

(mailed) I Sent a state application 3/20/09 ~~OUT~~ 344-C-006

City of Portland Health Inspection Report

Establishment Name North Deering Congregational Church		No. of Risk Factor/Intervention Violations		Date 3/20/09	
		No. of Repeat Risk Factor/Intervention Violations		Time In 9:35	
License/Est. ID#		Address 1364 Washington		City/State Portland	
License Posted [] Yes [X] No None on site		Owner Name Mark Rustin		Purpose of Inspection Annual	
		Zip Code 04103		Telephone	
		Est. Type 57		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	IN	OUT				PIC present, demonstrates knowledge, and performs duties					
Employee Health											
5 2	IN	OUT				Management awareness; policy present					
5 3	IN	OUT				Proper use of reporting, restriction & Exclusion					
Good Hygienic Practices											
5 4	IN	OUT	N/O			Proper eating, tasting, drinking, or tobacco use					
5 5	IN	OUT	N/O			No discharge from eyes, nose, and mouth					
Preventing Contamination by Hands											
5 6	IN	OUT	N/O			Hands clean & properly washed					
2 7	IN	OUT	N/A	N/O		No bare hand contact with RTE foods or approved alternate method properly followed					
5 8	IN	OUT				Adequate handwashing facilities supplied & accessible					
Approved Source											
5 9	IN	OUT				Food obtained from approved source					
5 10	IN	OUT	N/A	N/O		Food received at proper temperature					
5 11	IN	OUT				Food in good condition, safe, & unadulterated					
1 12	IN	OUT	N/A	N/O		Required records available: shellstock tags, parasite destruction					
Protection from Contamination											
2 13	IN	OUT	N/A			Food separated & protected					
2 14	IN	OUT	N/A			Food-contact surfaces: cleaned & sanitized					
5 15	IN	OUT				Proper disposition of returned, previously served, reconditioned, & unsafe food					
Potentially Hazardous Food Time/Temperature											
5 16	IN	OUT	N/A	N/O		Proper cooking time & temperatures					
5 17	IN	OUT	N/A	N/O		Proper reheating procedures for hot holding					
5 18	IN	OUT	N/A	N/O		Proper cooling time & temperature					
5 19	IN	OUT	N/A	N/O		Proper hot holding temperatures					
5 20	IN	OUT	N/A			Proper cold holding temperatures					
5 21	IN	OUT	N/A	N/O		Proper date marking & disposition					
5 22	IN	OUT	N/A	N/O		Time as a public health control: procedures & record					
Consumer Advisory											
5 23	IN	OUT	N/A			Consumer advisory provided for raw or undercooked foods					
Highly Susceptible Populations											
5 24	IN	OUT	N/A			Pasteurized foods used; prohibited foods not offered					
Chemical											
5 25	IN	OUT	N/A			Food additives: approved & properly used					
5 26	IN	OUT				Toxic substances properly identified, stored, & used					
Conformance with Approved Procedures											
5 27	IN	OUT	N/A			Compliance with variance, specialized process, & HACCP plan					

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

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				
Food Temperature Control											
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					Utensil, Equipment and Vending					
5 33	Approved thawing methods used					2 45	Food & non-food contact surfaces cleanable, properly designed, constructed, & used				
1 34	Thermometers provided & accurate					1 46	Warewashing facilities: installed, maintained, & used; test strips				
Food Identification											
1 35	Food properly labeled; original container					1 47	Non-food contact surfaces clean				
Prevention of Food Contamination											
4 36	Insects, rodents, & animals not present					Physical Facilities					
2 37	Contamination prevented during food preparation, storage & display					4 48	Hot & cold water available; adequate pressure				
5 38	Personal cleanliness					5 49	Plumbing installed; proper backflow devices				
1 39	Wiping cloths: properly used & stored					5 50	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) Date: **3/20/09**

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

344-C-006

City of Portland Health Inspection Report

Establishment Name

North Deerny Cong. Church

As Authorized by 22 MRSA § 2496

Date 3/20/09

License/EST. ID #

Address

1364 Wash Ave

City/State

Portland

Zip Code

04103

Telephone

TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Water	120°				
Fridge	36°				
High temp DW	187°				
Soup Chowder	180°				

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

~~1~~ Lunch served on Fridays chowder, lobster rolls etc.

Person in Charge (Signature)

[Signature]

Date

3/20/09

Health Inspector (Signature)

Seamus Burke

Date

3/20/09