560 ST VOIT Apt 2 - 104n 377- FOZ9 City of Portland Health Inspection Report Page **Establishment Name** No. of Risk Factor/Intervention Violations Date e/Est. ID#

Address

City and 524 Allen Ave

e Posted

W Owner Name

Unitarian China

Owner China No. of Repeat Risk Factor/Intervention Violations ∢ime In Score (optional). Time Out License Posted City/State Zip Code Telephone Purpose of Inspection Est. Type Risk Category []Yes []No 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** COSR Compliance Status Supervision Potentially Hazardous Food Time/Temperature IN OUT PIC present, demonstrates knowledge, and 5|16 IN OUTN/A NO Proper cooking time & temperatures performs duties 5 17 IN OUTN/A NO Proper reheating procedures for hot holding **Employee Health** 5 18 IN OUT N/A N/O Proper cooling time & temperature IN OUT Management awareness; policy present 5 19 IN OUTN/A NO Proper hot holding temperatures Proper use of reporting, restriction & Exclusion IN OUT 5 20 NOUT N/A Proper cold holding temperatures Good Hygienic Practices 5 21 IN OUTN/A NO Proper date marking & disposition Proper eating, tasting, drinking, or tobacco use IN OUT 5 22 IN OUTN/A NAO Time as a public health control: procedures MO No discharge from eyes, nose, and mouth IN OUT & record Preventing Contamination by Hands **Consumer Advisory** IN OUT Hands clean & properly washed
IN OUTN/A WO No bare hand contact with RTE foods or 5 23 IN OUT Consumer advisory provided for raw or undercooked foods approved alternate method properly followed Highly Susceptible Populations Adequate handwashing facilities supplied & 5 24 IN OUT Pasteurized foods used; prohibited foods not accessible offered **Approved Source** Chemical TUOCAN Food obtained form approved source 5 25 IN OUT M/A) Food additives: approved & properly used IN OUT N/A N/O Food received at proper temperature 5 26 10 OUT Toxic substances properly identified, stored, 5 11 AM>OUT Food in good condition, safe, & unadulterated & used 1 12 IN OUTN/A N/O Required records available: shellstock **Conformance with Approved Procedures** tags, parasite destruction IN OUT WA Compliance with variance, specialized Protection from Contamination process, & HACCP plan 2113 IN OUT N/A) Food separated & protected 2 14 M OUT 5 15 N OUT Risk factors are improper practices or procedures identified as the most -N/A Food-contact surfaces: cleaned & sanitized 5 15 prevalent contributing factors of foodborne illness or injury. Public Health Proper disposition of returned, previously Interventions are control measures to prevent foodborne illness or injury. served, reconditioned, & unsafe food **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 COSR COSR Safe Food and Water Proper Use of Utensils 5 28 Pasteurized eggs used where required In-use utensils: properly stored 2 41 29 Water & ice from approved source 2 Utensils, equipment & linens: properly stored, dried & handled 42 Variance obtained for specialized processing 30 2 43 Single-use & single-service articles: properly stored & used **Food Temperature Control** 2 44 Gloves used properly 31 Proper cooling methods used; adequate equipment for Utensil, Equipment and Vending temperature control 2 45 Food & non-food contact surfaces cleanable, properly 32 Plant food properly cooked for hot holding designed, constructed, & used Approved thawing methods used 33 1 46 Warewashing facilities: installed, maintained, & used; test strips 34 Thermometers provided & accurate 1 47 Non-food contact surfaces clean Food Identification Physical Facilities 35 Food properly labeled; original container Hot & cold water available; adequate pressure 4 48 Prevention of Food Contamination 5 49 Plumbing installed; proper backflow devices 36 Insects, rodents, & animals not present Sewage & waste water properly disposed 5 50 37 Contamination prevented during food preparation, storage & display 2 51 Toilet facilities: properly constructed, supplied, & cleaned 38 Personal cleanliness 2 52 Garbage & refuse properly disposed; facilities maintained 39 Wiping cloths: properly used & stored Physical facilities installed, maintained, & clean 1 40 Washing fruits & vegetables Adequate ventilation & lighting; designated areas used Person in Charge (Signature) Health Inspector (Signature) Follow-up: YES NO (circle one) Follow-up Date:

Establishment Name As Authorized by 22 MRSA § 2496 Alley Ave Voltaian License/EST. ID # Address TEMPERATURE OBSERVATIONS Item/Location Temp Item/Location Temp	Date o Code	429.09 Telephone
License/EST. ID # Address City/State Zip TEMPERATURE OBSERVATIONS) Code	
TEMPERATURE OBSERVATIONS		. Grophone
Item/Location Town		AND THE STORY OF THE STORY
	Item/Locatio	on Ter
Item Violations cited in this report must be corrected within the time frames below, or as stated in sections	0.405.44	
Number	8-405.11 and 8	3-406.11 of the Food
39 10 sponges Allower to WASH C	1001100	
39 NO sponges Allower to WASH o	LONES	
or my food contact su	Juce	
2/1	I.	
34 EACH refuj is reduined to thermoter - 40° reduined -	have	£ A
premoter - 40° neounco -		
53 Clear Around exit of kitchen Above Stove - celling Area	1601	
Ancre stove - calina and	1900 ez	
Cemmo Area		
8 Install HANDWASH SINK specific	; —h	
Specific	10 141	5 purpes
- HAMBWASH SINKS are to 1	ге_ и.	257
Jou hampwass only per	State	Code_
How du you Sanitize? - Disses - test you - Surfaces -		-
- Distes - & for w	n v kn	of TAI
- Surface (-		V /
		÷
Person in Charge (Signature) Sur Muny	Date	4.28-09

White Copy - State • Yellow Copy - Inspector • Pink Copy - Licensee