

City of Portland Health Inspection Report

343-C013

Establishment Name <i>Casco Bay School</i>		No. of Risk Factor/Intervention Violations		Date <i>12-1-10</i>	
		No. of Repeat Risk Factor/Intervention Violations		Time In _____	
		Score (optional) (8)		Time Out _____	
License/Est. ID#	Address <i>Allen Ave</i>	City/State <i>Portland Me</i>	Zip Code	Telephone	
License Posted [] Yes [] No	Owner Name <i>School Personnel</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	
Supervision										
5	1	<input checked="" type="radio"/> IN <input type="radio"/> OUT			Potentially Hazardous Food Time/Temperature					
PIC present, demonstrates knowledge, and performs duties					5	16	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			Proper cooking time & temperatures
Employee Health					5	17	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			Proper reheating procedures for hot holding
5	2	<input checked="" type="radio"/> IN <input type="radio"/> OUT			5	18	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			Proper cooling time & temperature
Management awareness; policy present					5	19	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			Proper hot holding temperatures
5	3	<input checked="" type="radio"/> IN <input type="radio"/> OUT			5	20	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			Proper cold holding temperatures
Proper use of reporting, restriction & Exclusion					5	21	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			Proper date marking & disposition
Good Hygienic Practices										
5	4	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/O			5	22	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			Time as a public health control: procedures & record
Proper eating, tasting, drinking, or tobacco use					Consumer Advisory					
5	5	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/O			5	23	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			Consumer advisory provided for raw or undercooked foods
No discharge from eyes, nose, and mouth					Highly Susceptible Populations					
Preventing Contamination by Hands										
5	6	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/O			5	24	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			Pasteurized foods used; prohibited foods not offered
Hands clean & properly washed					Chemical					
2	7	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			5	25	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			Food additives: approved & properly used
No bare hand contact with RTE foods or approved alternate method properly followed					5	26	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			Toxic substances properly identified, stored, & used
5	8	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			Conformance with Approved Procedures					
Adequate handwashing facilities supplied & accessible					5	27	<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
Approved Source										
5	9	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> 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										
5	10	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O								
Food received at proper temperature										
5	11	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O								
Food in good condition, safe, & unadulterated										
1	12	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			GOOD RETAIL PRACTICES					
Required records available: shellstock tags, parasite destruction										
Protection from Contamination										
2	13	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.					
Food separated & protected					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					
2	14	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			Safe Food and Water					
Food-contact surfaces: cleaned & sanitized					5	28	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			Pasteurized eggs used where required
5	15	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			5	29	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			Water & ice from approved source
Proper disposition of returned, previously served, reconditioned, & unsafe food					5	30	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			Variance obtained for specialized processing

Safe Food and Water			COS	R	Proper Use of Utensils			COS	R	
5	28	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			2	41	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			In-use utensils: properly stored
Pasturized eggs used where required					2	42	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			Utensils, equipment & linens: properly stored, dried & handled
5	29	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			2	43	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			Single-use & single-service articles: properly stored & used
Water & ice from approved source					2	44	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			Gloves used properly
5	30	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			Utensil, Equipment and Vending					
Variance obtained for specialized processing					2	45	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			Food & non-food contact surfaces cleanable, properly designed, constructed, & used
Food Temperature Control										
5	31	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			1	46	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			Warewashing facilities: installed, maintained, & used; <u>test strips</u>
Proper cooling methods used; adequate equipment for temperature control					1	47	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			Non-food contact surfaces clean
5	32	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			Physical Facilities					
Plant food properly cooked for hot holding					4	48	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			Hot & cold water available; adequate pressure
5	33	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			5	49	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			Plumbing installed; proper backflow devices
Approved thawing methods used					5	50	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			Sewage & waste water properly disposed
1	34	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			2	51	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			Toilet facilities: properly constructed, supplied, & cleaned
Thermometers provided & accurate					2	52	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			Garbage & refuse properly disposed; facilities maintained
Food Identification										
1	35	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			1	53	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			Physical facilities installed, maintained, & clean
Food properly labeled; original container					1	54	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			Adequate ventilation & lighting; designated areas used
Prevention of Food Contamination										
4	36	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O								
Insects, rodents, & animals not present										
2	37	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O								
Contamination prevented during food preparation, storage & display										
5	38	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O								
Personal cleanliness										
1	39	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O								
Wiping cloths: properly used & stored										
1	40	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O								
Washing fruits & vegetables										

Person in Charge (Signature) *[Signature]* Date: *12-01-10*

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

City of Portland Health Inspection Report

Establishment Name Casco Bay Seafood		As Authorized by 22 MRSA § 2496		Date Dec 1-10	
License/EST. ID #	Address Allen Ave	City/State ML ME	Zip Code	Telephone	

TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
		Quat @ 400 ppm		hamsan Chile	110
		no dishes cleaned here		(out for 20 minutes)	
				cola @	48°

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	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.
(2)	Delivery at Casco Bay is @ <u>8 A.M</u>
(5)	IN proper USE of sanitizer
(1)	no hand sink
(1)	no test strips
	Institute
(5)	NO Equipment for Hot Hold (not adequate)
	Institute Daily chart of
	- cooler temps
	- Hot + cold food temp at delivery -
	- Sanitizer Mix
(1)	{ NO water / soap bucket on line -
	{ NO rinse Bucket on line =
(X)	Quat at 400 ppm
(5)	Hot Hold off for chile

Person in Charge (Signature) 	Date 12/1/10
Health Inspector (Signature) 	Date 12-01-10