

340-A-55

# State of Maine Health Inspection Report

Establishment Name <b>Reed School</b>		As Authorized by 22 MRSA §2496		No. of Risk Factor/Intervention Violations		Date	
License/EST. ID# <b>973</b>		Address <b>28 Homestead</b>		City/State <b>Portland</b>		Zip Code	
License Posted <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Owner Name <b>Portland Super</b>		Purpose of Inspection		Est. Type <b>Sch-Comm Mkt</b>	
				No. of Repeat Risk Factor/Intervention Violations		Time In	
				Score (optional)		Time Out	
						Telephone	

## 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>							
<input checked="" type="radio"/> IN	<input type="radio"/> OUT			<b>Potentially Hazardous Food Time/Temperature</b>			
				16	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A
<b>Employee Health</b>							
2	<input checked="" type="radio"/> IN	<input type="radio"/> OUT		17	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A
3	<input checked="" type="radio"/> IN	<input type="radio"/> OUT		18	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A
<b>Good Hygienic Practices</b>							
4	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/O	19	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A
5	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/O	20	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A
<b>Preventing Contamination by Hands</b>							
6	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/O	21	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A
7	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	22	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A
8	<input checked="" type="radio"/> IN	<input type="radio"/> OUT		<b>Consumer Advisory</b>			
<b>Approved Source</b>							
9	<input checked="" type="radio"/> IN	<input type="radio"/> OUT		23	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A
10	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<b>Highly Susceptible Populations</b>			
11	<input checked="" type="radio"/> IN	<input type="radio"/> OUT		24	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A
12	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<b>Chemical</b>			
<b>Protection from Contamination</b>							
13	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	25	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A
14	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	26	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	
15	<input checked="" type="radio"/> IN	<input type="radio"/> OUT		<b>Conformance with Approved Procedures</b>			
<b>GOOD RETAIL PRACTICES</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.

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
28	Pasteurized eggs used where required			41	In-use utensils: properly stored		
29	Water & ice from approved source			42	Utensils, equipment & linens: properly stored, dried, & handled		
30	Variance obtained for specialized processing methods			43	Single-use & single-service articles: properly stored & used		
<b>Food Temperature Control</b>							
31	Proper cooling methods used; adequate equipment for temperature control			44	Gloves used properly		
32	Plant food properly cooked for hot holding			<b>Utensils, Equipment and Vending</b>			
33	Approved thawing methods used			45	Food & non-food contact surfaces cleanable, properly designed, constructed, & used		
34	Thermometers provided & accurate			46	Warewashing facilities: installed, maintained, & used; test strips		
<b>Food Identification</b>							
35	Food properly labeled; original container			47	Non-food contact surfaces clean		
<b>Prevention of Food Contamination</b>							
36	Insects, rodents, & animals not present			<b>Physical Facilities</b>			
37	Contamination prevented during food preparation, storage & display			48	Hot & cold water available; adequate pressure		
38	Personal cleanliness			49	Plumbing installed; proper backflow devices		
39	Wiping cloths: properly used & stored			50	Sewage & waste water properly disposed		
40	Washing fruits & vegetables			51	Toilet facilities: properly constructed, supplied, & cleaned		
				52	Garbage & refuse properly disposed; facilities maintained		
				53	Physical facilities installed, maintained, & clean		
				54	Adequate ventilation & lighting; designated areas used		

Person in Charge (Signature) *[Signature]*

Date: **1/4/06**

Health Inspector (Signature) *[Signature]*

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