

382 - F002

City of Portland Health Inspection Report

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Establishment Name <i>Eddies Variety</i>		No. of Risk Factor/Intervention Violations		Date <i>3-31-09</i>	
License/Est. ID# <i>Agriculture</i>		Address <i>377 Auburn</i>		City/State <i>Portland ME</i>	
License Posted <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>L-1871</i>		Owner Name <i>D. Philippo</i>		Purpose of Inspection <i>Annual</i>	
		No. of Repeat Risk Factor/Intervention Violations		Score (optional) <i>98</i>	
				Time In _____	
				Time Out _____	
				Telephone _____	
				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			
51	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
PIC present, demonstrates knowledge, and performs duties			
Employee Health			
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			
Good Hygienic Practices			
54	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
Proper eating, tasting, drinking, or tobacco use			
55	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
No discharge from eyes, nose, and mouth			
Preventing Contamination by Hands			
56	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
Hands clean & properly washed			
27	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A		
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			
Approved Source			
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		
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		
Required records available: shellstock tags, parasite destruction			
Protection from Contamination			
213	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A		
Food separated & protected			
214	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> 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
Potentially Hazardous Food Time/Temperature			
516	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A		
Proper cooking time & temperatures			
517	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A		
Proper reheating procedures for hot holding			
518	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A		
Proper cooling time & temperature			
519	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A		
Proper hot holding temperatures			
520	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A		
Proper cold holding temperatures			
521	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A		
Proper date marking & disposition			
522	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A		
Time as a public health control: procedures & record			
Consumer Advisory			
523	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A		
Consumer advisory provided for raw or undercooked foods			
Highly Susceptible Populations			
524	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A		
Pasteurized foods used; prohibited foods not offered			
Chemical			
525	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A		
Food additives: approved & properly used			
526	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
Toxic substances properly identified, stored, & used			
Conformance with Approved Procedures			
527	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A		
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

Compliance Status		COS	R
Safe Food and Water			
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			
Food Temperature Control			
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			
Food Identification			
135	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
Food properly labeled; original container			
Prevention of Food Contamination			
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
Proper Use of Utensils			
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			
Utensil, Equipment and Vending			
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			
Physical Facilities			
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) *Josh Philippo* Date: _____

Health Inspector (Signature) *Suz Anne* Follow-up: YES NO (circle one) Follow-up Date: _____

