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City of I	Portland L	<u>//</u>) -	noncetic		4		1	-
Establishment Name	Portland F						Page	_of	
	IN			ctor/Interventio			Date	4-13	-09
LIBS Ice Cucan	IN	vo. or ne	epeat	Risk Factor/Inte			Time In	-	
License/Est. ID# Address			City/C	Na An	Score (or		Time Out		
88/ 32	Avour S	4	City/S	State PHL	Zip	Code	Telephon	е	
License Posted Owner Nar	ne	1	Purpo	se of Inspection	on Est.	Туре	Risk Cate	aorv	
[[] Yes [] No				Annusk	,			J-1,	
FOODBORNE ILLN	ESS RISK FACT	TORS A	ND F	PUBLIC HEAL	_TH INTER	RVENTIONS			
Circle designated compliance status (IN, o	OUT, N/O, N/A) for i	each nun	nhara	d itom		"X" in appropri		COS an	nd/or P
IN= in compliance OUT=not in compliance N/C Compliance Status			oplicat	ole COS=c	orrected on-	site during insp	ection R=	repeat v	iolation
Supervision	cos	SR	Com	pliance Status					COSR
5 IN OUT PIC present, demonstrates kr	nowledge, and		5 16	IN OUTWA NO	Proper coo	us Food Time king time & tem	e/Temperat	ure	
performs duties Employee Health			5 17	IN OUTANA NO	Proper reh	eating procedur	es for hot h	olding	-
5 2 IN OUT Management awareness; police	cv present	1 1 1	5 18 5 19	IN OUT N/A N/C	Proper coo	ling time & tem	perature		
5 3 IN OUT Proper use of reporting, restrict	ction & Exclusion		5 20	INZOUT N/A	Proper cold	holding temper I holding tempe	ratures		
Good Hygienic Practices 5 4 IN OUT NO Proper eating tasting dripking		1 1 1	5 21	IN OUTNA NO	Proper date	marking & dis	position		+-+
5 5 IN OUT WHO Proper eating, tasting, drinking 5 5 IN OUT WHO No discharge from eyes, nose	, or tobacco use		5 22	IN OUTAVA NO	Time as a	public health co	ntrol: proce	dures	1-1-
Preyenting Contamination by H	lands				& record	mer Advisory			
5 6 IN OUT W/O Hands clean & properly washe	ed		5 23	IN OUT (N/A	Consumer a	advisory provide	d for raw or	•	
approved alternate method pro	E foods or				undercooke	ed foods			
8 IN OUT Adequate handwashing facilities	es supplied &		5 24	IN OUT M/A	Pasteurized	eptible Popula I foods used; p	ations		
accessible					offered	riodds daed, p	ionibited tot	ous not	
Approved Source Food obtained form approved	source		clocl	IN OUT CHE		hemical			
5 10 (IN OUT N/A N/O Food received at proper temper	erature			IN OUT (NA.	Food additiv	ves: approved &	k properly u	sed	
5 11 CIN OUT Food in good condition, safe,	& unadulterated				& used	ances properly	identified, s	tored,	
1 12 IN OUTN/A N/O Required records available: sh tags, parasite destruction	ellstock		-11	Confo	rmance with	n Approved P	rocedures		
Protection from Contamination	on described		5 27	IN OUT N/A	Compliance	with variance,	specialized		
2 13 NOUT N/A Food separated & protected		 			process, &				
2 14 NOUT N/A Food-contact surfaces: cleaned Proper disposition of returned,	d & sanitized		Risk	factors are imp	roper practic	es or procedur	es identifie	d as the	most
served, reconditioned, & unsaf	previously le food		Inten	alent contributing ventions are con	trol measure	oaborne Iliness s to prevent fo	or injury. P odborne illr	ublic Hea	alth
	GOOD RE	ETAII F						iess Of I	ijury.
Good Retail Practices are preventative Mark "X" in box if numbered item is not in compliance	monguros to contro	al Aba 1-13	tat .		micals, and n	hysical objects	into foods		
Mark "X" in box if numbered item is not in compliance	Wark A III appropr	nate box it	or CO	S and/or R COS	=corrected on	-site during insp	ection R =r	epeat viol	lation
Safe Food and Water		SR				Jse of Utensil:		State december	COS R
28 Pasteurized eggs used where required 29 Water & ice from approved source			2 41	In-use utensils:	properly sto	red		descential.	
29 Water & ice from approved source 30 Variance obtained for specialized processing		2	42	Utensils, equip	ment & linens	properly store	d, dried & I	nandled	
Food Temperature Control			43	Single-use & si Gloves used pr	ingle-service a	articles: properly	stored & u	sed	
Proper cooling methods used; adequate equip	ment for			U	tensil, Equir	oment and Ve	ndina		
temperature control Plant food properly cooked for hot holding		2	45	Food & non-foo	od contact su	rfaces cleanable	e, properly		Paraday Mengh
33 Approved thawing methods used			46	designed, cons	structed, & us	ed			
Thermometers provided & accurate			47	Warewashing fa	act surfaces o	lean	, & used; te	st strips	
Food Identification					Physic	al Facilities			
Prevention of Food Contamina	tion		48	Hot & cold water Plumbing instal	er available;	adequate pressi	ure		
36 Insects, rodents, & animals not present		5	50	Sewage & was	te water prop	erly disposed			
37 Contamination prevented during food preparation,38 Personal cleanliness	storage & display	2	51	Toilet facilities:	properly cons	structed, supplie	d, & cleane	d	
39 Wiping cloths: properly used & stored	6 m		52 53	Garbage & refu	ise properly c	lisposed: facilitie	es maintaine	ed	
40 Washing fruits & vegetables	8		54	Physical facilitie Adequate ventil	lation & lighti	naintained, & cle	ean used		
						ng, doorgnated	areas useu		
Person in Charge (Signature)	aulelo.			Data		4-15	-09		
12 14	000-00-0			Date		1 10			
				-major managaran	des.		,		
lealth Inspector (Signature)	I	Fo	llow-u	p: YES NO)	Follow-up [Dato:		
					(55)	i ollow-up E	zaie.		
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Establishment Name	City of Portla	and Health Ins	spection Re	port	Page 2	of
	's Iachean	As Authorized by 22	MRSA § 2496	Dat		
License/EST. ID# 88	Address			,	4-15	٥)
88	7 Address 32 A	City/State		Zip Code	Telephone	
Item/Location	Temp	EMPERATURE OBSE Item/Location				
cooly	40	nem/Location	Temp	ltem/Locatio	on	Temp
wole	0					
			· · · · · · · · · · · · · · · · · · ·	er e e e e e e e e e e e e e e e e e e	en e	
	OBSER	VATIONS AND CORR	ECTIVE ACTIONS			
Item Violations cited i	in this report must be correcte	ed within the time frames bel	ow, or as stated in sect	ons 8-405.11 and 8	-406.11 of the	Food Cod
	·				4	
39 NO S	pongo Allow o front hans	red on poss	1 Contac	+ Sur	12	
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	hans	wasu /	famels	Alsa	0	
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erson in Charge (Signatur		wolli		Date	4/15/09	
ealth Inspector (Signature) Syllin	partie.		Date	1 / 1	