

338-J015001

# City of Portland Health Inspection Report

Establishment Name <i>Youth Alternatives</i>	No. of Risk Factor/Intervention Violations		Score (optional) <input checked="" type="checkbox"/>	Date <i>6-26-07</i>
	No. of Repeat Risk Factor/Intervention Violations			Time In _____
				Time Out _____
License/Est. ID#	Address <i>1819 Forest Ave</i>	City/State <i>PTL</i>	Zip Code <i>(93)</i>	Telephone _____
License Posted [ ] Yes [X] No	Owner Name <i>Youth Alternative</i>	Purpose of Inspection <i>New establishment</i>	Est. Type <i>residential facility</i>	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	IN OUT			516	IN OUT N/A N/O		
			✓				
<b>Employee Health</b>							
52	IN OUT			517	IN OUT N/A N/O		
			✓				
53	IN OUT			518	IN OUT N/A N/O		
			✓				
<b>Good Hygienic Practices</b>							
54	IN OUT	N/O		519	IN OUT N/A N/O		
55	IN OUT	N/O		520	IN OUT N/A		
<b>Preventing Contamination by Hands</b>							
56	IN OUT	N/O		521	IN OUT N/A N/O		
27	IN OUT N/A N/O			522	IN OUT N/A N/O		
58	IN OUT			<b>Consumer Advisory</b>			
				523	IN OUT	N/A	
<b>Approved Source</b>							
59	IN OUT			<b>Highly Susceptible Populations</b>			
				524	IN OUT	N/A	
510	IN OUT N/A N/O			<b>Chemical</b>			
				525	IN OUT	N/A	
511	IN OUT						
				526	IN OUT		
112	IN OUT N/A N/O			<b>Compliance with Approved Procedures</b>			
				527	IN OUT	N/A	
<b>Protection from Contamination</b>							
213	IN OUT	N/A		<b>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.</b>			
214	IN OUT	N/A					
515	IN OUT						

## 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	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	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) *[Signature]* Date: *6/26/07*

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

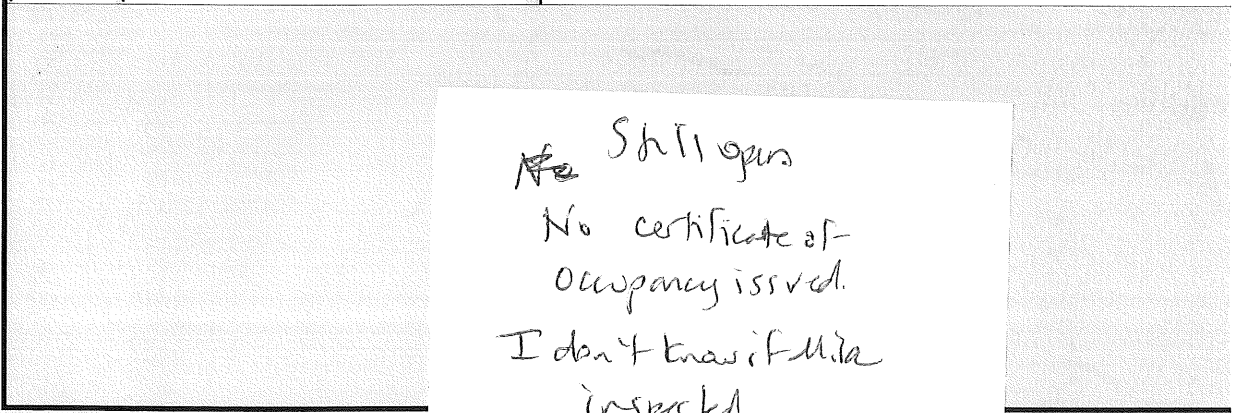


This data is provided by the Assessor's Office and is current as of Apr. 12, 2007 Fees

CBL	338 J015001	Acct No	35660	Property Address	1519 FOREST AVE	View
Owner Name 1	CASTLE GROUP LLC			Property Type	RESIDENTIAL	Dist#: 5 View
Name 2				Description	338-J-15-16-25 FOREST AVE 1519-1525	View
Mailing Address	1519 FOREST AVE					View
City, State, Zip	PORTLAND	ME	04103		14510 SF	

Prop Info	Inspections	Site Plans	Permits	Complaints	Food/Water Cmpl.	Documents	Letters	Pro
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Date/Time	Staff/Contact	Street	Parcel ID	Appl ID	Appl Type	Type
01/16/07	Michael Collins	1519 FOREST AVE	338 J015001	61811	Prmt	Certificate of Occupa
2:30 PM						Call Kane @ 415-7844
12/27/06	Arthur Rowe	1519 FOREST AVE	338 J015001	0	Food	Food Service Inspect
6:00 AM						New Food Service for new group home - morning is better - 523-5059 Ju



*He still open*  
 No certificate of  
 occupancy issued.  
 I don't know if Mike  
 inspected.  
 Food insp?  
 old pool permit

New	Scheduling	
ow Complaint	Close	
ow Inspection	Print	
ew Site Plan	View Permit	
roperty Mgmt	Fees	Taxe

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