

City of Portland Health Inspection Report

Establishment Name <i>Sagamore Food Pantry</i>		No. of Risk Factor/Intervention Violations		Date <u>3-25-09</u>	
		No. of Repeat Risk Factor/Intervention Violations		Time In <u>10:31</u>	
License/Est. ID# <i>City 3033</i>		Address <i>21 Poppon St.</i>		City/State <i>Portland, Me.</i>	
License Posted <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Owner Name		Zip Code <i>04102</i>	
		Purpose of Inspection <i>Yearly</i>		Telephone <i>347-6125</i>	
				Score (optional) <u>100</u>	
				Time Out <u>10:55</u>	

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		Compliance Status			COS	
Supervision									
5 1	IN OUT	PIC present, demonstrates knowledge, and performs duties			Potentially Hazardous Food Time/Temperature				
Employee Health									
5 2	IN OUT	Management awareness; policy present			5 16	IN OUT N/A N/O	Proper cooking time & temperatures		
5 3	IN OUT	Proper use of reporting, restriction & Exclusion			5 17	IN OUT N/A N/O	Proper reheating procedures for hot holding		
Good Hygienic Practices									
5 4	IN OUT	N/O Proper eating, tasting, drinking, or tobacco use			5 18	IN OUT N/A N/O	Proper cooling time & temperature		
5 5	IN OUT	N/O No discharge from eyes, nose, and mouth			5 19	IN OUT N/A N/O	Proper hot holding temperatures		
Preventing Contamination by Hands									
5 6	IN OUT	N/O Hands clean & properly washed			5 20	IN OUT N/A	Proper cold holding temperatures		
2 7	IN OUT N/A N/O	No bare hand contact with RTE foods or approved alternate method properly followed			5 21	IN OUT N/A N/O	Proper date marking & disposition		
5 8	IN OUT	Adequate handwashing facilities supplied & accessible			5 22	IN OUT N/A N/O	Time as a public health control: procedures & record		
Approved Source									
5 9	IN OUT	Food obtained from approved source			Consumer Advisory				
5 10	IN OUT N/A N/O	Food received at proper temperature			5 23	IN OUT N/A	Consumer advisory provided for raw or undercooked foods		
5 11	IN OUT	Food in good condition, safe, & unadulterated			Highly Susceptible Populations				
1 12	IN OUT N/A N/O	Required records available: shellstock tags, parasite destruction			5 24	IN OUT N/A	Pasteurized foods used; prohibited foods not offered		
Protection from Contamination									
2 13	IN OUT	N/A Food separated & protected			Chemical				
2 14	IN OUT	N/A Food-contact surfaces: cleaned & sanitized			5 25	IN OUT N/A	Food additives: approved & properly used		
5 15	IN OUT	Proper disposition of returned, previously served, reconditioned, & unsafe food			5 26	IN OUT	Toxic substances properly identified, stored, & used		
Conformance with Approved Procedures									
5 27	IN OUT	N/A Compliance with variance, specialized process, & HACCP plan			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		Proper Use of Utensils			COS	
5 28		Pasteurized eggs used where required			2 41		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									
5 31		Proper cooling methods used; adequate equipment for temperature control			2 44		Gloves used properly		
5 32		Plant food properly cooked for hot holding			Utensil, Equipment and Vending				
5 33		Approved thawing methods used			2 45		Food & non-food contact surfaces cleanable, properly designed, constructed, & used		
1 34		Thermometers provided & accurate			1 46		Warewashing facilities: installed, maintained, & used; test strips		
Food Identification									
1 35		Food properly labeled; original container			1 47		Non-food contact surfaces clean		
Prevention of Food Contamination									
4 36		Insects, rodents, & animals not present			Physical Facilities				
2 37		Contamination prevented during food preparation, storage & display			4 48		Hot & cold water available; adequate pressure		
5 38		Personal cleanliness			5 49		Plumbing installed; proper backflow devices		
1 39		Wiping cloths: properly used & stored			5 50		Sewage & waste water properly disposed		
1 40		Washing fruits & vegetables			2 51		Toilet facilities: properly constructed, supplied, & cleaned		
					2 52		Garbage & refuse properly disposed; facilities maintained		
					1 53		Physical facilities installed, maintained, & clean		
					1 54		Adequate ventilation & lighting; designated areas used		

Person in Charge (Signature) *John Williams* Date: 3-25-09

Health Inspector (Signature) *[Signature]* Follow-up: YES NO (circle one) Follow-up Date: _____

City of Portland Health Inspection Report

Establishment Name

Sagamore Food Pantry

As Authorized by 22 MRSA § 2496

Date

3-25-09

License/EST. ID #

City 3033

Address

21 Poppon St.

City/State

Portland, Me.

Zip Code

04102

Telephone

347-6125

TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
<i>Refr.</i>	<i>34°</i>				
<i>Freezer</i>	<i>10°</i>				
<i>Refr.</i>	<i>34°</i>				
<i>Freezer</i>	<i>12°</i>				
<i>Water Temp.</i>	<i>12.2°</i>				

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

Person in Charge (Signature)

John Williams

Date *3-25-09*

Health Inspector (Signature)

Date *3-25-09*