

City of Portland Health Inspection Report

Establishment Name Kon Asian Bistro		No. of Risk Factor/Intervention Violations		Date <u>05/14/09</u>	
		No. of Repeat Risk Factor/Intervention Violations		Time In _____	
License/Est. ID#		Address <u>1140 Brighton Ave</u>		City/State <u>Portland ME</u>	
License Posted [] Yes [] No		Owner Name <u>Kon Asian LLC</u>		Purpose of Inspection <u>New FSE</u>	
		Zip Code		Telephone <u>207.749.9471</u>	
		Est. Type <u>cl. XI</u>		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							
51	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT			PIC present, demonstrates knowledge, and performs duties			
Employee Health							
52	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT			Management awareness; policy present			
53	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT			Proper use of reporting, restriction & Exclusion			
Good Hygienic Practices							
54	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT			Proper eating, tasting, drinking, or tobacco use			
55	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT			No discharge from eyes, nose, and mouth			
Preventing Contamination by Hands							
56	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT			Hands clean & properly washed			
27	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT			No bare hand contact with RTE foods or approved alternate method properly followed			
58	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT			Adequate handwashing facilities supplied & accessible			
Approved Source							
59	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT			Food obtained from approved source			
510	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT			Food received at proper temperature			
511	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT			Food in good condition, safe, & unadulterated			
112	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT			Required records available: shellstock tags, parasite destruction			
Protection from Contamination							
213	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT			Food separated & protected			
214	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT			Food-contact surfaces: cleaned & sanitized			
515	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT			Proper disposition of returned, previously served, reconditioned, & unsafe food			
Potentially Hazardous Food Time/Temperature							
516	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT			Proper cooking time & temperatures			
517	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT			Proper reheating procedures for hot holding			
518	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT			Proper cooling time & temperature			
519	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT			Proper hot holding temperatures			
520	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT			Proper cold holding temperatures			
521	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT			Proper date marking & disposition			
522	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT			Time as a public health control: procedures & record			
Consumer Advisory							
523	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT			Consumer advisory provided for raw or undercooked foods			<input checked="" type="checkbox"/>
Highly Susceptible Populations							
524	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT			Pasteurized foods used; prohibited foods not offered			
Chemical							
525	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT			Food additives; approved & properly used			
526	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT			Toxic substances properly identified, stored, & used			
Conformance with Approved Procedures							
527	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT			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	Proper Use of Utensils		COS	R
528	Pasteurized eggs used where required			241	In-use utensils; properly stored		
529	Water & Ice from approved source			242	Utensils, equipment & linens; properly stored, dried & handled		
30	Variance obtained for specialized processing			243	Single-use & single-service articles; properly stored & used		
Food Temperature Control							
531	Proper cooling methods used; adequate equipment for temperature control			244	Gloves used properly		
532	Plant food properly cooked for hot holding			Utensil, Equipment and Vending			
533	Approved thawing methods used			245	Food & non-food contact surfaces cleanable, properly designed, constructed, & used		
134	Thermometers provided & accurate			146	Warewashing facilities: installed, maintained, & used; test strips		
Food Identification							
135	Food properly labeled; original container			147	Non-food contact surfaces clean		
Prevention of Food Contamination							
436	Insects, rodents, & animals not present			Physical Facilities			
237	Contamination prevented during food preparation, storage & display			448	Hot & cold water available; adequate pressure		
538	Personal cleanliness			549	Plumbing installed; proper backflow devices		
139	Wiping cloths: properly used & stored			550	Sewage & waste water properly disposed		
140	Washing fruits & vegetables			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)	Date: <u>05/14/09</u>
Health Inspector (Signature)	When: <u>Open</u>
Follow-up: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (circle one) Follow-up Date: _____	

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Establishment Name <u>Kon Asian Bistro</u>	As Authorized by 22 MRSA § 2496	Date <u>05/14/09</u>
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License/EST. ID #	Address <u>1140 Brighton Ave</u>	City/State <u>Portland ME</u>	Zip Code	Telephone
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TEMPERATURE OBSERVATIONS					
Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Hand sink(s)	110°F	Cooler #1	37°F		
Chewstick	High Temp	Freezer #1	210°F		
3-way soap					

OBSERVATIONS AND CORRECTIVE ACTIONS

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.
36	Opening to outside protected against entry of pest (kitchen door) 6-202.18
54	Protective shielding on light bulbs over exposed food/utensils/equipment 6-202.11
X	
23	Consumer advisory provided w/ new menu's
X	Provide hand-wash signs
X	1" Air gap @ water ice machine
X	Freezer in basement for unopened boxed-type items only

Person in Charge (Signature)	Date
Health Inspector (Signature)	Date <u>05/14/09</u>