

375-0001

# City of Portland Health Inspection Report

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Establishment Name <b>SHAWS Supermarket</b>		No. of Risk Factor/Intervention Violations		Date <b>3-23-09</b>	
License/Est. ID# <b>Retail / 70428</b>		No. of Repeat Risk Factor/Intervention Violations		Time In _____	
Address <b>84 Auburn St</b>		Score (optional) <b>100</b>		Time Out _____	
City/State <b>Portland, ME</b>		Zip Code		Telephone	
License Posted <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Owner Name <b>Shaws</b>		Purpose of Inspection <b>Annual</b>	
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
<b>Supervision</b>			
51	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
PIC present, demonstrates knowledge, and performs duties			
<b>Employee Health</b>			
52	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
Management awareness; policy present			
53	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
Proper use of reporting, restriction & Exclusion			
<b>Good Hygienic Practices</b>			
54	<input checked="" type="radio"/> IN <input type="radio"/> OUT	N/O	
Proper eating, tasting, drinking, or tobacco use			
55	<input checked="" type="radio"/> IN <input type="radio"/> OUT	N/O	
No discharge from eyes, nose, and mouth			
<b>Preventing Contamination by Hands</b>			
56	<input checked="" type="radio"/> IN <input type="radio"/> OUT	N/O	
Hands clean & properly washed			
27	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	N/O	
No bare hand contact with RTE foods or approved alternate method properly followed			
58	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
Adequate handwashing facilities supplied & accessible			
<b>Approved Source</b>			
59	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
Food obtained from approved source			
510	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	N/O	
Food received at proper temperature			
511	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
Food in good condition, safe, & unadulterated			
112	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	N/O	
Required records available: shellstock tags, parasite destruction			
<b>Protection from Contamination</b>			
213	<input checked="" type="radio"/> IN <input type="radio"/> OUT	N/A	
Food separated & protected			
214	<input checked="" type="radio"/> IN <input type="radio"/> OUT	N/A	
Food-contact surfaces: cleaned & sanitized			
515	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
Proper disposition of returned, previously served, reconditioned, & unsafe food			

Compliance Status		COS	R
<b>Potentially Hazardous Food Time/Temperature</b>			
516	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	N/O	
Proper cooking time & temperatures			
517	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	N/O	
Proper reheating procedures for hot holding			
518	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	N/O	
Proper cooling time & temperature			
519	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	N/O	
Proper hot holding temperatures			
520	<input checked="" type="radio"/> IN <input type="radio"/> OUT	N/A	
Proper cold holding temperatures			
521	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	N/O	
Proper date marking & disposition			
522	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	N/O	
Time as a public health control: procedures & record			
<b>Consumer Advisory</b>			
523	<input checked="" type="radio"/> IN <input type="radio"/> OUT	N/A	
Consumer advisory provided for raw or undercooked foods			
<b>Highly Susceptible Populations</b>			
524	<input checked="" type="radio"/> IN <input type="radio"/> OUT	N/A	
Pasteurized foods used; prohibited foods not offered			
<b>Chemical</b>			
525	<input checked="" type="radio"/> IN <input type="radio"/> OUT	N/A	
Food additives: approved & properly used			
526	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
Toxic substances properly identified, stored, & used			
<b>Conformance with Approved Procedures</b>			
527	<input checked="" type="radio"/> IN <input type="radio"/> OUT	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.

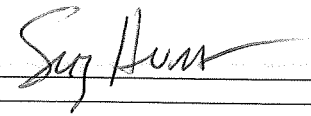
## GOOD RETAIL PRACTICES

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
<b>Safe Food and Water</b>			
528	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
Pasteurized eggs used where required			
529	<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			
<b>Food Temperature Control</b>			
531	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
Proper cooling methods used; adequate equipment for temperature control			
532	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
Plant food properly cooked for hot holding			
533	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
Approved thawing methods used			
134	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
Thermometers provided & accurate			
<b>Food Identification</b>			
135	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
Food properly labeled; original container			
<b>Prevention of Food Contamination</b>			
436	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
Insects, rodents, & animals not present			
237	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
Contamination prevented during food preparation, storage & display			
538	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
Personal cleanliness			
139	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
Wiping cloths: properly used & stored			
140	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
Washing fruits & vegetables			

Compliance Status		COS	R
<b>Proper Use of Utensils</b>			
241	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
In-use utensils: properly stored			
242	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
Utensils, equipment & linens: properly stored, dried & handled			
243	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
Single-use & single-service articles: properly stored & used			
244	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
Gloves used properly			
<b>Utensil, Equipment and Vending</b>			
245	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
Food & non-food contact surfaces cleanable, properly designed, constructed, & used			
146	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
Warewashing facilities: installed, maintained, & used; test strips			
147	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
Non-food contact surfaces clean			
<b>Physical Facilities</b>			
448	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
Hot & cold water available; adequate pressure			
549	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
Plumbing installed; proper backflow devices			
550	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
Sewage & waste water properly disposed			
251	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
Toilet facilities: properly constructed, supplied, & cleaned			
252	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
Garbage & refuse properly disposed; facilities maintained			
153	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
Physical facilities installed, maintained, & clean			
154	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
Adequate ventilation & lighting; designated areas used			

Person in Charge (Signature)  Date: **3/29/09**

Health Inspector (Signature)  Follow-up: YES  NO  Follow-up Date: \_\_\_\_\_