <u>N/A</u>	Pasteurized foods used; prohibited foods not offered			
		Chemical			
525	IN <u>OUT</u> <u>N/A</u>	Food additives: approved & properly used			
526	<u>IN</u> <u>OUT</u>	Toxic substances properly identified, stored, & used			
		Conformance with Approved Procedures			
527	<u>IN</u> <u>OUT</u> <u>N/A</u>	Compliance with variance, specialized process, & HACCP plan			

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.

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
528	Pasteurized eggs used where required		
529	Water & ice from approved source		
30	Variance obtained for specialized processing		
		Food Temperature Control	
531	Proper cooling methods used; adequate equipment for temperature control		
532	Plant food properly cooked for hot holding		
533	Approved thawing methods used		
134	Thermometers provided & accurate		
		Food Identification	
135	Food properly labeled; original container		
		Prevention of Food Contamination	
436	Insects, rodents, & animals not present		
237	Contamination prevented during food preparation, storage & display		
538	Personal cleanliness		
139	Wiping cloths: properly used & stored		
140	Washing fruits & vegetables		

Proper Use of Utensils		COS	R
241	In-use utensils: properly stored		
242	Utensils, equipment & linens: properly stored, dried & handled		
243	Single-use & single-service articles: properly stored & used		
244	Gloves used properly		
		Utensil, Equipment and Vending	
245	Food & non-food contact surfaces cleanable, properly designed, constructed, & used		
146	<u>X</u> Warewashing facilities: installed, maintained, & used; test strips		
147	Non-food contact surfaces clean		
		Physical Facilities	
448	Hot & cold water available; adequate pressure		
549	Plumbing installed; proper backflow devices		
550	Sewage & waste water properly disposed		
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)

[Signature]

Date:

5/21/07

Health Inspector (Signature)

[Signature]

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

264-A-5

State of Maine Health Inspection Report

Establishment Name

Blue Horse Cafe

As Authorized by 22 MRSA § 2496

Date

5/24/07

License/EST. ID #

11051

Address

108 Brighton

City/State

Ponthe

Zip Code

Telephone

TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp

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

46

Discard homestyle automatic dishwasher and provide commercial type approved dishwasher.

Person in Charge (Signature)

Date

Health Inspector (Signature)

Date