

374-13012

City of Portland Health Inspection Report

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Establishment Name

Lyman Moore Middle

No. of Risk Factor/Intervention Violations

No. of Repeat Risk Factor/Intervention Violations

Score (optional) 78

Date 3-31-09

Time In _____

Time Out _____

License/Est. ID#

7606

Address

28 Homestead Ave

City/State

OR

Zip Code

Telephone

License Posted

Yes No

Owner Name

PS School Depart.

Purpose of Inspection

Annual

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"/> OUT		
PIC present, demonstrates knowledge, and performs duties			
Employee Health			
5 2	<input checked="" type="radio"/> IN		
Management awareness; policy present			
5 3	<input checked="" type="radio"/> IN		
Proper use of reporting, restriction & Exclusion			
Good Hygienic Practices			
5 4	<input checked="" type="radio"/> IN		
Proper eating, tasting, drinking, or tobacco use			
5 5	<input checked="" type="radio"/> IN		
No discharge from eyes, nose, and mouth			
Preventing Contamination by Hands			
5 6	<input checked="" type="radio"/> IN		
Hands clean & properly washed			
2 7	<input checked="" type="radio"/> IN		
No bare hand contact with RTE foods or approved alternate method properly followed			
5 8	<input checked="" type="radio"/> IN		
Adequate handwashing facilities supplied & accessible			
Approved Source			
5 9	<input checked="" type="radio"/> IN		
Food obtained from approved source			
5 10	<input checked="" type="radio"/> IN		
Food received at proper temperature			
5 11	<input checked="" type="radio"/> IN		
Food in good condition, safe, & unadulterated			
1 12	<input checked="" type="radio"/> IN		
Required records available: shellstock tags, parasite destruction			
Protection from Contamination			
2 13	<input checked="" type="radio"/> IN		
Food separated & protected			
2 14	<input checked="" type="radio"/> IN		
Food-contact surfaces: cleaned & sanitized			
5 15	<input checked="" type="radio"/> IN		
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		
Proper cooking time & temperatures			
5 17	<input checked="" type="radio"/> IN		
Proper reheating procedures for hot holding			
5 18	<input checked="" type="radio"/> IN		
Proper cooling time & temperature			
5 19	<input checked="" type="radio"/> IN		
Proper hot holding temperatures			
5 20	<input checked="" type="radio"/> IN		
Proper cold holding temperatures			
5 21	<input checked="" type="radio"/> IN		
Proper date marking & disposition			
5 22	<input checked="" type="radio"/> IN		
Time as a public health control: procedures & record			
Consumer Advisory			
5 23	<input checked="" type="radio"/> IN		
Consumer advisory provided for raw or undercooked foods			
Highly Susceptible Populations			
5 24	<input checked="" type="radio"/> IN		
Pasteurized foods used; prohibited foods not offered			
Chemical			
5 25	<input checked="" type="radio"/> IN		
Food additives: approved & properly used			
5 26	<input checked="" type="radio"/> IN		
Toxic substances properly identified, stored, & used			
Conformance with Approved Procedures			
5 27	<input checked="" type="radio"/> IN		
Compliance with variance, specialized process, & HACCP plan			
<p>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.</p>			

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
5 28	<input checked="" type="checkbox"/>		
Pasteurized eggs used where required			
5 29	<input checked="" type="checkbox"/>		
Water & ice from approved source			
3 0	<input checked="" type="checkbox"/>		
Variance obtained for specialized processing			
Food Temperature Control			
5 31	<input checked="" type="checkbox"/>		
Proper cooling methods used; adequate equipment for temperature control			
5 32	<input checked="" type="checkbox"/>		
Plant food properly cooked for hot holding			
5 33	<input checked="" type="checkbox"/>		
Approved thawing methods used			
1 34	<input checked="" type="checkbox"/>		
Thermometers provided & accurate			
Food Identification			
1 35	<input checked="" type="checkbox"/>		
Food properly labeled; original container			
Prevention of Food Contamination			
4 36	<input checked="" type="checkbox"/>		
Insects, rodents, & animals not present			
2 37	<input checked="" type="checkbox"/>		
Contamination prevented during food preparation, storage & display			
5 38	<input checked="" type="checkbox"/>		
Personal cleanliness			
1 39	<input checked="" type="checkbox"/>		
Wiping cloths: properly used & stored			
1 40	<input checked="" type="checkbox"/>		
Washing fruits & vegetables			

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

Person in Charge (Signature)

Debbie A Kythionis

Date:

3-31-09

Health Inspector (Signature)

Suzanne

Follow-up: YES

NO (circle one)

Follow-up Date:

