

# City of Portland Health Inspection Report

Page 1 of 1

Establishment Name <i>Mark's</i>		No. of Risk Factor/Intervention Violations		Date <i>4-4-08</i>	
		No. of Repeat Risk Factor/Intervention Violations		Time In _____	
License/Est. ID# <i>5346</i>		Address <i>30 Pine Loch</i>		City/State <i>Portland</i>	
License Posted [ <input checked="" type="checkbox"/> ] Yes [ <input type="checkbox"/> ] No		Owner Name <i>Mark Cratti</i>		Purpose of Inspection <i>Regular</i>	
		Score (optional) <i>100</i>		Time Out _____	
		Zip Code <i>04103</i>		Telephone _____	
		Est. Type <i>Mobile</i>		Risk Category _____	

## FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item  
 IN= in compliance    OUT=not in compliance    N/O=not observed    N/A=not applicable    Mark "X" in appropriate box for COS and/or R  
 COS=corrected on-site during inspection    R=repeat violation

Compliance Status		COS	R	Compliance Status		COS	R
<b>Supervision</b>							
5 1	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT			PIC present, demonstrates knowledge, and performs duties			
<b>Employee Health</b>							
5 2	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT			Management awareness; policy present			
5 3	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT			Proper use of reporting, restriction & Exclusion			
<b>Good Hygienic Practices</b>							
5 4	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	<input type="checkbox"/> N/O		Proper eating, tasting, drinking, or tobacco use			
5 5	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	<input type="checkbox"/> N/O		No discharge from eyes, nose, and mouth			
<b>Preventing Contamination by Hands</b>							
5 6	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	<input type="checkbox"/> N/O		Hands clean & properly washed			
2 7	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	<input type="checkbox"/> N/A <input type="checkbox"/> N/O		No bare hand contact with RTE foods or approved alternate method properly followed			
5 8	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT			Adequate handwashing facilities supplied & accessible			
<b>Approved Source</b>							
5 9	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT			Food obtained from approved source			
5 10	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	<input type="checkbox"/> N/A <input type="checkbox"/> N/O		Food received at proper temperature			
5 11	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT			Food in good condition, safe, & unadulterated			
1 12	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	<input type="checkbox"/> N/A <input type="checkbox"/> N/O		Required records available: shellstock tags, parasite destruction			
<b>Protection from Contamination</b>							
2 13	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	<input type="checkbox"/> N/A		Food separated & protected			
2 14	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	<input type="checkbox"/> N/A		Food-contact surfaces: cleaned & sanitized			
5 15	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT			Proper disposition of returned, previously served, reconditioned, & unsafe food			
<b>Potentially Hazardous Food Time/Temperature</b>							
5 16	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	<input type="checkbox"/> N/A <input type="checkbox"/> N/O		Proper cooking time & temperatures			
5 17	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	<input type="checkbox"/> N/A <input type="checkbox"/> N/O		Proper reheating procedures for hot holding			
5 18	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	<input type="checkbox"/> N/A <input type="checkbox"/> N/O		Proper cooling time & temperature			
5 19	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	<input type="checkbox"/> N/A <input type="checkbox"/> N/O		Proper hot holding temperatures			
5 20	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	<input type="checkbox"/> N/A <input type="checkbox"/> N/O		Proper cold holding temperatures			
5 21	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	<input type="checkbox"/> N/A <input type="checkbox"/> N/O		Proper date marking & disposition			
5 22	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	<input type="checkbox"/> N/A <input type="checkbox"/> N/O		Time as a public health control: procedures & record			
<b>Consumer Advisory</b>							
5 23	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	<input type="checkbox"/> N/A		Consumer advisory provided for raw or undercooked foods			
<b>Highly Susceptible Populations</b>							
5 24	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	<input type="checkbox"/> N/A		Pasteurized foods used; prohibited foods not offered			
<b>Chemical</b>							
5 25	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	<input type="checkbox"/> N/A		Food additives: approved & properly used			
5 26	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT			Toxic substances properly identified, stored, & used			
<b>Conformance with Approved Procedures</b>							
5 27	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	<input type="checkbox"/> 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

Safe Food and Water		COS	R	Proper Use of Utensils		COS	R
5 28	Pasteurized eggs used where required			2 41	In-use utensils: properly stored		
5 29	Water & ice from approved source			2 42	Utensils, equipment & linens: properly stored, dried & handled		
30	Variance obtained for specialized processing			2 43	Single-use & single-service articles: properly stored & used		
<b>Food Temperature Control</b>							
5 31	Proper cooling methods used; adequate equipment for temperature control			2 44	Gloves used properly		
5 32	Plant food properly cooked for hot holding			<b>Utensil, Equipment and Vending</b>			
5 33	Approved thawing methods used			2 45	Food & non-food contact surfaces cleanable, properly designed, constructed, & used		
1 34	Thermometers provided & accurate			1 46	Warewashing facilities: installed, maintained, & used; test strips		
<b>Food Identification</b>							
1 35	Food properly labeled; original container			1 47	Non-food contact surfaces clean		
<b>Prevention of Food Contamination</b>							
4 36	Insects, rodents, & animals not present			<b>Physical Facilities</b>			
2 37	Contamination prevented during food preparation, storage & display			4 48	Hot & cold water available; adequate pressure		
5 38	Personal cleanliness			5 49	Plumbing installed; proper backflow devices		
1 39	Wiping cloths: properly used & stored			5 50	Sewage & waste water properly disposed		
1 40	Washing fruits & vegetables			2 51	Toilet facilities: properly constructed, supplied, & cleaned		
				2 52	Garbage & refuse properly disposed; facilities maintained		
				1 53	Physical facilities installed, maintained, & clean		
				1 54	Adequate ventilation & lighting; designated areas used		

Person in Charge (Signature) *Mark A. Cratti*

Date: \_\_\_\_\_

Health Inspector (Signature) *[Signature]*

Follow-up: YES  NO  (circle one)    Follow-up Date: \_\_\_\_\_