

City of Portland Health Inspection Report

Establishment Name Reed School	No. of Risk Factor/Intervention Violations	Date 11/07/07
	No. of Repeat Risk Factor/Intervention Violations 1	Time In _____
License/Est. ID# 937	Address 28 Homestead Ave	City/State Portland, ME
License Posted <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Owner Name Portland Supr School com	Purpose of Inspection Annual
	Score (optional) (99)	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							
51	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT			Potentially Hazardous Food Time/Temperature			
	PIC present, demonstrates knowledge, and performs duties			516	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		
Employee Health							
52	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT			517	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		
53	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT			518	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		
	Management awareness; policy present			519	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		
	Proper use of reporting, restriction & Exclusion			520	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A		
Good Hygienic Practices							
54	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	<input type="checkbox"/> N/O		521	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		
55	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	<input type="checkbox"/> N/O		522	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		
	Proper eating, tasting, drinking, or tobacco use						
	No discharge from eyes, nose, and mouth			Consumer Advisory			
Preventing Contamination by Hands							
56	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	<input type="checkbox"/> N/O		523	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A		
27	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O			Highly Susceptible Populations			
	No bare hand contact with RTE foods or approved alternate method properly followed			524	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A		
58	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT			Chemical			
	Adequate handwashing facilities supplied & accessible			525	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A		
Approved Source							
59	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT			526	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT		
510	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O			Conformance with Approved Procedures			
511	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT			527	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A		
112	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O			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.			
	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							
213	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A						
214	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A						
515	<input checked="" type="checkbox"/> IN <input type="checkbox"/> 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
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		
Food Temperature Control							
531	Proper cooling methods used; adequate equipment for temperature control			244	Gloves used properly		
532	Plant food properly cooked for hot holding			Utensil, Equipment and Vending			
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		
Food Identification							
135	Food properly labeled; original container			147	Non-food contact surfaces clean		
Prevention of Food Contamination							
436	Insects, rodents, & animals not present			Physical Facilities			
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)

Bill Vent

Date:

11/07/07

Health Inspector (Signature)

[Signature]

Follow-up: YES NO (circle one)

Follow-up Date:

