

City of Portland Health Inspection Report

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Establishment Name <i>Seaton's Grille</i>		No. of Risk Factor/Intervention Violations		Date <u>2-1-10</u>	
		No. of Repeat Risk Factor/Intervention Violations		Time In _____	
		Score (optional) <u>95</u>		Time Out _____	
License/Est. ID#	Address <i>155 Riverside</i>	City/State	Zip Code	Telephone	
License Posted [] Yes [] No <i>NEW</i>	Owner Name <i>Asc LLC</i>	Purpose of Inspection <i>NEW</i>	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	<input checked="" type="radio"/> IN <input type="radio"/> OUT	PIC present, demonstrates knowledge, and performs duties			516	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Proper cooking time & temperatures		
Employee Health									
52	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Management awareness; policy present			517	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Proper reheating procedures for hot holding		
53	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Proper use of reporting, restriction & Exclusion			518	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Proper cooling time & temperature		
Good Hygienic Practices									
54	<input checked="" type="radio"/> IN <input type="radio"/> OUT	N/O Proper eating, tasting, drinking, or tobacco use			519	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Proper hot holding temperatures		
55	<input checked="" type="radio"/> IN <input type="radio"/> OUT	N/O No discharge from eyes, nose, and mouth			520	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Proper cold holding temperatures		
Preventing Contamination by Hands									
56	<input checked="" type="radio"/> IN <input type="radio"/> OUT	N/O Hands clean & properly washed			521	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Proper date marking & disposition		
27	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	No bare hand contact with RTE foods or approved alternate method properly followed			522	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Time as a public health control: procedures & record		
58	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Adequate handwashing facilities supplied & accessible			Consumer Advisory				
Approved Source									
59	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Food obtained from approved source			523	<input checked="" type="radio"/> IN <input type="radio"/> OUT	N/A Consumer advisory provided for raw or undercooked foods		
510	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Food received at proper temperature			Highly Susceptible Populations				
511	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Food in good condition, safe, & unadulterated			524	<input type="radio"/> IN <input type="radio"/> OUT	<input checked="" type="radio"/> N/A Pasteurized foods used; prohibited foods not offered		
112	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Required records available: shellstock tags, parasite destruction			Chemical				
Protection from Contamination									
213	<input type="radio"/> IN <input type="radio"/> OUT	N/A Food separated & protected			525	<input type="radio"/> IN <input type="radio"/> OUT	<input checked="" type="radio"/> N/A Food additives: approved & properly used		
214	<input type="radio"/> IN <input type="radio"/> OUT	N/A Food-contact surfaces: cleaned & sanitized			526	<input type="radio"/> IN <input type="radio"/> OUT	Toxic substances properly identified, stored, & used		
515	<input type="radio"/> IN <input type="radio"/> OUT	Proper disposition of returned, previously served, reconditioned, & unsafe food			Conformance with Approved Procedures				
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	<input type="radio"/> IN <input type="radio"/> OUT	Pasteurized eggs used where required			241	<input type="radio"/> IN <input type="radio"/> OUT	In-use utensils: properly stored		
529	<input type="radio"/> IN <input type="radio"/> OUT	Water & ice from approved source			242	<input type="radio"/> IN <input type="radio"/> OUT	Utensils, equipment & linens: properly stored, dried & handled		
30	<input type="radio"/> IN <input type="radio"/> OUT	Variance obtained for specialized processing			243	<input type="radio"/> IN <input type="radio"/> OUT	Single-use & single-service articles: properly stored & used		
Food Temperature Control					244	<input type="radio"/> IN <input type="radio"/> OUT	Gloves used properly		
531	<input type="radio"/> IN <input type="radio"/> OUT	Proper cooling methods used; adequate equipment for temperature control			Utensil, Equipment and Vending				
532	<input type="radio"/> IN <input type="radio"/> OUT	Plant food properly cooked for hot holding			245	<input type="radio"/> IN <input type="radio"/> OUT	Food & non-food contact surfaces cleanable, properly designed, constructed, & used		
533	<input type="radio"/> IN <input type="radio"/> OUT	Approved thawing methods used			146	<input type="radio"/> IN <input type="radio"/> OUT	Warewashing facilities: installed, maintained, & used; test strips		
134	<input type="radio"/> IN <input type="radio"/> OUT	Thermometers provided & accurate			147	<input type="radio"/> IN <input type="radio"/> OUT	Non-food contact surfaces clean		
Food Identification					Physical Facilities				
135	<input type="radio"/> IN <input type="radio"/> OUT	Food properly labeled; original container			448	<input type="radio"/> IN <input type="radio"/> OUT	Hot & cold water available; adequate pressure		
Prevention of Food Contamination					549	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Plumbing installed; proper backflow devices		
436	<input type="radio"/> IN <input type="radio"/> OUT	Insects, rodents, & animals not present			550	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Sewage & waste water properly disposed		
237	<input type="radio"/> IN <input type="radio"/> OUT	Contamination prevented during food preparation, storage & display			251	<input type="radio"/> IN <input type="radio"/> OUT	Toilet facilities: properly constructed, supplied, & cleaned		
538	<input type="radio"/> IN <input type="radio"/> OUT	Personal cleanliness			252	<input type="radio"/> IN <input type="radio"/> OUT	Garbage & refuse properly disposed; facilities maintained		
139	<input type="radio"/> IN <input type="radio"/> OUT	Wiping cloths: properly used & stored			153	<input type="radio"/> IN <input type="radio"/> OUT	Physical facilities installed, maintained, & clean		
140	<input type="radio"/> IN <input type="radio"/> OUT	Washing fruits & vegetables			154	<input type="radio"/> IN <input type="radio"/> OUT	Adequate ventilation & lighting; designated areas used		

Person in Charge (Signature) _____

Date: 2-1-10

Health Inspector (Signature) _____

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

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As Authorized by 22 MRSA § 2496

Date _____

Address

City/State

Zip Code

Telephone

Item/Location	Quantity	Unit	Value
...

Temp

Item/Location	Quantity	Unit	Value
Item 1	10	kg	100
Item 2	5	kg	50
Item 3	2	kg	20
Item 4	1	kg	10
Item 5	3	kg	30
Item 6	4	kg	40
Item 7	6	kg	60
Item 8	8	kg	80
Item 9	12	kg	120
Item 10	15	kg	150
Item 11	20	kg	200
Item 12	25	kg	250
Item 13	30	kg	300
Item 14	35	kg	350
Item 15	40	kg	400
Item 16	45	kg	450
Item 17	50	kg	500
Item 18	55	kg	550
Item 19	60	kg	600
Item 20	65	kg	650
Item 21	70	kg	700
Item 22	75	kg	750
Item 23	80	kg	800
Item 24	85	kg	850
Item 25	90	kg	900
Item 26	95	kg	950
Item 27	100	kg	1000
Item 28	105	kg	1050
Item 29	110	kg	1100
Item 30	115	kg	1150
Item 31	120	kg	1200
Item 32	125	kg	1250
Item 33	130	kg	1300
Item 34	135	kg	1350
Item 35	140	kg	1400
Item 36	145	kg	1450
Item 37	150	kg	1500
Item 38	155	kg	1550
Item 39	160	kg	1600
Item 40	165	kg	1650
Item 41	170	kg	1700
Item 42	175	kg	1750
Item 43	180	kg	1800
Item 44	185	kg	1850
Item 45	190	kg	1900
Item 46	195	kg	1950
Item 47	200	kg	2000
Item 48	205	kg	2050
Item 49	210	kg	2100
Item 50	215	kg	2150
Item 51	220	kg	2200
Item 52	225	kg	2250
Item 53	230	kg	2300
Item 54	235	kg	2350
Item 55	240	kg	2400
Item 56	245	kg	2450
Item 57	250	kg	2500
Item 58	255	kg	2550
Item 59	260	kg	2600
Item 60	265	kg	2650
Item 61	270	kg	2700
Item 62	275	kg	2750
Item 63	280	kg	2800
Item 64	285	kg	2850
Item 65	290	kg	2900
Item 66	295	kg	2950
Item 67	300	kg	3000
Item 68	305	kg	3050
Item 69	310	kg	3100
Item 70	315	kg	3150
Item 71	320	kg	3200
Item 72	325	kg	3250
Item 73	330	kg	3300
Item 74	335	kg	3350
Item 75	340	kg	3400
Item 76	345	kg	3450
Item 77	350	kg	3500
Item 78	355	kg	3550
Item 79	360	kg	3600
Item 80	365	kg	3650
Item 81	370	kg	3700
Item 82	375	kg	3750
Item 83	380	kg	3800
Item 84	385	kg	3850
Item 85	390	kg	3900
Item 86	395	kg	3950
Item 87	400	kg	4000
Item 88	405	kg	4050
Item 89	410	kg	4100
Item 90	415	kg	4150
Item 91	420	kg	4200
Item 92	425	kg	4250
Item 93	430	kg	4300
Item 94	435	kg	4350
Item 95	440	kg	4400
Item 96	445	kg	44

Temp

Item/Location

Temp

hot

160
160
160

D WASHA
CLOINE

100

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.

49

Back flow on hoses dist area

Person in Charge (Signature)

Health Inspector (Signature)

Date _____

Date _____