

293 A006

City of Portland Health Inspection Report

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Establishment Name McDonald		No. of Risk Factor/Intervention Violations		Date 4-06-09	
License/Est. ID# -970-		Address 1208 Forest		City/State OR	
License Posted Expires 1/2012		Owner Name Quintel CO.		Purpose of Inspection reinspection	
[] Yes [] No		Score (optional) 100		Time In _____	
				Time Out _____	
		Zip Code		Telephone	
		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							
5 1	<input checked="" type="radio"/> IN <input type="radio"/> OUT			PIC present, demonstrates knowledge, and performs duties			
Employee Health							
5 2	<input checked="" type="radio"/> IN <input type="radio"/> OUT			Management awareness; policy present			
5 3	<input checked="" type="radio"/> IN <input type="radio"/> OUT			Proper use of reporting, restriction & Exclusion			
Good Hygienic Practices							
5 4	<input checked="" type="radio"/> IN <input type="radio"/> OUT	<input checked="" type="radio"/> N/O		Proper eating, tasting, drinking, or tobacco use			
5 5	<input checked="" type="radio"/> IN <input type="radio"/> OUT	<input checked="" type="radio"/> N/O		No discharge from eyes, nose, and mouth			
Preventing Contamination by Hands							
5 6	<input checked="" type="radio"/> IN <input type="radio"/> OUT	<input checked="" type="radio"/> N/O		Hands clean & properly washed			
2 7	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	<input checked="" type="radio"/> N/O		No bare hand contact with RTE foods or approved alternate method properly followed			
5 8	<input checked="" type="radio"/> IN <input type="radio"/> OUT			Adequate handwashing facilities supplied & accessible			
Approved Source							
5 9	<input checked="" type="radio"/> IN <input type="radio"/> OUT			Food obtained from approved source			
5 10	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	<input checked="" type="radio"/> N/O		Food received at proper temperature			
5 11	<input checked="" type="radio"/> IN <input type="radio"/> OUT			Food in good condition, safe, & unadulterated			
1 12	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	<input checked="" type="radio"/> N/O		Required records available: shellstock tags, parasite destruction			
Protection from Contamination							
2 13	<input checked="" type="radio"/> IN <input type="radio"/> OUT	<input type="radio"/> N/A		Food separated & protected			
2 14	<input checked="" type="radio"/> IN <input type="radio"/> OUT	<input type="radio"/> N/A		Food-contact surfaces: cleaned & sanitized			
5 15	<input checked="" type="radio"/> IN <input type="radio"/> OUT			Proper disposition of returned, previously served, reconditioned, & unsafe food			
Potentially Hazardous Food Time/Temperature							
5 16	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	<input checked="" type="radio"/> N/O		Proper cooking time & temperatures			
5 17	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	<input checked="" type="radio"/> N/O		Proper reheating procedures for hot holding			
5 18	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	<input checked="" type="radio"/> N/O		Proper cooling time & temperature			
5 19	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	<input checked="" type="radio"/> N/O		Proper hot holding temperatures			
5 20	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	<input checked="" type="radio"/> N/O		Proper cold holding temperatures			
5 21	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	<input checked="" type="radio"/> N/O		Proper date marking & disposition			
5 22	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	<input checked="" type="radio"/> N/O		Time as a public health control: procedures & record			
Consumer Advisory							
5 23	<input checked="" type="radio"/> IN <input type="radio"/> OUT	<input checked="" type="radio"/> N/A		Consumer advisory provided for raw or undercooked foods			
Highly Susceptible Populations							
5 24	<input checked="" type="radio"/> IN <input type="radio"/> OUT	<input checked="" type="radio"/> N/A		Pasteurized foods used; prohibited foods not offered			
Chemical							
5 25	<input checked="" type="radio"/> IN <input type="radio"/> OUT	<input checked="" type="radio"/> N/A		Food additives: approved & properly used			
5 26	<input checked="" type="radio"/> IN <input type="radio"/> OUT			Toxic substances properly identified, stored, & used			
Conformance with Approved Procedures							
5 27	<input checked="" type="radio"/> IN <input type="radio"/> OUT	<input checked="" type="radio"/> 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	R	Proper Use of Utensils		COS	R
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)

Layne A. Welch

Date:

4-06-09

Health Inspector (Signature)

Suzanne Hunt

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

City of Portland Health Inspection Report

Establishment Name McDonalds		No. of Risk Factor/Intervention Violations	12	Date	March 24
		No. of Repeat Risk Factor/Intervention Violations	12	Time In	-09
		Score (optional)	76	Time Out	
License/Est. ID#	Address	City/State	Zip Code	Telephone	
	1208 First Ave	P.L. Me			
License Posted [] Yes [] No	Owner Name	Purpose of Inspection	Est. Type	Risk Category	
	McDonald	Annual			

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	Supervision	Employee Health	Good Hygienic Practices	Preventing Contamination by Hands	Approved Source	Protection from Contamination	COS	R
5 1	IN OUT	PIC present, demonstrates knowledge, and performs duties						
5 2	IN OUT	Management awareness; policy present						
5 3	IN OUT	Proper use of reporting, restriction & Exclusion						
5 4	IN OUT N/O	Proper eating, tasting, drinking, or tobacco use						
5 5	IN OUT N/O	No discharge from eyes, nose, and mouth						
5 6	IN OUT N/O	Hands clean & properly washed						
2 7	IN OUT N/A N/O	No bare hand contact with RTE foods or approved alternate method properly followed						
5 8	IN OUT	Adequate handwashing facilities supplied & accessible						
5 9	IN OUT	Food obtained from approved source						
5 10	IN OUT N/A N/O	Food received at proper temperature						
5 11	IN OUT	Food in good condition, safe, & unadulterated						
1 12	IN OUT N/A N/O	Required records available: shellstock tags, parasite destruction						
2 13	IN OUT N/A	Food separated & protected						
2 14	IN OUT N/A	Food-contact surfaces: cleaned & sanitized						
5 15	IN OUT	Proper disposition of returned, previously served, reconditioned, & unsafe food						

Compliance Status	Potentially Hazardous Food Time/Temperature	Consumer Advisory	Highly Susceptible Populations	Chemical	Conformance with Approved Procedures	COS	R
5 16	IN OUT N/A N/O	Proper cooking time & temperatures					
5 17	IN OUT N/A N/O	Proper reheating procedures for hot holding					
5 18	IN OUT N/A N/O	Proper cooling time & temperature					
5 19	IN OUT N/A N/O	Proper hot holding temperatures					
5 20	IN OUT N/A	Proper cold holding temperatures					
5 21	IN OUT N/A N/O	Proper date marking & disposition					
5 22	IN OUT N/A N/O	Time as a public health control: procedures & record					
5 23	IN OUT N/A	Consumer advisory provided for raw or undercooked foods					
5 24	IN OUT N/A	Pasteurized foods used; prohibited foods not offered					
5 25	IN OUT N/A	Food additives: approved & properly used					
5 26	IN OUT	Toxic substances properly identified, stored, & used					
5 27	IN OUT N/A	Compliance with variance, specialized process, & HACCP plan					

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Compliance Status	Safe Food and Water	Food Temperature Control	Food Identification	Prevention of Food Contamination	COS	R
5 28	Pasteurized eggs used where required					
5 29	Water & ice from approved source					
30	Variance obtained for specialized processing					
5 31	Proper cooling methods used; adequate equipment for temperature control					
5 32	Plant food properly cooked for hot holding					
5 33	Approved thawing methods used					
1 34	Thermometers provided & accurate					
1 35	Food properly labeled; original container					
4 36	Insects, rodents, & animals not present					
2 37	Contamination prevented during food preparation, storage & display					
5 38	Personal cleanliness					
1 39	Wiping cloths: properly used & stored					
1 40	Washing fruits & vegetables					

Compliance Status	Proper Use of Utensils	Utensil, Equipment and Vending	Physical Facilities	COS	R
2 41	In-use utensils: properly stored				
2 42	Utensils, equipment & linens: properly stored, dried & handled				
2 43	Single-use & single-service articles: properly stored & used				
2 44	Gloves used properly				
2 45	Food & non-food contact surfaces cleanable, properly designed, constructed, & used				
1 46	Warewashing facilities: installed, maintained, & used; test strips				
1 47	Non-food contact surfaces clean				
4 48	Hot & cold water available; adequate pressure				
5 49	Plumbing installed; proper backflow devices				
5 50	Sewage & waste water properly disposed				
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) M. Ward

Date: 3-24-09

Health Inspector (Signature) Sgt Hunt 574 8707

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

City of Portland Health Inspection Report

Establishment Name McDonald's		As Authorized by 22 MRSA § 2496		Date 3-24-09	
License/EST. ID #	Address 1208	City/State PTL MC	Zip Code	Telephone	

TEMPERATURE OBSERVATIONS					
Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
		Dishwasher		Walk in cooler 1	47°
		no sanitizer in sanitize cycle			40°

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	Description
X	Do NOT HANG JACKET'S ABOVE FOOD PRODUCT
(2) 14	Test strips for available by area to use ✓ Dishwasher sanitizer cycle means no sanitizer - ✓
N 49	(Dishwasher) discharge backing up into sink
(1) 53	When was grease trap last cleaned? ✓ Dishwash area is NOT clean - ✓
49	Air gap discharge from soda dispenser ✓ must be ABOVE rim - 1" - ✓
(5) 49	Hand wash sink is DIRTY - & faucet is leaking - dripping -
(5) 31	Freezer by grill needs repair cover ✓ walls & floor in grill area need dec.
(8) 20	Thermometers required in all coolers - Walk in at 47° @ 9:33 + 9:46 ✓
(1) 34	Several coolers do NOT have working thermometers ✓

Person in Charge (Signature) M. Mendez	Date
Health Inspector (Signature) Suz Hunt 874 8707	Date