

City of Portland Health Inspection Report

Establishment Name Jokers	No. of Risk Factor/Intervention Violations	12	Date	4-6-09
	No. of Repeat Risk Factor/Intervention Violations	12	Time In	
License/Est. ID#	Address	City/State	Zip Code	Telephone
09-259	510 Warren Ave	Portland ME		
License Posted <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Owner Name	Purpose of Inspection	Est. Type	Risk Category
		Complaint		

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		
5 1	IN OUT			5 16	IN OUT N/A N/O	
	PIC present, demonstrates knowledge, and performs duties			5 17	IN OUT N/A N/O	
Employee Health				5 18	IN OUT N/A N/O	
5 2	IN OUT			5 19	IN OUT N/A N/O	
5 3	IN OUT			5 20	IN OUT N/A N/O	
	Management awareness; policy present			5 21	IN OUT N/A N/O	
	Proper use of reporting, restriction & Exclusion			5 22	IN OUT N/A N/O	X
Good Hygienic Practices				Consumer Advisory		
5 4	IN OUT N/O			5 23	IN OUT N/A	
5 5	IN OUT N/O				Consumer advisory provided for raw or undercooked foods	
	Proper eating, tasting, drinking, or tobacco use			Highly Susceptible Populations		
	No discharge from eyes, nose, and mouth			5 24	IN OUT N/A	
Preventing Contamination by Hands				Chemical		
5 6	IN OUT N/O			5 25	IN OUT N/A	
2 7	IN OUT N/A N/O			5 26	IN OUT N/A	
	Hands clean & properly washed				Food additives: approved & properly used	
5 8	IN OUT				Toxic substances properly identified, stored, & used	
	No bare hand contact with RTE foods or approved alternate method properly followed			Conformance with Approved Procedures		
	Adequate handwashing facilities supplied & accessible			5 27	IN OUT N/A	
Approved Source					Compliance with variance, specialized process, & HACCP plan	
5 9	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.		
5 10	IN OUT N/A N/O					
5 11	IN OUT					
1 12	IN OUT N/A 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						
2 13	IN OUT N/A					
2 14	IN OUT N/A					
5 15	IN 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
5 28	Pasteurized eggs used where required			2 41	X In-use utensils: properly stored		
5 29	Water & ice from approved source			2 42	Utensils, equipment & linens: properly stored, dried & handled		
30	Variance obtained for specialized processing			2 43	Single-use & single-service articles: properly stored & used		
Food Temperature Control				2 44	Gloves used properly		
5 31	Proper cooling methods used; adequate equipment for temperature control			Utensil, Equipment and Vending			
5 32	Plant food properly cooked for hot holding			2 45	Food & non-food contact surfaces cleanable, properly designed, constructed, & used		
5 33	Approved thawing methods used			1 46	Warewashing facilities: installed, maintained, & used; test strips		
1 34	Thermometers provided & accurate			1 47	Non-food contact surfaces clean		
Food Identification				Physical Facilities			
1 35	Food properly labeled; original container			4 48	Hot & cold water available; adequate pressure		
Prevention of Food Contamination				5 49	X Plumbing installed; proper backflow devices		
4 36	Insects, rodents, & animals not present			5 50	X Sewage & waste water properly disposed		
2 37	X Contamination prevented during food preparation, storage & display			2 51	X Toilet facilities: properly constructed, supplied, & cleaned		
5 38	Personal cleanliness			2 52	Garbage & refuse properly disposed; facilities maintained		
1 39	Wiping cloths: properly used & stored			1 53	X Physical facilities installed, maintained, & clean		
1 40	Washing fruits & vegetables			1 54	X Adequate ventilation & lighting; designated areas used		

Person in Charge (Signature) *William Jeter* Date: *4/6/09*

Health Inspector (Signature) *Suzanne Hour* Follow-up: YES NO (circle one) Follow-up Date: *(7 Days) - 878-5800 Bill x 25*

City of Portland Health Inspection Report

Establishment Name Joker Family		As Authorized by 22 MRSA § 2496		Date 4-6-09	
License/EST. ID # 09-289	Address	City/State	Zip Code	Telephone	

TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Pool cooler 1	30°				
Pool cooler 2	40				
	40	3 Bay - Sanitize not working			
		Arm faucet / too short			

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.	Corrective Action	Status
21	Food not dated	Disposed up	✓
49	mop sink unusable	Set this up	✓
8	Hand sink needs repair		✓
53	Floor Dirty		
37	coolers Dirty		
37	Food Product on Floor		
53	Grease / Azen Floor Around Cook area		
41	handles in food product incorrect		✓
49	Fix 3 Bay faucet to access all 3 Bays		✓
41	Dirty utensils hanging in kitchen		✓
53	Degrease + clean all surfaces		
14	Set up 3 Bay to Sanitize		✓
26	Separate toxic chemicals in shelving		✓
51	replace missing Hand Dryer		✓
2	clean sinks		
54	lights in all coolers		✓

Person in Charge (Signature) <i>William Gato</i>	Date 4/4/09
Health Inspector (Signature) <i>Suz Hunt</i>	Date 874-8707