	l	100		<u>) -</u>	-23				
	City of Portland	Hea	alth		nspection	Report	PageofC	>	
Establishment Name			No. of Risk Factor/Intervention Violations Date 19FG						
Fallbrook V	Voods	No. of	Repe	at F	Risk Factor/Interve	ention Violations Score (optional)	Time In		
License/Est. ID#	Address		Ci	tv/S	tate ,	Zip Code	Telephone		-
Leve TPNMI	418 Ray ST				land ME	04105	878 07	88	
License Posted	Owner Name	-	Pu	rpo	se of Inspection	Est. Type			-
Yes []No	Robert Felr	rly		M	nnual	FS WI PREPUTER	irenti)		
FOOD	BORNE ILLNESS RISK FA	CTOR	SAN	DF	PUBLIC HEALT	H INTERVENTION	S		-
	ance status (IN, OUT, N/O, N/A)						oriate box for COS a		
IN= in compliance OUT=not in Compliance Status	compliance N/O=not observed	N/A=no	тт		ole COS=corre	ected on-site during in	spection H =repeat		-
	pervision			<i>,</i> 0111		Hazardous Food Tin	ne/Temperature	cos	r
5 1 IN OUT PIC present performs du	t, demonstrates knowledge, and					Proper cooking time & te Proper reheating proced			_
	oyee Health	9158 .	5	18	IN OUT N/A N/O F	Proper cooling time & te	mperature		-
	nt awareness; policy present of reporting, restriction & Exclusion		5	19		Proper hot holding temp Proper cold holding tem			_
Good Hyg	gienic Practices		5	21	IN OUTN/A N/O	Proper date marking & c	disposition		_
	ng, tasting, drinking, or tobacco use le from eyes, nose, and mouth		5	22		Time as a public health & record	control: procedures		
	itamination by Hands	ener San			\sim	Consumer Adviso			Ī
	n & properly washed nd contact with RTE foods or		5	23		Consumer advisory provi undercooked foods	ded for raw or		
	Iternate method properly followed				A Hig	hly Susceptible Pop			
5 8 NOUT Adequate had accessible	andwashing facilities supplied &		5	24	, , , ,	Pasteurized foods used; offered	prohibited foods no	t	
Appro	oved Source				X '	Chemical			
	ned form approved source red at proper temperature		5	25		Food additives: approved Toxic substances proper			_
5 11 N OUT Food in goo	od condition, safe, & unadulterated					& used			_
	cords available: shellstock ite destruction		5	[27]		nance with Approved Compliance with varianc			2
) Protection fr	om Contamination					process, & HACCP plan			
	ated & protected ct surfaces; cleaned & sanitized					pper practices or proced			-
5 15 N OUT Proper dispo	osition of returned, previously					actors of foodborne illne ol measures to prevent			
served, reco	onditioned, & unsafe food	D RET			CTICES				-
Good Retail Practic	ces are preventative measures to co					icals, and physical objec	cts into foods.		2
Mark "X" in box if numbered item is	s not in compliance Mark "X" in ap	propriate cos R	box fo	r CC	OS and/or R COS=c	corrected on-site during in	nspection R=repeat	violation cos	_
	od and Water					Proper Use of Uten	sils	000	
5 28 Pasteurized eggs used whe 5 29 Water & ice from approved		++		41	In-use utensils: Utensils, equipm	properly stored ent & linens: properly st	tored, dried & handle	ed	-
30 Variance obtained for speci	alized processing		2	43	Single-use & sin	gle-service articles: prop			_
5 31 Proper cooling methods use	perature Control ed: adequate equipment for	r Nya e.	$\frac{1}{2}$	44		pperly ensil, Equipment and	Vendina		
temperature control			2	45	Food & non-food	d contact surfaces clear			2
5 32 Plant food properly cooked5 33 Approved thawing methods			1 1	46	designed, consti	ructed, & used cilities: installed, maintai	ned, & used; test str	ips	_
1 34 Thermometers provided & a	accurate			47		t surfaces clean			-
1 35 Food properly labeled; origi	Identification inal container		4	48	Hot & cold wate	Physical Facilitie r available; adequate pr			
Prevention of	Food Contamination			49	Plumbing installe	ed; proper backflow devi	ices		-
4 36 Insects, rodents, & animals 2 37 Contamination prevented duri	not present ing food preparation, storage & displa	av l		50 51		e water properly dispose properly constructed, sup			_
5 38 Personal cleanliness		1	2	52	Garbage & refus	se properly disposed: fa	cilities maintained /		-
1 39 Wiping cloths: properly used 1 40 Washing fruits & vegetables		++		53 54		s installed, maintained & ation & lighting; designa		a	_
Person in Charge (Signature)			. L			46.			_
Person in Charge (Signature)					Date:	1977	309		
Mha 1a	Mr. 110								
Health Inspecto (Signature)	Wally		F	ollow	v-up: YES NO	(circle one) Follow-	up Date:		_
									_
	<i>I</i>								

tablishment Name	ity of Portia	As Authorized by 22 MRSA § 2496	Report	Page 2 of C
Fall Brook	2 Kolu >	AS AUTHORIZED BY 22 WINGA & 2450		Date
cense/EST. ID#	Address	City/State	Zip Code	19 FEB 09 Telephone
Item/Location	Temp	MPERATURE OBSERVATIONS Item/Location Temp	ltem/l	Location Temp
		remp	item/	remp
Cooler	38°F			
Cooler Franzer Soup	O°F			
Saun	1788			
30-29				
		ATIONS AND CORRECTIVE ACT		
tem	is report must be corrected	d within the time frames below, or as stated	in sections 8-405.1	1 and 8-406.11 of the Food Cod
ımber				
The second secon		,		
3 Man 14	rad hains	, on Mon (dirty)		
	gins			
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	mana a mana and a mana			
	eren eren eren eren eren eren eren eren			
son in Charge (Signature)	Han Ille	comply		Date
ealth Inspector (Signature)	//hom /1.	Mahler		Date 19 17309

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