C	ity of Portland	Heal	th Inena	action I	Poport	Pageof				
Establishment Name			Health Inspection Report No. of Risk Factor/Intervention Violations				1G			
				Date 3-23-0	<u>,)</u>					
Mr. Bycel License/Est. ID# Address			No. of Repeat Risk Factor/Intervention Violations Score (optional)							
License/Est. ID# Address		City/State		Zip Code	Telephone					
8916 64 Augurn		etc.		- Common of the) isopnone					
License Posted	Owner Name	Purpose of Inspection		Est. Type	Risk Category					
Yes [] No	MrBgel Nowthest	6								
Circle designated compliance IN= in compliance OUT=not in com Compliance Status		or each n	AND PUBLIC Imbered item applicable Compliance	COS=correcte	Mark "X" in app ed on-site during	ropriate box for COS an inspection R=repeat v	nd/or R violation			
Superv 5 1 IN OUT PIC present, der	monstrates knowledge, and		5 16 IN OUT	Potentially Ha	zardous Food	Time/Temperature				
performs duties			[5 17] IN OUT	N/A N/O Prop	er cooking time &	edures for hot holding				
Employee 5 2 IN OUT	Health vareness; policy present		5 18 IN OUT	N/A-MOP Prop	er cooling time &	temperature				
5 3 IN OUT Proper use of re	porting, restriction & Exclusion		5 20 JE OUT	N/A Prop	per hot holding ter per cold holding te	emperatures				
5 4 IN OUT NO Proper eating, ta	asting, drinking, or tobacco use		5 21 IN OUT 5 22 IN OUT	N/A Q/O Prop	er date marking a	& disposition				
5 IN OUT No discharge fro	m eyes, nose, and mouth		322 11 001	& re	cord	th control: procedures				
Preventing Contami	ination by Hands		5 23 IN OUT	NVA V dono	Consumer Advi	sory				
2 7 IN OUTN/A N/O No bare hand co	ontact with RTE foods or		3/23/ 11/ 001		sumer advisory pre ercooked foods	ovided for raw or				
approved alterna 8 INOUT Adequate handw	ate method properly followed vashing facilities supplied &		5 24 IN OUT	Highly	Susceptible Po	pulations				
accessible			3 24 11 001	offer		ed; prohibited foods not				
Approved 5 9 (A)2OUT Food obtained to	Source orm approved source		clock in our		Chemical					
5 10 IN OUT N/A N/O Food received at	proper temperature		5 25 IN OUT 5 26 IN OUT	Toxic	d additives: approv	ved & properly used perly identified, stored,				
5 11 INDOUT Food in good co	ndition, safe, & unadulterated			& us	ed					
1 12 IN OUTN/A N/O Required records tags, parasite de	; available: shellstock		5 27 IN OUT	Conformanc	ce with Approve pliance with varia	ed Procedures				
Protection from (Contamination				ess, & HACCP pla					
	& protected faces: cleaned & sanitized		Risk factors	are improper	practices or proc	cedures identified as the	most			
5 15 NOUT Proper disposition	n of returned, previously oned, & unsafe food		prevalent cor	ntributing factor	s of foodborne ill	ness or injury. Public He	alth			
	GOOD	RETAIL	PRACTICES	S			injury.			
Good Retail Practices as Mark "X" in box if numbered item is not	re preventative measures to con	ntrol the a	dition of nathog	one obomicale	and physical obj	ects into foods.				
		COSR	Tor oco and/or				cos R			
Safe Food a 5 28 Pasteurized eggs used where re-			2 41 In-use	Pr utensils: prope	oper Use of Ute	ensils				
5 29 Water & ice from approved source	е		2 42 Utens	ils, equipment &	& linens: properly	stored, dried & handled	-			
30 Variance obtained for specialized Food Temperal		SEES EEE	2 43 Single	e-use & single-s s used properly	ervice articles: pro	operly stored & used				
5 31 Proper cooling methods used; ac	dequate equipment for	13/25/4/ 15/34/		Utensil	Equipment an	d Vending				
temperature control Plant food properly cooked for ho	ot holding			& non-food cor ned, constructed	ntact surfaces clea	anable, properly				
5 33 Approved thawing methods used			1 46 Warev	vashing facilitie:	s: installed, mainta	ained, & used; test strips				
Thermometers provided & accura		198208 8880	1 47 Non-fo	ood contact sur	faces clean					
Food properly labeled; original co	ontainer	211012 A	4 48 Hot &	cold water ava	Physical Facilit	res Dressure				
Prevention of Food 1 36 Insects, rodents, & animals not p			5 49 Plumb	ing installed; pi	roper backflow de	vices				
2 37 Contamination prevented during foc			2 51 Toilet	ge & waste wat facilities: prope	er properly dispos	sed upplied, & cleaned				
38 Personal cleanliness Wiping cloths: properly used & stored			2 52 Garba	ge & refuse pro	operly disposed; f	acilities maintained				
39 Wiping cloths: properly used & stored 1 53 Physical facilities installed, maintained, & clean 40 Washing fruits & vegetables 1 54 Adequate ventilation & lighting; designated areas used										
Person in Charge (Signature) Whealth Inspector (Signature) Signature) Follow-up: YES NO (circle one) Follow-up Date:										
	Health Inspector (Signature) Sy June Follow-up: YES NO (circle one) Follow-up Date:									

Establishment Mame		ity of Po	rtland Health Inspec	ction Report	Page 2 of 7	
			As Authorized by 22 MRSA	§ 2496		
License/E	h Bajel ST. ID# ST(6	Address	City/State	Zip Code	3-23-09 Telephone	
	Item/Location cs Car (2 3	Temp 40 40 40 20 20 20	Item/Location Dismash 200/m	Temp Item/L	ocation Temp	
Item Number	Violations cited in this	OBS report must be co	SERVATIONS AND CORRECTIVE or a second within the time frames below, or a	/E ACTIONS as stated in sections 8-405.11	and 8-406.11 of the Food Code	
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		Committee on the control of the cont		·	· · · · · · · · · · · · · · · · · · ·	
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Person in C	harge (Signature)	Son	ald Albrein	<i>)</i>	Date 3/23/07	
lealth Inspe	ector (Signature)	Cul	lun.	,	246	