368 - A011

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ige -	Ci	ity of Portland	H	ea	altl		n	spectio	n R	eport	1	Pageof_			
Establishment Name				No. of Risk Factor/Intervention Violations Date 2-04-08											
Telement # 1246				No. of Repeat Risk Factor/Intervention Violations Time In											
Friendly # 1246 License/Est. ID# Address				Score (optional) 5 ime Out 2:2							20				
License/Est. ID#	9	Address 139 Riversina	9		С	ity/S	sta H	L. Ne		Zip Code		Telephone			
License Posted Owner Name					Purpose of Inspection Est. Type R				Risk Categor	у					
[VYes []No										+					
		RNE ILLNESS RISK FA													
1	•	e status (IN, OUT, N/O, N/A) t npliance N/O =not observed										iate box for CC pection R=rep			
Compliance Status		iphanoo iiio -not observed	cos			·		liance Status					Tout vie	cos	
	Superv							Potentiall				e/Temperature	•		
	PIC present, dei performs duties	monstrates knowledge, and			1 L	5 16		N OUTN/A N/O					ina		
	Employee					5 18	- 11	N OUT N/A N/O	Prope	er cooling time	e & tem	perature	9		
		rareness; policy present porting, restriction & Exclusion		-		5 19 5 20		N OUTN/A N/O							_
	Good Hygieni				1 1	5 21 (N' OUTN/A NO	Prope	er date markir	ng & dis	sposition			
		asting, drinking, or tobacco use				5 22	ľ	N OUTN/A N/O	Time & rec		ealth c	ontrol: procedure	es		
		m eyes, nose, and mouth ination by Hands	4.44		+		L			onsumer A	dvisor	у			
5 6 / IN OUT N/O 1	Hands clean & p	properly washed				5 23	П	N OUT (N/A)		umer advisory		ed for raw or			
		ontact with RTE foods or ate method properly followed				1	L	H		rcooked food Susceptible		lations	V 100 (100 (100 (100 (100 (100 (100 (100	Suits	
5 8 IN OUT		vashing facilities supplied &	\times			5 24	Π			urized foods		prohibited foods	not		
5 9 (IN)OUT	Approved		-Crysn]	FIDE	T T	N OUT WA	Food	Chemic		& properly use	4		
5 9 (IN) OUT N/A (N/O) I		orm approved source It proper temperature				5 26		N OUT				identified, stor			
		ondition, safe, & unadulterated]			0	& use						-
1 12 IN OUTN/A (N/O) I	Hequired record tags, parasite de					5 27	П			e with Appoliance with v					
Pro	otection from	Contamination	77.1		1		L		proce	ss, & HACCF	plan	,			L
	Food separated Food-contact su	& protected rfaces: cleaned & sanitized			+ $ $			factors are imp							t
5 15 /KPOUT	Proper disposition	on of returned, previously			1			llent contributing rentions are cont							
	served, recondit	ioned, & unsafe food) B	ET.	AII	<u> </u>		TICES							<u> </u>
		are preventative measures to c	ontro	ol th	e ado	lition	of	pathogens, cher							<u> </u>
Mark "X" in box if numb	pered item is not	t in compliance Mark "X" in ap		riate s R	box	for Co	OS	S and/or R COS	=correc	cted on-site du	uring ins	spection R=rep	eat viol	cos	
	Safe Food a			,3 1		Santa	d.			oper Use of	Utens	ils		003	
5 28 Pasteurized egg 5 29 Water & ice from			-	-		2 41 2 42		In-use utensils:	<u> </u>		arly sta	red, dried & ha	ndlad		-
30 Variance obtaine			-	-		2 43		Single-use & si						X	\vdash
	Food Tempera	ature Control adequate equipment for	a i ja] [2 44	1	Gloves used p	, ,	, Equipment	and \	<i>l</i> ondina		- State of	
5 31 Proper cooling r temperature con		adequate equipment for	+	+	+	2 45	5	Food & non-foo		The state of the s		Property of the second			
5 32 Plant food prope]	1 40	\downarrow	designed, cons			alatala	ad O waad taat	. atulna		
5 33 Approved thawir 1 34 Thermometers p					1	1 46 1 47		Non-food conta			amam	ed, & used; test	sinps		-
	Food Iden				1 [Physical Fa					
1 35 Food properly la		container od Contamination	-	-		4 48 5 49		Hot & cold wat Plumbing insta							-
4 36 Insects, rodents, & animals not present					7 1	5 50)	Sewage & was	te wat	er properly d	sposed				
2 37 Contamination prevented during food preparation, storage & displact 5 38 Personal cleanliness			ıy		-	2 51 2 52						olied, & cleaned lities maintained			_
1 39 Wiping cloths: properly used & stored			-			1 53		Physical facilitie	es inst	alled, maintai	ned, &	clean	*		
1 40 Washing fruits 8	k vegetables					1 54	1	Adequate vent	ilation	& lighting; de	esignate	ed areas used			
	\bigcap	David.													
Person in Charge (Signature) Date: Health Inspector (Signature) Follow-up: YES_NO (circle one) Follow-up Date:															
		, 1													
Hoolth Inapporter (Cime	sturo)	Ima Bunt				-ollow		up: YES NO)1014	lo one) – –	ollow :	ın Data:			
Health Inspector (Signa	ature) 54	11112 141 - 08				OHOV	/V-L	up. 1153-140	CIFC	ie ulie) – F	บแบพ-น	p Date:			

		City	of Por	tland Health I	nspection I	Report	Page 2 of
Establishn	nent Name			As Authorized by		1	Date
	Friendly	15	Exis &	3			2-04.08
License/ES			Address	City/S	tate	Zip Code	Telephone
				NEMPERATURE OB	SERVATIONS		
	Item/Location	1 2 3	Temp 40 40 50°	Dispusher		ltem/Lo Sour cr	
				At Mu	1840		· .
Item Number			ort must be cor		s below, or as stated in	sections 8-405.11	and 8-406.11 of the Food Code.
8	ite	7114	to wel,	s require	10 at 1	hand u	914 - (05)
20	Sa	lan	Unvar	out 3	tens c	50	٥
43	All	1 pro	bucq	6" off	pluon	۷.0	934 - (cos) s.
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					<u> </u>		
	Adam Tarah Maraka dan Madam an anama an anama						
:			2- 10	and the same of th			
,	Charge (Signato		abo	Wellow Hour	-		Date 2-4-09