

City of Portland Health Inspection Report

Establishment Name <i>Espo's Trattoria - Allen Ave</i>		No. of Risk Factor/Intervention Violations 6	Date <i>01/30/08</i>
License/Est. ID# <i>19311</i>		No. of Repeat Risk Factor/Intervention Violations	Time In
Address <i>318 Allen Ave</i>		Score (optional) 78	Time Out
License Posted <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	City/State <i>Portland, ME</i>	Zip Code	Telephone <i>(207) 774-7923</i>
Owner Name <i>Gabrielle, LLC</i>	Purpose of Inspection <i>FSE - Complaint</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				Potentially Hazardous Food Time/Temperature			
5 1	<input checked="" type="radio"/> IN <input type="radio"/> OUT			5 16	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
	PIC present, demonstrates knowledge, and performs duties		<input checked="" type="checkbox"/>	5 17	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
Employee Health				Consumer Advisory			
5 2	<input checked="" type="radio"/> IN <input type="radio"/> OUT			5 23	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A		
	Management awareness; policy present		<input checked="" type="checkbox"/>		Consumer advisory provided for raw or undercooked foods		
5 3	<input checked="" type="radio"/> IN <input type="radio"/> OUT			Highly Susceptible Populations			
	Proper use of reporting, restriction & Exclusion		<input checked="" type="checkbox"/>	5 24	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A		
Good Hygienic Practices				Chemical			
5 4	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/O			5 25	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A		
	Proper eating, tasting, drinking, or tobacco use				Food additives: approved & properly used		
5 5	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/O			5 26	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
	No discharge from eyes, nose, and mouth				Toxic substances properly identified, stored, & used		
Preventing Contamination by Hands				Conformance with Approved Procedures			
5 6	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/O			5 27	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A		
	Hands clean & properly washed				Compliance with variance, specialized process, & HACCP plan		
2 7	<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.			
	No bare hand contact with RTE foods or approved alternate method properly followed		<input checked="" type="checkbox"/>				
5 8	<input checked="" type="radio"/> IN <input type="radio"/> OUT						
	Adequate handwashing facilities supplied & accessible		<input checked="" type="checkbox"/>				
Approved Source							
5 9	<input checked="" type="radio"/> IN <input type="radio"/> OUT						
	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						
	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						
	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						
	Food separated & protected						
2 14	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A						
	Food-contact surfaces: cleaned & sanitized		<input checked="" type="checkbox"/>				
5 15	<input checked="" type="radio"/> IN <input type="radio"/> OUT						
	Proper disposition of returned, previously served, reconditioned, & unsafe food		<input checked="" type="checkbox"/>				

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				2 44	Gloves used properly		
5 31	Proper cooling methods used; adequate equipment for temperature control			Utensil, Equipment and Vending			
5 32	Plant food properly cooked for hot holding			2 45	Food & non-food contact surfaces cleanable, properly designed, constructed, & used		
5 33	Approved thawing methods used			1 46	Warewashing facilities: installed, maintained, & used; test strips		
1 34	Thermometers provided & accurate			1 47	Non-food contact surfaces clean		
Food Identification				Physical Facilities			
1 35	Food properly labeled; original container			4 48	Hot & cold water available; adequate pressure		
Prevention of Food Contamination				5 49	Plumbing installed; proper backflow devices		
4 36	Insects, rodents, & animals not present			5 50	Sewage & waste water properly disposed		
2 37	Contamination prevented during food preparation, storage & display			2 51	Toilet facilities: properly constructed, supplied, & cleaned		
5 38	Personal cleanliness			2 52	Garbage & refuse properly disposed; facilities maintained		
1 39	Wiping cloths: properly used & stored		<input checked="" type="checkbox"/>	1 53	Physical facilities installed, maintained, & clean		
1 40	Washing fruits & vegetables		<input checked="" type="checkbox"/>	1 54	Adequate ventilation & lighting; designated areas used		

Person in Charge (Signature) *Mary Roman*

Date: *01/30/08*

Health Inspector (Signature) *[Signature]*

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

DIVISION OF ENVIRONMENTAL HEALTH MASTER COMPLAINT RECORD

INTAKE

COMPLAINT #: 08-016 ESTABLISHMENT CITED IN COMPLAINT & ID#: Espo's ID# 17311

DATE/TIME OF OCCURRENCE: December 6, 2007

INTAKE DATE/TIME OF COMPLAINT: 1/24/08 8am

LOCATION OF ESTABLISHMENT: Portland, Maine

COMPLAINT DESCRIPTION:

Complainant states the following:

1. Cutting boards are black and have large grooves in them.
2. Linens (napkins) are stored wrapped in the broom closet however, when some are retrieved the rest are left uncovered.
3. Disinfectant used is windex. No bleach is used. Hot water, soap, and windex are mixed together to wash counters, tables etc.
4. Plastic take out containers (black bottoms and white covers) are reused for cheese trays.
5. No lights in the kitchen for cooks. Only light is from window and dining room.
6. Raw chicken and salad is being made on the same counter. Question wash, rinse, and sanitize procedure.
7. Staff clean bathrooms in the am, and do not handwash before food prep and service. Uniforms are not changed either.

NATURE OF COMPLAINT: ILLNESS/HEALTH RELATED SANITATION/ENVIRONMENT

HYGENIC PRACTICES FOOD/INJURY SAFETY OTHER

RECEIVED BY: Lisa Brown

INVESTIGATION

PERSON (S) INTERVIEWED: Diane Romano POSITION(S): Gen. Manager

INSPECTION RESULTS: O N F INSPECTION REPORT: Y N

CORRECTIVE ACTION: Review of Health Policy/ Procedures

HEALTH INSPECTOR COMMENTS: Gen. Manager demonstrated knowledge between the prevention of foodborne illness & control of the following: (1) cross-contamination, (2) hand contact w/ Ready-To-Eat foods (3) Handwashing, & (4) Maintaining the food Est in a clean condition/ food repair.

SIGNATURE OF HEALTH INSPECTOR: [Signature] DATE: 01/30/08

SIGNATURE OF PERSON IN CHARGE: Diane E Romano

REFERRALS

	DATE/INITIAL		DATE/INITIAL
<input type="checkbox"/> DEPARTMENT OF AGRICULTURE	_____	<input type="checkbox"/> DISEASE CONTROL	_____
<input type="checkbox"/> DRINKING WATER PROGRAM	_____	<input checked="" type="checkbox"/> MUNICIPALITIES	1/24/08 LB <u>[Signature]</u>
<input type="checkbox"/> WASTE WATER PROGRAM	_____	<input type="checkbox"/> DEPARTMENT OF EDUCATION	_____
<input type="checkbox"/> MARINE RESOURCES	_____	<input type="checkbox"/> INLAND FISHERIES AND WILDLIFE	_____
<input type="checkbox"/> FIRE MARSHAL	_____	<input type="checkbox"/> STATE POLICE	_____
<input type="checkbox"/> LIQUOR LICENSING	_____	<input type="checkbox"/> BOARD OF PESTICIDE CONTROL	_____
<input type="checkbox"/> TOBACCO ENFORCEMENT	_____	<input type="checkbox"/> OTHER	_____

DOA	287-3841	Marine Resources	624-6550	South Portland Mun.	767-7603	Auburn Mun.	333-6600	SP	800-452-4664
DWP	287-7690	Fire Marshal	626-3880	Portland Mun.	874-8700	DOC	287-2211	BOP	287-2731
WWP	287-5672	Disease Control	287-5195	Lewiston Mun.	784-2951	IF&W	287-2766		