

City of Portland Health Inspection Report

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Establishment Name <div style="font-size: 1.5em; margin-top: 10px;">Friendly's #1246</div>		No. of Risk Factor/Intervention Violations 		Date <u>10-3-07</u>	
		No. of Repeat Risk Factor/Intervention Violations 		Time In _____	
		Score (optional) <u>15</u>		Time Out _____	
License/Est. ID# <u>909</u>		Address <u>138 Riverside St</u>		City/State <u>PTL</u>	
License Posted <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Owner Name <u>Friendly Ice Cream Corp</u>		Purpose of Inspection	
				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	PIC present, demonstrates knowledge, and performs duties			516	IN OUT N/A N/O	Proper cooking time & temperatures		
Employee Health									
52	IN OUT	Management awareness; policy present			517	IN OUT N/A N/O	Proper reheating procedures for hot holding		
53	IN OUT	Proper use of reporting, restriction & Exclusion			518	IN OUT N/A N/O	Proper cooling time & temperature		
Good Hygienic Practices									
54	IN OUT N/O	Proper eating, tasting, drinking, or tobacco use			519	IN OUT N/A N/O	Proper hot holding temperatures		
55	IN OUT N/O	No discharge from eyes, nose, and mouth			520	IN OUT N/A	Proper cold holding temperatures		X
Preventing Contamination by Hands									
56	IN OUT N/O	Hands clean & properly washed			521	IN OUT N/A N/O	Proper date marking & disposition		
27	IN OUT N/A N/O	No bare hand contact with RTE foods or approved alternate method properly followed			522	IN OUT N/A N/O	Time as a public health control: procedures & record		
58	IN OUT	Adequate handwashing facilities supplied & accessible			Consumer Advisory				
Approved Source									
59	IN OUT	Food obtained from approved source			523	IN OUT N/A	Consumer advisory provided for raw or undercooked foods		
510	IN OUT N/A N/O	Food received at proper temperature			Highly Susceptible Populations				
511	IN OUT	Food in good condition, safe, & unadulterated			524	IN OUT N/A	Pasteurized foods used; prohibited foods not offered		
112	IN OUT N/A N/O	Required records available: shellstock tags, parasite destruction			Chemical				
Protection from Contamination									
213	IN OUT N/A	Food separated & protected			525	IN OUT N/A	Food additives: approved & properly used		
214	IN OUT N/A	Food-contact surfaces: cleaned & sanitized			526	IN OUT	Toxic substances properly identified, stored, & used		
515	IN 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.									
527	IN OUT N/A	Compliance with variance, specialized process, & HACCP plan							

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	X	Thermometers provided & accurate		X	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	X	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)

Date:

Health Inspector (Signature)

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

White copy - Inspections Office

Yellow copy - State

Pink copy - Customer

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Establishment Name Friendlig's #1246		As Authorized by 22 MRSA § 2496		Date 10/3/07	
License/EST. ID # 1246 909	Address 1855 139 Riverside Ave. Me	City/State	Zip Code	Telephone	

TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
				Freezer 1	-4°
Mayo dispenser	58°			cooler 1	40°
chicken	40	Dishwasher sanitizing	160°	cooler 2	40°
Hamburg	40	water temp	180°	cooler 3	40°
		Quat	200ppm		

OBSERVATIONS AND CORRECTIVE ACTIONS

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.

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.
20	Dispose of Mayo ^{on line at} End of day - (C.O.S.) 3.501.16
49	Prep sink is not properly plumbed 5.202.11 Requires Air gap per State Code
34	Thermometer required in EACH cooler (C.O.S.) 2.204.112

Person in Charge (Signature)

Diandra Stap
Seiz Hunt

Date

10/3/07

Health Inspector (Signature)

Date

10/3/07