

355-A-12 (95)

City of Portland Health Inspection Report

Establishment Name Victory Lane Go KART Racing		No. of Risk Factor/Intervention Violations	Date 5/15/08
License/Est. ID# Pending Application		No. of Repeat Risk Factor/Intervention Violations	Time In
Address 1119 Riverside ST		Score (optional)	Time Out
License Posted [] Yes [X] No	Owner Name Rich Vance	City/State PORTLAND	Telephone 207-797-9399
Purpose of Inspection Initial		Zip Code 04103	Risk Category Low (Pre packaged)
Est. Type FSE w/out prep			

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item
 IN= in compliance OUT=not in compliance N/O=not observed N/A=not applicable
 Mark "X" in appropriate box for COS and/or R
 COS=corrected on-site during inspection R=repeat violation

Compliance Status	COS	R
Supervision		
5 1 <input type="radio"/> IN <input type="radio"/> OUT		
PIC present, demonstrates knowledge, and performs duties		
Employee Health		
5 2 <input type="radio"/> IN <input type="radio"/> OUT		
Management awareness; policy present		
5 3 <input type="radio"/> IN <input type="radio"/> OUT		
Proper use of reporting, restriction & Exclusion		
Good Hygienic Practices		
5 4 <input type="radio"/> IN <input type="radio"/> OUT	N/O	
Proper eating, tasting, drinking, or tobacco use		
5 5 <input type="radio"/> IN <input type="radio"/> OUT	N/O	
No discharge from eyes, nose, and mouth		
Preventing Contamination by Hands		
5 6 <input type="radio"/> IN <input type="radio"/> OUT	N/O	
Hands clean & properly washed		
2 7 <input type="radio"/> IN <input type="radio"/> OUT	N/A	N/O
No bare hand contact with RTE foods or approved alternate method properly followed		
5 8 <input type="radio"/> IN <input type="radio"/> OUT		
Adequate handwashing facilities supplied & accessible		
Approved Source		
5 9 <input type="radio"/> IN <input type="radio"/> OUT		
Food obtained from approved source		
5 10 <input type="radio"/> IN <input type="radio"/> OUT	N/A	N/O
Food received at proper temperature		
5 11 <input type="radio"/> IN <input type="radio"/> OUT		
Food in good condition, safe, & unadulterated		
1 12 <input type="radio"/> IN <input type="radio"/> OUT	N/A	N/O
Required records available: shellstock tags, parasite destruction		
Protection from Contamination		
2 13 <input type="radio"/> IN <input type="radio"/> OUT	N/A	
Food separated & protected		
2 14 <input type="radio"/> IN <input type="radio"/> OUT	N/A	
Food-contact surfaces: cleaned & sanitized		
5 15 <input type="radio"/> IN <input type="radio"/> OUT		
Proper disposition of returned, previously served, reconditioned, & unsafe food		

Compliance Status	COS	R
Potentially Hazardous Food Time/Temperature		
5 16 <input type="radio"/> IN <input type="radio"/> OUT	N/A	N/O
Proper cooking time & temperatures		
5 17 <input type="radio"/> IN <input type="radio"/> OUT	N/A	N/O
Proper reheating procedures for hot holding		
5 18 <input type="radio"/> IN <input type="radio"/> OUT	N/A	N/O
Proper cooling time & temperature		
5 19 <input type="radio"/> IN <input type="radio"/> OUT	N/A	N/O
Proper hot holding temperatures		
5 20 <input type="radio"/> IN <input type="radio"/> OUT	N/A	
Proper cold holding temperatures		
5 21 <input type="radio"/> IN <input type="radio"/> OUT	N/A	N/O
Proper date marking & disposition		
5 22 <input type="radio"/> IN <input type="radio"/> OUT	N/A	N/O
Time as a public health control: procedures & record		
Consumer Advisory		
5 23 <input type="radio"/> IN <input type="radio"/> OUT	N/A	
Consumer advisory provided for raw or undercooked foods		
Highly Susceptible Populations		
5 24 <input type="radio"/> IN <input type="radio"/> OUT	N/A	
Pasteurized foods used; prohibited foods not offered		
Chemical		
5 25 <input type="radio"/> IN <input type="radio"/> OUT	N/A	
Food additives: approved & properly used		
5 26 <input type="radio"/> IN <input type="radio"/> OUT		
Toxic substances properly identified, stored, & used		
Conformance with Approved Procedures		
5 27 <input type="radio"/> IN <input type="radio"/> 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

Compliance Status	COS	R
Safe Food and Water		
5 28 <input type="radio"/> IN <input type="radio"/> OUT		
Pasteurized eggs used where required		
5 29 <input type="radio"/> IN <input type="radio"/> OUT		
Water & ice from approved source		
30 <input type="radio"/> IN <input type="radio"/> OUT		
Variance obtained for specialized processing		
Food Temperature Control		
5 31 <input type="radio"/> IN <input type="radio"/> OUT		
Proper cooling methods used; adequate equipment for temperature control		
5 32 <input type="radio"/> IN <input type="radio"/> OUT		
Plant food properly cooked for hot holding		
5 33 <input type="radio"/> IN <input type="radio"/> OUT		
Approved thawing methods used		
1 34 <input type="radio"/> IN <input type="radio"/> OUT		
Thermometers provided & accurate in Freezer		
Food Identification		
1 35 <input type="radio"/> IN <input type="radio"/> OUT		
Food properly labeled; original container		
Prevention of Food Contamination		
4 36 <input type="radio"/> IN <input type="radio"/> OUT		
Insects, rodents, & animals not present		
2 37 <input type="radio"/> IN <input type="radio"/> OUT		
Contamination prevented during food preparation, storage & display		
5 38 <input type="radio"/> IN <input type="radio"/> OUT		
Personal cleanliness		
1 39 <input type="radio"/> IN <input type="radio"/> OUT		
Wiping cloths: properly used & stored		
1 40 <input type="radio"/> IN <input type="radio"/> OUT		
Washing fruits & vegetables		

Compliance Status	COS	R
Proper Use of Utensils		
2 41 <input type="radio"/> IN <input type="radio"/> OUT		
In-use utensils: properly stored		
2 42 <input type="radio"/> IN <input type="radio"/> OUT		
Utensils, equipment & linens: properly stored, dried & handled		
2 43 <input type="radio"/> IN <input type="radio"/> OUT		
Single-use & single-service articles: properly stored & used		
2 44 <input type="radio"/> IN <input type="radio"/> OUT		
Gloves used properly		
Utensil, Equipment and Vending		
2 45 <input type="radio"/> IN <input type="radio"/> OUT		
Food & non-food contact surfaces cleanable, properly designed, constructed, & used		
1 46 <input type="radio"/> IN <input type="radio"/> OUT		
Warewashing facilities: installed, maintained, & used; test strips		
1 47 <input type="radio"/> IN <input type="radio"/> OUT		
Non-food contact surfaces clean		
Physical Facilities		
4 48 <input type="radio"/> IN <input type="radio"/> OUT		
Hot & cold water available; adequate pressure		
5 49 <input type="radio"/> IN <input type="radio"/> OUT		
Plumbing installed; proper backflow devices		
5 50 <input type="radio"/> IN <input type="radio"/> OUT		
Sewage & waste water properly disposed		
2 51 <input type="radio"/> IN <input type="radio"/> OUT		
Toilet facilities: properly constructed, supplied, & cleaned		
2 52 <input type="radio"/> IN <input type="radio"/> OUT		
Garbage & refuse properly disposed; facilities maintained		
1 53 <input type="radio"/> IN <input type="radio"/> OUT		
Physical facilities installed, maintained, & clean		
1 54 <input type="radio"/> IN <input type="radio"/> OUT		
Adequate ventilation & lighting; designated areas used		

Person in Charge (Signature) *Lauren Cabral*

Date: **5/15/08**

Health Inspector (Signature) *Thomas M. Marilly*

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

