

# City of Portland Health Inspection Report

Establishment Name <i>Reeley The Katers</i>		No. of Risk Factor/Intervention Violations		Date <i>3-9-09</i>	
		No. of Repeat Risk Factor/Intervention Violations		Time In <i>11:12</i>	
License/Est. ID# <i>990</i>		Address <i>178 Waver Ave.</i>		City/State <i>Portland, Me.</i>	
License Posted <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Owner Name <i>Reeley The Katers, Inc.</i>		Purpose of Inspection <i>Yearly</i>	
Zip Code <i>04102</i>		Telephone <i>797-3550</i>		Score (optional) <i>96</i>	
Time Out <i>12:09</i>		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
<b>Supervision</b>							
51	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT			PIC present, demonstrates knowledge, and performs duties			
<b>Employee Health</b>							
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			
<b>Good Hygienic Practices</b>							
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			
<b>Preventing Contamination by Hands</b>							
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/A	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			
<b>Approved Source</b>							
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			
<b>Protection from Contamination</b>							
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			
<b>Potentially Hazardous Food Time/Temperature</b>							
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		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			
<b>Consumer Advisory</b>							
523	<input type="checkbox"/> IN <input type="checkbox"/> OUT	<input checked="" type="checkbox"/> N/A		Consumer advisory provided for raw or undercooked foods			
<b>Highly Susceptible Populations</b>							
524	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	N/A		Pasteurized foods used; prohibited foods not offered			
<b>Chemical</b>							
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			Toxic substances properly identified, stored, & used			
<b>Conformance with Approved Procedures</b>							
527	<input checked="" type="checkbox"/> IN <input type="checkbox"/> 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	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	<input checked="" type="checkbox"/> Single-use & single-service articles: properly stored & used		
<b>Food Temperature Control</b>							
531	Proper cooling methods used; adequate equipment for temperature control			244	Gloves used properly		
532	Plant food properly cooked for hot holding			<b>Utensil, Equipment and Vending</b>			
533	Approved thawing methods used			245	<input checked="" type="checkbox"/> Food & non-food contact surfaces cleanable, properly designed, constructed, & used		
134	Thermometers provided & accurate			146	Warewashing facilities: installed, maintained, & used; test strips		
<b>Food Identification</b>							
135	Food properly labeled; original container			147	Non-food contact surfaces clean		
<b>Prevention of Food Contamination</b>							
436	Insects, rodents, & animals not present			<b>Physical Facilities</b>			
237	Contamination prevented during food preparation, storage & display			448	Hot & cold water available; adequate pressure		
538	Personal cleanliness			549	Plumbing installed; proper backflow devices		
139	Wiping cloths: properly used & stored			550	Sewage & waste water properly disposed		
140	Washing fruits & vegetables			251	Toilet facilities: properly constructed, supplied, & cleaned		
				252	Garbage & refuse properly disposed; facilities maintained		
				153	Physical facilities installed, maintained, & clean		
				154	Adequate ventilation & lighting; designated areas used		

Person in Charge (Signature) *Steph P. Kennedy*

Date: *3-9-09*

Health Inspector (Signature) *[Signature]*

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

City of Portland Health Inspection Report

Establishment Name <i>Kelly The Katerer</i>		As Authorized by 22 MRSA § 2496		Date <i>3-9-09</i>	
License/EST. ID # <i>990</i>	Address <i>17B Warren Ave.</i>	City/State <i>Portland, Me.</i>	Zip Code <i>04102</i>	Telephone <i>797-3550</i>	

TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
<i>Walk-in cooler</i>	<i>34°</i>				
<i>" " freezer</i>	<i>-20°</i>				
<i>Dishwasher</i>	<i>170°</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	Description	Code
<i>*43</i>	<i>Product must be 6" up off floor</i>	<i>4-903</i>
<i>*45</i>	<i>Fix cond. in walk-in cooler water dripping on floor</i>	<i>4-202</i>
	<i>PFD: issues</i>	
	<i>1. Extension cords</i>	
	<i>2. outlets by sink + near door</i>	
	<i>3. Plug on coffee machine (replaced)</i>	
	<i>4. Cord + plug - food warmer (replaced)</i>	

Person in Charge (Signature) <i>x Kelly P. Kelly</i>	Date <i>3-9-09</i>
Health Inspector (Signature) <i>[Signature]</i>	Date <i>3-9-09</i>