

401-ADD1

# City of Portland Health Inspection Report

Establishment Name <b>Amato's Sandwich</b>		No. of Risk Factor/Intervention Violations		Date <b>March 17-09</b>	
		No. of Repeat Risk Factor/Intervention Violations		Time In _____	
		Score (optional) <b>90</b>		Time Out _____	
License/Est. ID# <b>944</b>	Address <b>1379 WASH HWY</b>	City/State <b>PR. ME</b>	Zip Code	Telephone	
License Posted <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Owner Name <b>Anato's</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	Compliance Status		COS	R
<b>Supervision</b>							
5 1	<input checked="" type="radio"/> OUT			PIC present, demonstrates knowledge, and performs duties			
<b>Employee Health</b>							
5 2	<input checked="" type="radio"/> IN <input checked="" type="radio"/> OUT			Management awareness; policy present			
5 3	<input checked="" type="radio"/> IN <input checked="" type="radio"/> OUT			Proper use of reporting, restriction & Exclusion			
<b>Good Hygienic Practices</b>							
5 4	<input checked="" type="radio"/> IN <input checked="" type="radio"/> OUT	N/O		Proper eating, tasting, drinking, or tobacco use			
5 5	<input checked="" type="radio"/> IN <input checked="" type="radio"/> OUT	N/O		No discharge from eyes, nose, and mouth			
<b>Preventing Contamination by Hands</b>							
5 6	<input checked="" type="radio"/> IN <input checked="" type="radio"/> OUT	N/O		Hands clean & properly washed			
2 7	<input checked="" type="radio"/> IN <input checked="" type="radio"/> OUT	N/A	N/O	No bare hand contact with RTE foods or approved alternate method properly followed			
5 8	<input checked="" type="radio"/> IN <input checked="" type="radio"/> OUT			Adequate handwashing facilities supplied & accessible			
<b>Approved Source</b>							
5 9	<input checked="" type="radio"/> IN <input checked="" type="radio"/> OUT			Food obtained from approved source			
5 10	<input checked="" type="radio"/> IN <input checked="" type="radio"/> OUT	N/A	N/O	Food received at proper temperature			
5 11	<input checked="" type="radio"/> IN <input checked="" type="radio"/> OUT			Food in good condition, safe, & unadulterated			
1 12	<input checked="" type="radio"/> IN <input checked="" type="radio"/> OUT	N/A	N/O	Required records available: shellstock tags, parasite destruction			
<b>Protection from Contamination</b>							
2 13	<input checked="" type="radio"/> IN <input checked="" type="radio"/> OUT	N/A		Food separated & protected			
2 14	<input checked="" type="radio"/> IN <input checked="" type="radio"/> OUT	N/A		Food-contact surfaces: cleaned & sanitized		X	
5 15	<input checked="" type="radio"/> IN <input checked="" type="radio"/> OUT			Proper disposition of returned, previously served, reconditioned, & unsafe food			
<b>Potentially Hazardous Food Time/Temperature</b>							
5 16	<input checked="" type="radio"/> IN <input checked="" type="radio"/> OUT	N/A	N/O	Proper cooking time & temperatures			
5 17	<input checked="" type="radio"/> IN <input checked="" type="radio"/> OUT	N/A	N/O	Proper reheating procedures for hot holding			
5 18	<input checked="" type="radio"/> IN <input checked="" type="radio"/> OUT	N/A	N/O	Proper cooling time & temperature			
5 19	<input checked="" type="radio"/> IN <input checked="" type="radio"/> OUT	N/A	N/O	Proper hot holding temperatures			
5 20	<input checked="" type="radio"/> IN <input checked="" type="radio"/> OUT	N/A		Proper cold holding temperatures			
5 21	<input checked="" type="radio"/> IN <input checked="" type="radio"/> OUT	N/A	N/O	Proper date marking & disposition			
5 22	<input checked="" type="radio"/> IN <input checked="" type="radio"/> OUT	N/A	N/O	Time as a public health control: procedures & record			
<b>Consumer Advisory</b>							
5 23	<input checked="" type="radio"/> IN <input checked="" type="radio"/> OUT	N/A		Consumer advisory provided for raw or undercooked foods			
<b>Highly Susceptible Populations</b>							
5 24	<input checked="" type="radio"/> IN <input checked="" type="radio"/> OUT	N/A		Pasteurized foods used; prohibited foods not offered			
<b>Chemical</b>							
5 25	<input checked="" type="radio"/> IN <input checked="" type="radio"/> OUT	N/A		Food additives: approved & properly used			
5 26	<input checked="" type="radio"/> IN <input checked="" type="radio"/> OUT			Toxic substances properly identified, stored, & used			
<b>Conformance with Approved Procedures</b>							
5 27	<input checked="" type="radio"/> IN <input checked="" type="radio"/> OUT	N/A		Compliance with variance, specialized process, & HACCP plan			
<p><b>Risk factors</b> 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

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	X	
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		X
				1 54	Adequate ventilation & lighting; designated areas used		

Person in Charge (Signature) **Bob Waters** Date: \_\_\_\_\_

Health Inspector (Signature) **Sue Ann** Follow-up: YES  NO  Follow-up Date: **3-17-09**

# City of Portland Health Inspection Report

Establishment Name <b>Amo-be</b>		As Authorized by 22 MRSA § 2496		Date <b>March 17-09</b>	
License/EST. ID # <b>944</b>	Address	City/State	Zip Code	Telephone	

### TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
cooler 1	40°				140°
cooler 2	40°				140°
	40°	Serrano Bole 200ppm cust ok		Tuna Salad mayo	45 48

### OBSERVATIONS AND CORRECTIVE ACTIONS

Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 and 8-406.11 of the Food Code.

Item Number	Violations	Time	Code
	<del>MESMO Thermometer</del>		
53	map STORED / must be hand up		
M	NO SANITATION Buckets on site	9:25 A.M.	C.05
49	Leak in Plumbing must be connected		
20	col/ hold not correct		

\*

Hand sink is necessary for Prep & Dough Room Area  
Please plan on installing -  
- 3 Bay SINK not be used  
As hand sink

Hand sinks are for hand wash only per code

Thank you -

Person in Charge (Signature) <b>Bon Waters</b>	Date
Health Inspector (Signature) <b>Suzanne Hunt</b>	Date <b>3-17-09</b>