

374-3012

City of Portland Health Inspection Report

Establishment Name <i>Lysetta Elementary</i>		No. of Risk Factor/Intervention Violations		Date <i>3-31-09</i>	
License/Est. ID# <i>849</i>		Address <i>28 Hines Street N</i>		City/State <i>OR</i>	
License Posted <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Owner Name <i>PK School</i>		Purpose of Inspection <i>ANNUAL</i>	
		No. of Repeat Risk Factor/Intervention Violations		Score (optional) <i>98</i>	
		Zip Code		Telephone	
		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
Supervision				
5 1	<input checked="" type="radio"/> IN <input type="radio"/> OUT	PIC present, demonstrates knowledge, and performs duties		
Employee Health				
5 2	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Management awareness; policy present		
5 3	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Proper use of reporting, restriction & Exclusion		
Good Hygienic Practices				
5 4	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/O	Proper eating, tasting, drinking, or tobacco use		
5 5	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/O	No discharge from eyes, nose, and mouth		
Preventing Contamination by Hands				
5 6	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/O	Hands clean & properly washed		
2 7	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A <input checked="" type="radio"/> N/O	No bare hand contact with RTE foods or approved alternate method properly followed		
5 8	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Adequate handwashing facilities supplied & accessible		
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 checked="" type="radio"/> N/A <input checked="" 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 checked="" type="radio"/> N/A <input checked="" 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 checked="" type="radio"/> N/A	Food separated & protected		
2 14	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A	Food-contact surfaces: cleaned & sanitized		
5 15	<input checked="" 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 checked="" type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A <input checked="" type="radio"/> N/O	Proper cooking time & temperatures		
5 17	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A <input checked="" type="radio"/> N/O	Proper reheating procedures for hot holding		
5 18	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A <input checked="" type="radio"/> N/O	Proper cooling time & temperature		
5 19	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A <input checked="" type="radio"/> N/O	Proper hot holding temperatures		
5 20	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A	Proper cold holding temperatures		
5 21	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A <input checked="" type="radio"/> N/O	Proper date marking & disposition		
5 22	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A <input checked="" type="radio"/> N/O	Time as a public health control: procedures & record		
Consumer Advisory				
5 23	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A	Consumer advisory provided for raw or undercooked foods		
Highly Susceptible Populations				
5 24	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A	Pasteurized foods used; prohibited foods not offered		
Chemical				
5 25	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A	Food additives: approved & properly used		
5 26	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Toxic substances properly identified, stored, & used		
Conformance with Approved Procedures				
5 27	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> 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="radio"/> IN <input type="radio"/> OUT	Pasteurized eggs used where required		
5 29	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Water & ice from approved source		
30	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Variance obtained for specialized processing		
Food Temperature Control				
5 31	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Proper cooling methods used; adequate equipment for temperature control		
5 32	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Plant food properly cooked for hot holding		
5 33	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Approved thawing methods used		
1 34	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Thermometers provided & accurate		
Food Identification				
1 35	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Food properly labeled; original container		
Prevention of Food Contamination				
4 36	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Insects, rodents, & animals not present		
2 37	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Contamination prevented during food preparation, storage & display		
5 38	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Personal cleanliness		
1 39	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Wiping cloths: properly used & stored		
1 40	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Washing fruits & vegetables		

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

Person in Charge (Signature)

Date:

Health Inspector (Signature)

Suzanne

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

City of Portland Health Inspection Report

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Establishment Name

Lysbeth Ehrenfeld

As Authorized by 22 MRSA § 2496

Date

3-31-09

License/EST. ID #

Address

29th Avenue

City/State

OR

Zip Code

Telephone

TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
	<i>40°</i>	<i>SANITIZER</i>	<i>OK</i>		
		<i>SPRAY</i>	<i>OK</i>		

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.
<i>46</i>	<i>Test strips required on site for sanitizer mix</i>
<i>34</i>	<i>Replace thermometer in milk cooler</i>

Person in Charge (Signature)

Jean Woodson

Date

Health Inspector (Signature)

Suzanne Ann

Date