

City of Portland Health Inspection Report

Establishment Name <i>Tortilla Fact</i>	No. of Risk Factor/Intervention Violations	Date <i>12-10-08</i>		
	No. of Repeat Risk Factor/Intervention Violations	Time In <i>10:30 AM</i>		
	Score (optional) <i>89</i>	Time Out <i>11:45 AM</i>		
License/Est. ID# <i>937</i>	Address <i>1871 Forest Ave</i>	City/State <i>Portland, Me</i>	Zip Code <i>04103</i>	Telephone <i>797-8729</i>
License Posted <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Owner Name <i>Tortilla Fact, Inc.</i>	Purpose of Inspection <i>Yearly</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
Supervision				Potentially Hazardous Food Time/Temperature			
5 1	<input checked="" type="radio"/> IN <input type="radio"/> OUT			5 16	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
	PIC present, demonstrates knowledge, and performs duties			5 17	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
Employee Health				Consumer Advisory			
5 2	<input checked="" type="radio"/> IN <input type="radio"/> OUT			5 23	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A		
5 3	<input checked="" type="radio"/> IN <input type="radio"/> OUT				Consumer advisory provided for raw or undercooked foods		
	Management awareness; policy present			Highly Susceptible Populations			
	Proper use of reporting, restriction & Exclusion			5 24	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A		
Good Hygienic Practices				Chemical			
5 4	<input checked="" type="radio"/> IN <input type="radio"/> OUT	N/O		5 25	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A		
5 5	<input checked="" type="radio"/> IN <input type="radio"/> OUT	N/O		5 26	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
	Proper eating, tasting, drinking, or tobacco use				Food additives: approved & properly used		
	No discharge from eyes, nose, and mouth				Toxic substances properly identified, stored, & used		
Preventing Contamination by Hands				Conformance with Approved Procedures			
5 6	<input checked="" type="radio"/> IN <input type="radio"/> OUT	N/O		5 27	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A		
2 7	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O				Compliance with variance, specialized process, & HACCP plan		
	Hands clean & properly washed			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 8	<input checked="" type="radio"/> IN <input type="radio"/> OUT						
	No bare hand contact with RTE foods or approved alternate method properly followed						
Approved Source							
5 9	<input checked="" type="radio"/> IN <input type="radio"/> OUT						
5 10	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O						
5 11	<input checked="" type="radio"/> IN <input type="radio"/> OUT						
1 12	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> 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	<input checked="" type="radio"/> IN <input type="radio"/> OUT	N/A					
2 14	<input checked="" type="radio"/> IN <input type="radio"/> OUT	N/A					
5 15	<input checked="" type="radio"/> IN <input type="radio"/> 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	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	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> Plumbing installed; proper backflow devices		
4 36	Insects, rodents, & animals not present			5 50	Sewage & waste water properly disposed		
2 37	Contamination prevented during food preparation, storage & display			2 51	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	Physical facilities installed, maintained, & clean		
1 40	Washing fruits & vegetables			1 54	Adequate ventilation & lighting; designated areas used		

Person in Charge (Signature) <i>[Signature]</i>	Date: <i>Dec. 10, 2008</i>
Health Inspector (Signature) <i>[Signature]</i>	Follow-up: YES <input type="radio"/> NO <input checked="" type="radio"/> (circle one) Follow-up Date:

