

267-3001

City of Portland Health Inspection Report

Establishment Name <i>Season's Grille</i>	No. of Risk Factor/Intervention Violations	Date <i>1-31-11</i>
	No. of Repeat Risk Factor/Intervention Violations	Time In _____ Time Out _____
License/Est. ID#	Address <i>155 N. Washington</i>	City/State <i>AL</i>
License Posted <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Owner Name <i>155 Avenue Ask.</i>	Purpose of Inspection <i>Annual</i>
		Score (optional) 100
		Telephone _____
		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				Potentially Hazardous Food Time/Temperature			
51	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT			516	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		
	PIC present, demonstrates knowledge, and performs duties			517	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		
Employee Health				518	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		
52	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT			519	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		
53	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT			520	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A		
	Management awareness; policy present			521	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		
	Proper use of reporting, restriction & Exclusion			522	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		
Good Hygienic Practices				Consumer Advisory			
54	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O			523	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A		
55	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O						
	Proper eating, tasting, drinking, or tobacco use			Highly Susceptible Populations			
	No discharge from eyes, nose, and mouth			524	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A		
Preventing Contamination by Hands				Chemical			
56	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O			525	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A		
27	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O			526	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT		
	Hands clean & properly washed						
58	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT			Conformance with Approved Procedures			
	No bare hand contact with RTE foods or approved alternate method properly followed			527	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A		
	Adequate handwashing facilities supplied & accessible						
Approved Source				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.			
59	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT						
510	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O						
511	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT						
112	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O						
	Food obtained from approved source						
	Food received at proper temperature						
	Food in good condition, safe, & unadulterated						
	Required records available: shellstock tags, parasite destruction						
Protection from Contamination							
213	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A						
214	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A						
515	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT						
	Food separated & protected						
	Food-contact surfaces: cleaned & sanitized						
	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	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				244	Gloves used properly		
531	Proper cooling methods used; adequate equipment for temperature control			Utensil, Equipment and Vending			
532	Plant food properly cooked for hot holding			245	Food & non-food contact surfaces cleanable, properly designed, constructed, & used		
533	Approved thawing methods used			146	Warewashing facilities: installed, maintained, & used; test strips		
134	Thermometers provided & accurate			147	Non-food contact surfaces clean		
Food Identification				Physical Facilities			
135	Food properly labeled; original container			448	Hot & cold water available; adequate pressure		
Prevention of Food Contamination				549	Plumbing installed; proper backflow devices		
436	Insects, rodents, & animals not present			550	Sewage & waste water properly disposed		
237	Contamination prevented during food preparation, storage & display			251	Toilet facilities: properly constructed, supplied, & cleaned		
538	Personal cleanliness			252	Garbage & refuse properly disposed; facilities maintained		
139	Wiping cloths: properly used & stored			153	Physical facilities installed, maintained, & clean		
140	Washing fruits & vegetables			154	Adequate ventilation & lighting; designated areas used		

Person in Charge (Signature)

Seay Hunt

Date:

1-31-11

Health Inspector (Signature)

Follow-up: YES NO (circle one)

NO

Follow-up Date:

City of Portland Health Inspection Report

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Establishment Name <i>Season's Grill</i>		As Authorized by 22 MRSA § 2496		Date <i>1-31-11</i>	
License/EST. ID #	Address <i>155 Riverside</i>	City/State	Zip Code	Telephone	

TEMPERATURE OBSERVATIONS					
Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
	<i>40°</i> <i>40°</i>	<i>Quat Sanitizer</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>C.O.S.</i>	<i>DO NOT RE(USE) single service plastic to store food -</i>
<i>*</i>	<i>Check sanitizer level -</i>

Person in Charge (Signature) <i>[Signature]</i>	Date <i>1-31-11</i>
Health Inspector (Signature) <i>[Signature]</i>	Date

EMMY SEASONS GRILL 155 RIVERSIDE ST PORTLAND ME 04103 010039935	Service Date: 01/19/2011 Time - IN: 8:47 am Time - OUT: 11:58 am	Ecolab Rep: JOHN D MCKENNEY Ecolab Mgr: EDWARD W MORRIS
	Location: Kitchen Routine Preventive Maintenance	Valued Customer Since Jan-2010

Service Detail Report

ECOLAB
1-800-35-CLEAN
Warewashing

U = Repetitive Issue

Hobart CRS-66 Inspection		
Machine		
Tanks	Rinse Tank	Damaged; Reviewed With Customer BENEFIT: Improved Dishware Results, Improved Employee Safety, Improved Energy Savings, Improved Flatware Results, Improved Glassware Results, Improved Operational Savings, Improved Ware Results
	Wash Tank	Damaged; Reviewed With Customer BENEFIT: Improved Dishware Results, Improved Employee Safety, Improved Energy Savings, Improved Flatware Results, Improved Glassware Results, Improved Operational Savings, Improved Ware Results
Temperature Gauge	Checked - OK	
Thermostat	Checked - OK	
Timer	Checked - OK	
Vacuum Breaker	Checked - OK	
Valves	Checked - OK	
Water	Checked - OK	
Water Pressure	Checked - OK	
Water Level	Checked - OK	
Dispensing		
Warewashing Machine	Checked - OK	
Readings		
* Final Rinse PSI	20 psi	
* Final Rinse Temp	130 deg. F	
* Wash Temp	130 deg. F	
* Detergent Titration - drops	12 drops	
* Rinse Additive	2 mls	
* Sanitizer - ppm	50 ppm	
* Water Hardness	1 gpg	
COMMENTS:		
Repaired yet another leak on the machine, this time I replaced the cracked the rinse tank drain lever housing,gasket and "o"rings. The seal to the cracked wash tank is holding ok at this time.		

Kitchen Area**DISPENSING**

Warewashing Checked - OK

DISH AREA

Prescrap Hose Checked - OK

Procedures Checked - OK

Ecolab -- Cleaner. Safer. Healthier.



Service Detail Report

ECOLAB[®]

1-800-35-CLEAN

**** SERVICE DETAIL REPORT - FAX COVER LETTER ****

Date/Time: Sunday, January 23, 2011 9:43:54 PM

**To: Emmy , Kitchen Manager
SEASONS GRILL
207-774-4949**

From: JOHN D MCKENNEY, Ecolab Inc.

Including this cover sheet, you should receive **04**pages.

If you have difficulty in receiving this transmission,
please call us at the phone number shown above.