

City of Portland Health Inspection Report

Establishment Name Turt's Sport Pub, Inc. / Joker		No. of Risk Factor/Intervention Violations 12		Date 10/30/07
		No. of Repeat Risk Factor/Intervention Violations 5		Time In _____
License/Est. ID# 10863		Address 510 Warren Ave		City/State Portland, ME
License Posted <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Owner Name James Gratelo		Zip Code 04103
		Purpose of Inspection Annual		Est. Type _____
		Score (optional) 88		Telephone 205.0705 207.878.5800
				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		Compliance Status			COS											
Supervision																			
51	IN	OUT	PIC present, demonstrates knowledge, and performs duties			Potentially Hazardous Food Time/Temperature													
Employee Health																			
52	IN	OUT	Management awareness; policy present			516	IN	OUT	N/A	N/O	Proper cooking time & temperatures								
53	IN	OUT	Proper use of reporting, restriction & Exclusion			517	IN	OUT	N/A	N/O	Proper reheating procedures for hot holding								
Good Hygienic Practices																			
54	IN	OUT	N/O	Proper eating, tasting, drinking, or tobacco use			518	IN	OUT	N/A	N/O	Proper cooling time & temperature							
55	IN	OUT	N/O	No discharge from eyes, nose, and mouth			519	IN	OUT	N/A	N/O	Proper hot holding temperatures							
Preventing Contamination by Hands																			
56	IN	OUT	N/O	Hands clean & properly washed			520	IN	OUT	N/A	N/O	Proper cold holding temperatures							
27	IN	OUT	N/A	N/O	No bare hand contact with RTE foods or approved alternate method properly followed			521	IN	OUT	N/A	N/O	Proper date marking & disposition						
58	IN	OUT		Adequate handwashing facilities supplied & accessible			522	IN	OUT	N/A	N/O	Time as a public health control: procedures & record							
Approved Source																			
59	IN	OUT		Food obtained from approved source			Consumer Advisory												
510	IN	OUT	N/A	N/O	Food received at proper temperature			523	IN	OUT	N/A	N/O	Consumer advisory provided for raw or undercooked foods						
511	IN	OUT		Food in good condition, safe, & unadulterated			Highly Susceptible Populations												
512	IN	OUT	N/A	N/O	Required records available: shellstock tags, parasite destruction			524	IN	OUT	N/A	N/O	Pasteurized foods used; prohibited foods not offered						
Protection from Contamination																			
213	IN	OUT	N/A	N/O	Food separated & protected			Chemical											
214	IN	OUT	N/A	N/O	Food-contact surfaces: cleaned & sanitized			525	IN	OUT	N/A	N/O	Food additives: approved & properly used						
515	IN	OUT		Proper disposition of returned, previously served, reconditioned, & unsafe food			526	IN	OUT			Toxic substances properly identified, stored, & used							
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							
528	IN	OUT	Pasteurized eggs used where required			241	IN	OUT	In-use utensils: properly stored						
529	IN	OUT	Water & ice from approved source			242	IN	OUT	Utensils, equipment & linens: properly stored, dried & handled						
30	IN	OUT	Variance obtained for specialized processing			243	IN	OUT	Single-use & single-service articles: properly stored & used						
Food Temperature Control															
531	IN	OUT	Proper cooling methods used; adequate equipment for temperature control			244	IN	OUT	Gloves used properly						
532	IN	OUT	Plant food properly cooked for hot holding			Utensil, Equipment and Vending									
533	IN	OUT	Approved thawing methods used			245	IN	OUT	Food & non-food contact surfaces cleanable, properly designed, constructed, & used						
134	IN	OUT	Thermometers provided & accurate			146	IN	OUT	Warewashing facilities: installed, maintained, & used; test strips						
Food Identification															
135	IN	OUT	Food properly labeled; original container			147	IN	OUT	Non-food contact surfaces clean						
Prevention of Food Contamination															
436	IN	OUT	Insects, rodents, & animals not present			Physical Facilities									
237	IN	OUT	Contamination prevented during food preparation, storage & display			448	IN	OUT	Hot & cold water available; adequate pressure						
538	IN	OUT	Personal cleanliness			549	IN	OUT	Plumbing installed; proper backflow devices						
539	IN	OUT	Wiping cloths: properly used & stored			550	IN	OUT	Sewage & waste water properly disposed						
140	IN	OUT	Washing fruits & vegetables			251	IN	OUT	Toilet facilities: properly constructed, supplied, & cleaned						
						252	IN	OUT	Garbage & refuse properly disposed; facilities maintained						
						153	IN	OUT	Physical facilities installed, maintained, & clean						
						154	IN	OUT	Adequate ventilation & lighting; designated areas used						

Person in Charge (Signature)

Date: **10/30/07**

Health Inspector (Signature)

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

City of Portland Health Inspection Report

Establishment Name <i>Turf's Sport Pub, Inc. / Jokers</i>		No. of Risk Factor/Intervention Violations <i>7</i>		Date <i>11/21/07</i>
License/Est. ID# <i>10663</i>		No. of Repeat Risk Factor/Intervention Violations <i>13</i>		Time In
Address <i>510 Warren Ave</i>		City/State <i>Portland, ME</i>		Time Out
License Posted <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Zip Code <i>04103</i>		Telephone <i>207.878.5800</i>
Owner Name <i>James Grathelo</i>		Purpose of Inspection <i>Re-Inspection</i>		Risk Category

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

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 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="checkbox"/> IN <input type="checkbox"/> OUT										
		PIC present, demonstrates knowledge, and performs duties									
Employee Health											
52	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT										
		Management awareness; policy present									
53	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT										
		Proper use of reporting, restriction & Exclusion									
Good Hygienic Practices											
54	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT										
		N/O Proper eating, tasting, drinking, or tobacco use									
55	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT										
		N/O No discharge from eyes, nose, and mouth									
Preventing Contamination by Hands											
56	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT										
		N/O Hands clean & properly washed									
27	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT										
		N/O No bare hand contact with RTE foods or approved alternate method properly followed									
58	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT										
		Adequate handwashing facilities supplied & accessible									
Approved Source											
59	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT										
		Food obtained from approved source									
510	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT										
		N/A N/O Food received at proper temperature									
511	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT										
		Food in good condition, safe, & unadulterated									
112	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT										
		N/A N/O Required records available: shellstock tags, parasite destruction									
Protection from Contamination											
213	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT										
		N/A Food separated & protected									
214	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT										
		N/A Food-contact surfaces: cleaned & sanitized									
515	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT										
		Proper disposition of returned, previously served, reconditioned, & unsafe food									
Potentially Hazardous Food Time/Temperature											
516	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT										
		N/A N/O Proper cooking time & temperatures									
517	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT										
		N/A N/O Proper reheating procedures for hot holding									
518	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT										
		N/A N/O Proper cooling time & temperature									
519	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT										
		N/A N/O Proper hot holding temperatures									
520	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT										
		N/A N/O Proper cold holding temperatures									
521	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT										
		N/A N/O Proper date marking & disposition									
522	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT										
		N/A N/O Time as a public health control: procedures & record									
Consumer Advisory											
523	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT										
		N/A Consumer advisory provided for raw or undercooked foods									
Highly Susceptible Populations											
524	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT										
		N/A Pasteurized foods used; prohibited foods not offered									
Chemical											
525	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT										
		N/A Food additives: approved & properly used									
526	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT										
		N/A Toxic substances properly identified, stored, & used									
Conformance with Approved Procedures											
527	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT										
		N/A Compliance with variance, specialized process, & HACCP plan									

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GOOD RETAIL PRACTICES

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Safe Food and Water		COS		R		Proper Use of Utensils		COS		R	
528	<input checked="" type="checkbox"/>					241	<input checked="" type="checkbox"/>				
		Pasteurized eggs used where required									
529	<input checked="" type="checkbox"/>					242	<input checked="" type="checkbox"/>				
		Water & ice from approved source									
30	<input checked="" type="checkbox"/>					243	<input checked="" type="checkbox"/>				
		Variance obtained for specialized processing									
Food Temperature Control											
531	<input checked="" type="checkbox"/>					244	<input checked="" type="checkbox"/>				
		Proper cooling methods used; adequate equipment for temperature control									
532	<input checked="" type="checkbox"/>					Utensil, Equipment and Vending					
		Plant food properly cooked for hot holding									
533	<input checked="" type="checkbox"/>					245	<input checked="" type="checkbox"/>				
		Approved thawing methods used									
134	<input checked="" type="checkbox"/>					146	<input checked="" type="checkbox"/>				
		Thermometers provided & accurate									
Food Identification											
135	<input checked="" type="checkbox"/>					147	<input checked="" type="checkbox"/>				
		Food properly labeled; original container									
Prevention of Food Contamination											
436	<input checked="" type="checkbox"/>					Physical Facilities					
		Insects, rodents, & animals not present									
237	<input checked="" type="checkbox"/>					448	<input checked="" type="checkbox"/>				
		Contamination prevented during food preparation, storage & display									
538	<input checked="" type="checkbox"/>					549	<input checked="" type="checkbox"/>				
		Personal cleanliness									
39	<input checked="" type="checkbox"/>					550	<input checked="" type="checkbox"/>				
		Wiping cloths: properly used & stored									
140	<input checked="" type="checkbox"/>					251	<input checked="" type="checkbox"/>				
		Washing fruits & vegetables									
		252 Garbage & refuse properly disposed; facilities maintained									
		153 Physical facilities installed, maintained, & clean									
		154 Adequate ventilation & lighting; designated areas used									

Person in Charge (Signature) *[Signature]* Date: *11/21/07*

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

