¢	A Up and proper and an analysis of the same and an analysi		166-	H003		~
C	ity of Portland	Hea	Ith Inspection	Report	Page / of 2	
Establishment Name		1	Risk Factor/Intervention V		Date Fen4=	09
Fr & Chi	WOOD. Maxt	No. of I	Repeat Risk Factor/Interve		Time In	
EXIT 8 Chi License/Est. ID# AGNICATURE	Adduses			Score (optional)	Time Out	
AGGILATURE	Address	4	City/State	Zip Code	Telephone	
License Posted	55Riversine S Owner Name	3	Purpose of Inspection	P** - 1 ****		
Yes []No	MW Savay		Annust	Est. Type	Risk Category	
FOODBO	ORNE ILLNESS RISK FA	CTORS	AND PUBLIC HEALTI	HINTERVENTION	MC	
Circle designated compliance	ce status (IN, OUT, N/O, N/A) f	or each n	umbered item		opriate box for COS and/or	r R
IN= in compliance OUT=not in co Compliance Status				ected on-site during i	inspection R=repeat viola	ıtion
Super	vision	COSR	Compliance Status Potentially	Hazardous Food T	ime/Temperature	OS R
5 1 IN OUT PIC present, de performs duties	emonstrates knowledge, and		5 16 IN OUTN/A(N/O) P	roper cooking time &	temperatures	
Employe	1		5 17 IN OUTN/A P	Proper reheating proce Proper cooling time &	edures for hot holding	
5 IN OUT Management a	wareness; policy present		5 19 UN OUTN/A P	roper hot holding tem	nperatures	
5 3 IN OUT Proper use of r Good Hygier	eporting, restriction & Exclusion		5 20 (N) OUT N/A P 5 21 (N) OUTN/A N/O P	roper cold holding ter	mperatures	
5 4 IN OUT (MO) Proper eating, t	tasting, drinking, or tobacco use		5 22 IN OUTN/A N/O T	ime as a public health	disposition control: procedures	- -
5 IN OUT No discharge fr Preventing Contan	rom eyes, nose, and mouth			record		
5 6 IN OUT Hands clean &	properly washed		5 23 IN OUT (1/A) C	Consumer Advisonsumer advisory pro-	vided for raw or	
2 7 IN OUTN/A NO bare hand o	contact with RTE foods or		U	ndercooked foods		
5 8 IN OUT Adequate hand	washing facilities supplied &		Higi	hly Susceptible Pol	pulations	
accessible				ffered	d; prohibited foods not	
Approved Signature Approved Signature Approved Signature Approved Approved	d Source form approved source		clos IN OUT	Chemical		
5 10 IN OUT N/A N/O Food received a	at proper temperature		5 25 IN OUT MADE	ood additives: approve oxic substances prope	ed & properly used	
5 11 DOOUT Food in good c	ondition, safe, & unadulterated		&	used		
1 12 IN OUTN/A N/O Required record tags, parasite of			5 27 IN OUT N/A C	ance with Approve compliance with varian	d Procedures	
Protection from	Contamination			rocess, & HACCP plar	n specialized	
2 14 NOUT N/A Food-contact su	I & protected urfaces: cleaned & sanitized		Risk factors are improp	per practices or proce	edures identified as the mo	ost
5 15 OUT Proper dispositi	on of returned, previously		prevalent contributing face	ctors of foodborne illn	ess or injury, Public Health	. 1
	tioned, & unsafe food	DETAIL	- PRACTICES	i measures to preven	nt foodborne illness or injur	<u>y.</u>]
Good Retail Practices	are preventative measures to co	ntrol the a	ddition of nathogons, chemic	als, and physical obje	ects into foods	
Mark "X" in box if numbered item is no	t in compliance Mark "X" in app	ropriate bo	x for COS and/or R COS=co	orrected on-site during	inspection R=repeat violation	on
Safe Food		COSIR		Proper Use of Uter		S R
5 28 Pasteurized eggs used where r 5 29 Water & ice from approved sour			2 41 In-use utensils: pr	roperly stored		
30 Variance obtained for specialize	ed processing		2 42 Utensils, equipme 2 43 Single-use & single	nt & linens: properly s le-service articles: pro	stored, dried & handled	
Food Tempera 5 31 Proper cooling methods used; a	ature Control		2 44 Gloves used prop	erly		+
temperature control	adequate equipment for		2 45 Food & non-food	nsil, Equipment and contact surfaces clear	I Vending	
5 32 Plant food properly cooked for to 33 Approved thawing methods use			designed, constru	icted, & used		
Approved thawing methods use 34 Thermometers provided & accur			1 46 Warewashing facil	lities: installed, mainta	ined, & used; test strips	
Food Iden	tification		1 47 Non-food contact	Surfaces clean Physical Facilitie	ac.	
1 35 Food properly labeled; original of	container		4 48 Hot & cold water	available; adequate pr	ressure	
Prevention of Foo 4 36 Insects, rodents, & animals not	present		5 49 Plumbing installed 5 50 Sewage & waste	i; proper backflow dev water properly dispose	vices	
2 37 Contamination prevented during for			2 51 Toilet facilities: pro	operly constructed, su	pplied, & cleaned	-
5 38 Personal cleanliness 1 39 Wiping cloths: properly used & s	stored		2 52 Garbage & refuse	properly disposed; fa	cilities maintained	
Washing fruits & vegetables	siored		1 53 Physical facilities 1 54 Adequate ventilati	installed, maintained, on & lighting; designa	& clean	
				a ngg, doolgne	atod areas used	
				A 1 1 /	i s en	
Person in Charge (Signature)			Date:	2-04	-09	
	874	8707				
Health Inspector (Signature)	Make Harris	- 1 - 1				
ricular inspector (Signature)	INIA BAIN		Follow-up: YES NO	circle one) Follow-	-up Date:	
						

Establishment Na	C ame	ity of Portlan	d Health Ins As Authorized by 22	pection R	eport	Page Z	of <u>2</u>
E	XIT B	Chippen Marx	,	32100		Fen 4-0	19
License/EST. ID #		Address	City/State		Zip Code	Telephone	
		TEN	PERATURE OBSE	RVATIONS			
chop s	ocation very	Temp /40	Item/Location	Temp	Hem/Lo	uesu-	Temp ÎÕÕ
ltem Violatio	ons cited in this	OBSERVA report must be corrected v	TIONS AND CORRI	ECTIVE ACTION Dow, or as stated in se	IS ctions 8-405,11	and 8-406.11 of the Fo	ood Code
Number							
8	HANDW	ter leavin	into 110	1º on	Deman	n —	u* ·
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erson in Charge	(Signature)				г	Date	
ealth Inspector (Signature)					Date	

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	City of Portland								Page _/_of	apple .
Establishment Name		- 1				terventi			Date Pea	4-0
LEXIT 8 Cl	LUDGA. MGAT	N	o. of	Repeat	Risk f	Factor/In		ion Violations	Time In	
	1-3	ai47		i din bagin	vásta sz		Sco	ore (optional)	Time Out	
License/Est. ID# AG11/atum	Address			City/s	State			Zip Code	Telephone	
	55 Riversino S	- Pro-		7	47-					
License Posted	Owner Name					Inspect	ion	Est. Type	Risk Category	
[v] Yes [] No	MW SAVALL	Wijas	Barry.	4 (44.6)	Avn	1/ <i>/</i>				
FOODB	ORNE ILLNESS RISK FA	CT	ORS	AND	PUBL	IC HEA	\LTH II	NTERVENTION	JS	
Circle designated compliand	ce status (IN, OUT, N/O, N/A)	for e	each r	numbere	d item				ppriate box for COS a	ınd/or E
IN= in compliance OUT=not in co	ompliance N/O=not observed	N/	A =not	applica	ble	cos=	correcte	ed on-site during in	nspection R=repeat	violatio
Compliance Status	outata a	cos	R	Con	npliand	e Statu	S	anna Anna Comain met na tra a catalana Salaman		cos
	rvision lemonstrates knowledge, and			5 16	IN O	Potenti	ally Ha	zardous Food Ti	me/Temperature	
performs duties	1985년 - 1985년 1985년 - 1985년	- Carried	+	5 17	IN O	JTN/A N/	O Prop	er cooking time &	temperatures dures for hot holding	
	ee Health			5 18	IN O	JT N/A N	O Prop	er cooling time & t	emnerature	San Decreases
	wareness; policy present reporting, restriction & Exclusion	- September 1		5 19	IN OI	JTN/A N/	O Prop	er hot holding tem	peratures	100
Good Hygie	nic Practices			5 21	IN OI	JTN/A N/	O Prop	er cold holding ten er date marking &	nperatures disposition	
4 IN OUT NO Proper eating,	tasting, drinking, or tobacco use			5 22	IN OU	JTN/A N/	O Time	as a public health	control: procedures	
	rom eyes, nose, and mouth mination by Hands					-	& red	cord		N-1747/g
6 IN OUT N/O Hands clean &	properly washed			5 23	IN OU	JT N/	'A l Cons	Consumer Advisory prov	vided for raw or	
7 IN OUTN/A N/O No bare hand of	contact with RTE foods or						unde	ercooked foods		
8 IN OUT Adequate hand	nate method properly followed washing facilities supplied &			504	IN O	IT	Highly	Susceptible Pop	oulations	
accessible	washing facilities supplied &			5 24	IN OU	וו 🕅	A Paste offer		; prohibited foods not	
Approve							Onei	OL		
9 IN OUT Food obtained	form approved source			5 25	IN OL	JT N/	A Food	l additives: approve	ed & properly used	
10 IN OUT N/A N/O Food received 11 IN OUT Food in good o	at proper temperature condition, safe, & unadulterated			5 26	IN OL	JT (Toxic	substances prope	rly identified, stored,	
12 IN OUTN/A N/O Required record	ds available: shellstock					Cont	& us	ea c e with Approve a	d Procedures	_
tags, parasite o	destruction			5 27	IN OL	JT N/	A Com	pliance with variance	ce, specialized	+
Protection from 13 NOUT N/A Food separated							proce	ess, & HACCP plan	 	
	urfaces: cleaned & sanitized			Risi	k facto	rs are in	nproper	practices or proce	dures identified as th	e most
15 IN OUT Proper dispositi	ion of returned, previously			prev	/alent c	ontributir	ng factor	's of foodborne illne	ess or injury. Public H	ealth -
served, recondi	itioned, & unsafe food	Later Charge					ontrol m	easures to preven	t foodborne illness or	injury.
Good Poteil Prestings	GOOL	RI	ETAI	<u>L PRA</u>	CTIC	ES				
Mark "X" in box if numbered item is no	are preventative measures to cont in compliance Mark "X" in any	ontro	I the a	addition (of patho	ogens, ch	emicals,	and physical object	cts into foods.	
		co	SR	10, 00	zo una	0111 00	3-cone	cted on-site during i	rispection H=repeat vi	cos
28 Pasteurized eggs used where r				0144	1 11.		Pr	oper Use of Uter	nsils	
29 Water & ice from approved soul	rce	+	++	2 41 2 42	Ute	se utensi nsils, equ	is: prope	erly stored	tored, dried & handled	
30 Variance obtained for specialize				2 43	Sing	gle-use &	single-s	ervice articles: prop	oerly stored & handled	+
Food Temper 31 Proper cooling methods used;				2 44	Glo	ves used	properly			+++
temperature control		-	+	2 45	Foo	d & non	Utensil,	Equipment and lact surfaces clear	Vending	
32 Plant food properly cooked for	hot holding		+		desi	igned, co	nstructe	паст suпасеs clear d, & used	nable, properly	
Approved thawing methods use Thermometers provided & accu	ed			1 46	War	ewashing	facilities	s: installed, maintai	ned, & used; test strip	s
Food Ider				1 47	Non	-food cor	ntact sur	faces clean		
35 Food properly labeled; original	container		\mathbb{H}	4 48	Hot	& cold w	ater ava	Physical Facilitie ilable; adequate pr	essuro	
Prevention of Foo	od Contamination			5 49	Plur	nbing inst	talled; pr	oper backflow devi	ces	+++
Insects, rodents, & animals notContamination prevented during for	present	_	4-1	5 50	Sew	age & wa	aste wat	er properly dispose	d	
38 Personal cleanliness		1	+	2 51	Garl	age & re	s: prope	rly constructed, sup operly disposed; fac	oplied, & cleaned	
Wiping cloths: properly used & s	stored			1 53	Phy:	sical facili	ities insta	alled, maintained, 8	k clean	++
Washing fruits & vegetables				1 54	Ade	quate ver	ntilation	& lighting; designa	ted areas used	
orona in Ohama (O)								A ALL	20	
erson in Charge (Signature)					· · · · · · · · · · · · · · · · · · ·	Da	ıte:	2-04	07	
	87	18	707							
ealth Inspector (Signature)	87	18	707	Follow-		ES N	O (circle			

Establishm	ent Name	oity of Portia	Ind Health	nspection y 22 MRSA § 2496	Report	Page <u><</u>	
	Exit &	Chipper Man) 22 minom g 2490		Date	
License/ES	T. ID#	Address	City/s	State	Zip Code	Telephone	
		1	EMPERATURE OF	SERVATIONS			
	p suey	Temp /40	Item/Location	Temp	Item/Lo		Temp
			ATIONS AND CO				
Item Number		is report must be correcte	d within the time frames	s below, or as stated i	n sections 8-405.11		e Food Code
	Dermine	iter leavi	NED IN	cooler		S	atu na lunik <u>e</u> i
8	Hanoa	rasper Red	uneb	110 01	1 beman	3	
2 2 2 2 3 4 4 4 4 4		No.			e e e e e e e e e e e e e e e e e e e		
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