

266- A003

City of Portland Health Inspection Report

Establishment Name Exit 8 Chipper Mart	No. of Risk Factor/Intervention Violations	Date Feb 4 09		
	No. of Repeat Risk Factor/Intervention Violations	Time In _____		
	Score (optional) 94	Time Out _____		
License/Est. ID# AGriculture	Address 55 Riverside St	City/State OR	Zip Code _____	Telephone _____
License Posted <input checked="" type="checkbox"/> Yes [] No	Owner Name M W Sewall	Purpose of Inspection Annual	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									
51	IN	OUT			516	IN	OUT	N/A	N/O
PIC present, demonstrates knowledge, and performs duties					Proper cooking time & temperatures				
Employee Health									
52	IN	OUT			517	IN	OUT	N/A	N/O
Management awareness; policy present					Proper reheating procedures for hot holding				
53	IN	OUT			518	IN	OUT	N/A	N/O
Proper use of reporting, restriction & Exclusion					Proper cooling time & temperature				
Good Hygienic Practices									
54	IN	OUT			519	IN	OUT	N/A	N/O
Proper eating, tasting, drinking, or tobacco use					Proper hot holding temperatures				
55	IN	OUT			520	IN	OUT	N/A	N/O
No discharge from eyes, nose, and mouth					Proper cold holding temperatures				
Preventing Contamination by Hands									
56	IN	OUT			521	IN	OUT	N/A	N/O
Hands clean & properly washed					Proper date marking & disposition				
27	IN	OUT	N/A	N/O	522	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				
58	IN	OUT			Consumer Advisory				
Adequate handwashing facilities supplied & accessible					523	IN	OUT	N/A	N/O
Approved Source									
59	IN	OUT			Consumer advisory provided for raw or undercooked foods				
Food obtained from approved source					Highly Susceptible Populations				
510	IN	OUT	N/A	N/O	524	IN	OUT	N/A	N/O
Food received at proper temperature					Pasteurized foods used; prohibited foods not offered				
511	IN	OUT			Chemical				
Food in good condition, safe, & unadulterated					525	IN	OUT	N/A	N/O
112	IN	OUT	N/A	N/O	Food additives: approved & properly used				
Required records available: shellstock tags, parasite destruction					526	IN	OUT		
Protection from Contamination									
213	IN	OUT	N/A	N/O	Toxic substances properly identified, stored, & used				
Food separated & protected					Conformance with Approved Procedures				
214	IN	OUT	N/A	N/O	527	IN	OUT	N/A	N/O
Food-contact surfaces: cleaned & sanitized					Compliance with variance, specialized process, & HACCP plan				
515	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.				
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
528					241				
Pasteurized eggs used where required					In-use utensils: properly stored				
529					242				
Water & ice from approved source					Utensils, equipment & linens: properly stored, dried & handled				
30					243				
Variance obtained for specialized processing					Single-use & single-service articles: properly stored & used				
Food Temperature Control									
531					244				
Proper cooling methods used; adequate equipment for temperature control					Gloves used properly				
532					Utensil, Equipment and Vending				
Plant food properly cooked for hot holding					245				
533					Food & non-food contact surfaces cleanable, properly designed, constructed, & used				
134	X				146				
Thermometers provided & accurate					Warewashing facilities: installed, maintained, & used; test strips				
Food Identification									
135					147				
Food properly labeled; original container					Non-food contact surfaces clean				
Prevention of Food Contamination									
436					Physical Facilities				
Insects, rodents, & animals not present					448				
237					Hot & cold water available; adequate pressure				
Contamination prevented during food preparation, storage & display					549				
538					Plumbing installed; proper backflow devices				
Personal cleanliness					550				
139					Sewage & waste water properly disposed				
Wiping cloths: properly used & stored					251				
140					Toilet facilities: properly constructed, supplied, & cleaned				
Washing fruits & vegetables					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:

2-04-09

Health Inspector (Signature)

Suzanne Hunt 8748707

Follow-up: YES

NO (circle one)

Follow-up Date:

City of Portland Health Inspection Report

Page 2 of 2

Establishment Name <i>Exit 8 Chipper Mass</i>		As Authorized by 22 MRSA § 2496		Date <i>Feb 4-09</i>	
License/EST. ID #	Address	City/State	Zip Code	Telephone	

TEMPERATURE OBSERVATIONS					
Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
<i>chop suey</i>	<i>140</i>			<i>handwash</i>	<i>100°</i>

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.
<i>8</i>	<i>Thermometers required in coolers Handwash required 110° on demand -</i>

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

City of Portland Health Inspection Report

Page 1 of 2

Establishment Name <i>Exit 8 Clipper Mart</i>		No. of Risk Factor/Intervention Violations	Date <i>Feb 4-09</i>		
		No. of Repeat Risk Factor/Intervention Violations			
License/Est. ID# <i>ABrication</i>		Address <i>55 Riverside St</i>	City/State <i>PR</i>	Zip Code (94)	Telephone
		License Posted <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Owner Name <i>MW Savali</i>	Purpose of Inspection <i>Annual</i>	Est. Type

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item
 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
Supervision				
5 1	IN OUT	PIC present, demonstrates knowledge, and performs duties		
Employee Health				
5 2	IN OUT	Management awareness; policy present		
5 3	IN OUT	Proper use of reporting, restriction & Exclusion		
Good Hygienic Practices				
5 4	IN OUT	N/O Proper eating, tasting, drinking, or tobacco use		
5 5	IN OUT	N/O No discharge from eyes, nose, and mouth		
Preventing Contamination by Hands				
5 6	IN OUT	N/O Hands clean & properly washed		
2 7	IN OUT	N/A No bare hand contact with RTE foods or approved alternate method properly followed		
5 8	IN OUT	Adequate handwashing facilities supplied & accessible		
Approved Source				
5 9	IN OUT	Food obtained from approved source		
5 10	IN OUT	N/A Food received at proper temperature		
5 11	IN OUT	Food in good condition, safe, & unadulterated		
1 12	IN OUT	N/A Required records available: shellstock tags, parasite destruction		
Protection from Contamination				
2 13	IN OUT	N/A Food separated & protected		
2 14	IN OUT	N/A Food-contact surfaces: cleaned & sanitized		
5 15	IN OUT	Proper disposition of returned, previously served, reconditioned, & unsafe food		

Compliance Status			COS	R
Potentially Hazardous Food Time/Temperature				
5 16	IN OUT	N/A Proper cooking time & temperatures		
5 17	IN OUT	N/A Proper reheating procedures for hot holding		
5 18	IN OUT	N/A Proper cooling time & temperature		
5 19	IN OUT	N/A Proper hot holding temperatures		
5 20	IN OUT	N/A Proper cold holding temperatures		
5 21	IN OUT	N/A Proper date marking & disposition		
5 22	IN OUT	N/A Time as a public health control: procedures & record		
Consumer Advisory				
5 23	IN OUT	N/A Consumer advisory provided for raw or undercooked foods		
Highly Susceptible Populations				
5 24	IN OUT	N/A Pasteurized foods used; prohibited foods not offered		
Chemical				
5 25	IN OUT	N/A Food additives: approved & properly used		
5 26	IN OUT	Toxic substances properly identified, stored, & used		
Conformance with Approved Procedures				
5 27	IN OUT	N/A Compliance with variance, specialized process, & HACCP plan		

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Safe Food and Water		COS	R
5 28	Pasteurized eggs used where required		
5 29	Water & ice from approved source		
30	Variance obtained for specialized processing		
Food Temperature Control			
5 31	Proper cooling methods used; adequate equipment for temperature control		
5 32	Plant food properly cooked for hot holding		
5 33	Approved thawing methods used		
1 34	Thermometers provided & accurate		
Food Identification			
1 35	Food properly labeled; original container		
Prevention of Food Contamination			
4 36	Insects, rodents, & animals not present		
2 37	Contamination prevented during food preparation, storage & display		
5 38	Personal cleanliness		
1 39	Wiping cloths: properly used & stored		
1 40	Washing fruits & vegetables		

Proper Use of Utensils		COS	R
2 41	In-use utensils: properly stored		
2 42	Utensils, equipment & linens: properly stored, dried & handled		
2 43	Single-use & single-service articles: properly stored & used		
2 44	Gloves used properly		
Utensil, Equipment and Vending			
2 45	Food & non-food contact surfaces cleanable, properly designed, constructed, & used		
1 46	Warewashing facilities: installed, maintained, & used; test strips		
1 47	Non-food contact surfaces clean		
Physical Facilities			
4 48	Hot & cold water available; adequate pressure		
5 49	Plumbing installed; proper backflow devices		
5 50	Sewage & waste water properly disposed		
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)

Date:

2-04-09

Health Inspector (Signature)

Suzanne Hunt 874-8707

Follow-up: YES

NO (circle one)

Follow-up Date:

City of Portland Health Inspection Report

Establishment Name <i>Exit 8 Clipper Man</i>		As Authorized by 22 MRSA § 2496		Date <i>Fri 4-09</i>	
License/EST. ID #	Address	City/State	Zip Code	Telephone	

TEMPERATURE OBSERVATIONS					
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<i>chop suey</i>	<i>140</i>			<i>handwash</i>	<i>100°</i>

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Health Inspector (Signature) _____	Date _____