

City of Portland Health Inspection Report

Establishment Name <i>Bogey's Bar + Grill</i>		Risk Factor/Intervention Violations <i>0</i>	Date <i>6/5/08</i>
License/Est. ID# <i>18658</i>		No. of Repeat Risk Factor/Intervention Violations <i>0</i>	Time In
Address <i>1158 Riverside</i>		Score (optional)	Time Out
City/State <i>Portland</i>	Zip Code <i>04103</i>	Telephone	
License Posted <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Owner Name <i>Edward Everest</i>	Purpose of Inspection <i>Regular</i>	Est. Type <i>01</i>
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
Supervision			
5 1	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT		
PIC present, demonstrates knowledge, and performs duties			
Employee Health			
5 2	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT		
Management awareness; policy present			
5 3	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT		
Proper use of reporting, restriction & Exclusion			
Good Hygienic Practices			
5 4	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O		
Proper eating, tasting, drinking, or tobacco use			
5 5	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O		
No discharge from eyes, nose, and mouth			
Preventing Contamination by Hands			
5 6	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O		
Hands clean & properly washed			
2 7	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O		
No bare hand contact with RTE foods or approved alternate method properly followed			
5 8	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT		
Adequate handwashing facilities supplied & accessible			
Approved Source			
5 9	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT		
Food obtained from approved source			
5 10	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O		
Food received at proper temperature			
5 11	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT		
Food in good condition, safe, & unadulterated			
1 12	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O		
Required records available: shellstock tags, parasite destruction			
Protection from Contamination			
2 13	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A		
Food separated & protected			
2 14	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A		
Food-contact surfaces: cleaned & sanitized			
5 15	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT		
Proper disposition of returned, previously served, reconditioned, & unsafe food			

Compliance Status		COS	R
Potentially Hazardous Food Time/Temperature			
5 16	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O		
Proper cooking time & temperatures			
5 17	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O		
Proper reheating procedures for hot holding			
5 18	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O		
Proper cooling time & temperature			
5 19	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O		
Proper hot holding temperatures			
5 20	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A		
Proper cold holding temperatures			
5 21	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O		
Proper date marking & disposition			
5 22	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O		
Time as a public health control: procedures & record			
Consumer Advisory			
5 23	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A		
Consumer advisory provided for raw or undercooked foods			
Highly Susceptible Populations			
5 24	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A		
Pasteurized foods used; prohibited foods not offered			
Chemical			
5 25	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A		
Food additives: approved & properly used			
5 26	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT		
Toxic substances properly identified, stored, & used			
Conformance with Approved Procedures			
5 27	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT		
Pasteurized eggs used where required			
5 29	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT		
Water & ice from approved source			
30	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT		
Variance obtained for specialized processing			
Food Temperature Control			
5 31	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT		
Proper cooling methods used; adequate equipment for temperature control			
5 32	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT		
Plant food properly cooked for hot holding			
5 33	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT		
Approved thawing methods used			
1 34	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> X		
Thermometers provided & accurate			
Food Identification			
1 35	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT		
Food properly labeled; original container			
Prevention of Food Contamination			
4 36	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT		
Insects, rodents, & animals not present			
2 37	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT		
Contamination prevented during food preparation, storage & display			
5 38	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT		
Personal cleanliness			
1 39	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT		
Wiping cloths: properly used & stored			
1 40	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT		
Washing fruits & vegetables			

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

Person in Charge (Signature) *Paul Jones*

Date: *6-5-08*

Health Inspector (Signature) *[Signature]*

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

