

340-A055

# City of Portland Health Inspection Report

Establishment Name <i>Red Central Kitchen</i>	No. of Risk Factor/Intervention Violations	Date <i>11-30-10</i>		
	No. of Repeat Risk Factor/Intervention Violations	Time In		
	Score (optional) <b>89</b>	Time Out		
License/Est. ID#	Address <i>28 Homestead</i>	City/State <i>PL - Me.</i>	Zip Code	Telephone
License Posted [ ] Yes [ ] No	Owner Name <i>PK School Department</i>	Purpose of Inspection <i>Annual</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>									
5 1	IN	OUT			5 16	IN	OUT	N/A	N/O
		PIC present, demonstrates knowledge, and performs duties			<b>Potentially Hazardous Food Time/Temperature</b>				
<b>Employee Health</b>									
5 2	IN	OUT			5 17	IN	OUT	N/A	N/O
		Management awareness; policy present			Proper reheating procedures for hot holding				
5 3	IN	OUT			5 18	IN	OUT	N/A	N/O
		Proper use of reporting, restriction & Exclusion			Proper cooling time & temperature				
<b>Good Hygienic Practices</b>									
5 4	IN	OUT	N/O		5 19	IN	OUT	N/A	N/O
		Proper eating, tasting, drinking, or tobacco use			Proper hot holding temperatures				
5 5	IN	OUT	N/O		5 20	IN	OUT	N/A	N/O
		No discharge from eyes, nose, and mouth			Proper cold holding temperatures				
<b>Preventing Contamination by Hands</b>									
5 6	IN	OUT	N/O		5 21	IN	OUT	N/A	N/O
		Hands clean & properly washed			Proper date marking & disposition				
2 7	IN	OUT	N/A	N/O	5 22	IN	OUT	N/A	N/O
		No bare hand contact with RTE foods or approved alternate method properly followed			Time as a public health control: procedures & record				
5 8	IN	OUT			<b>Consumer Advisory</b>				
		Adequate handwashing facilities supplied & accessible			5 23	IN	OUT	N/A	
<b>Approved Source</b>									
		Consumer advisory provided for raw or undercooked foods			<b>Highly Susceptible Populations</b>				
5 9	IN	OUT			5 24	IN	OUT	N/A	
		Food obtained from approved source			Pasteurized foods used; prohibited foods not offered				
5 10	IN	OUT	N/A	N/O	<b>Chemical</b>				
		Food received at proper temperature			5 25	IN	OUT	N/A	
5 11	IN	OUT			Food additives: approved & properly used				
		Food in good condition, safe, & unadulterated			5 26	IN	OUT		
1 12	IN	OUT	N/A	N/O	Toxic substances properly identified, stored, & used				
		Required records available: shellstock tags, parasite destruction			<b>Conformance with Approved Procedures</b>				
<b>Protection from Contamination</b>									
2 13	IN	OUT	N/A		5 27	IN	OUT	N/A	
		Food separated & protected			Compliance with variance, specialized process, & HACCP plan				
2 14	IN	OUT	N/A		<b>Risk factors</b> 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-contact surfaces: cleaned & sanitized							
5 15	IN	OUT							
		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		
<b>Food Temperature Control</b>									
5 31		Proper cooling methods used; adequate equipment for temperature control			2 44		Gloves used properly		
5 32		Plant food properly cooked for hot holding			<b>Utensil, Equipment and Vending</b>				
5 33		Approved thawing methods used			2 45		Food & non-food contact surfaces cleanable, properly designed, constructed, & used		
1 34	X	Thermometers provided & accurate			1 46		Warewashing facilities: installed, maintained, & used; test strips		
<b>Food Identification</b>									
1 35		Food properly labeled; original container			1 47		Non-food contact surfaces clean		
<b>Prevention of Food Contamination</b>									
4 36		Insects, rodents, & animals not present			<b>Physical Facilities</b>				
2 37		Contamination prevented during food preparation, storage & display			4 48		Hot & cold water available; adequate pressure		
5 38		Personal cleanliness			5 49	X	Plumbing installed; proper backflow devices		
1 39		Wiping cloths: properly used & stored			5 50	X	Sewage & waste water properly disposed		
1 40		Washing fruits & vegetables			2 51		Toilet facilities: properly constructed, supplied, & cleaned		
					2 52		Garbage & refuse properly disposed; facilities maintained		
					1 53		Physical facilities installed, maintained, & clean		
					1 54		Adequate ventilation & lighting; designated areas used		

Person in Charge (Signature) *[Signature]*

Date: *11/29/10*

Health Inspector (Signature) *[Signature]*

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

# City of Portland Health Inspection Report

Establishment Name <i>Red Conrad Kitchen</i>		As Authorized by 22 MRSA § 2496		Date <i>Nov 30-10</i>	
License/EST. ID #	Address <i>28 Honeysteam</i>	City/State <i>Portland, Me</i>	Zip Code	Telephone	

### TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
		<i>2 Bay sink</i>		<i>cooler 1 - (40)</i>	<i>= 36</i>
				<i>2 - (38)</i>	<i>- 40</i>
		<i>Dishwasher</i>			<i>42°</i>
		<i>w/ bleach sanitizer</i>		<i># 3 (52)</i>	<i>- 40</i>
				<i># 4 30</i>	<i>- 40</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
<i>49</i>	<i>Back flow on cooler in sink</i>
<i>49</i>	<i>Food Prep Sink must be insulated or cooler used</i>
<i>49</i>	<i>Back flow in veggie room</i>
<i>8</i>	<i>dirty hand sink in each space</i>
<i>8</i>	<i>NO HANDWASH in warewash area -</i>
	<i>NO Proper Code compliant Food Prep Sink</i>
	<i>Clear Emergency EXIT.</i>
	<i>NO 3 Bay in Dish Wash Room</i>
<i>34</i>	<i>Correct/repair Temperature Gauge @ each cooler</i>

Person in Charge (Signature) <i>[Signature]</i>	Date <i>11/29/10</i>
Health Inspector (Signature)	Date