

401-A005

City of Portland Health Inspection Report

Establishment Name Aramark @ L.L. Bean Northport	No. of Risk Factor/Intervention Violations	Date 3-13-09
	No. of Repeat Risk Factor/Intervention Violations	Time In _____
License/Est. ID# 1017	Address 1337 Washington	City/State Portland ME
License Posted <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Owner Name Aramark	Purpose of Inspection Annual
		Score (optional) 95
		Time Out _____
		Telephone _____
		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
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	<input checked="" type="radio"/> N/O		Proper eating, tasting, drinking, or tobacco use			
55	<input checked="" type="radio"/> IN <input type="radio"/> OUT	<input checked="" type="radio"/> N/O		No discharge from eyes, nose, and mouth			
Preventing Contamination by Hands							
56	<input checked="" type="radio"/> IN <input type="radio"/> OUT	<input checked="" type="radio"/> N/O		Hands clean & properly washed			
27	<input checked="" type="radio"/> IN <input type="radio"/> OUT	<input checked="" type="radio"/> N/A	<input checked="" type="radio"/> N/O	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 checked="" type="radio"/> N/A	<input checked="" type="radio"/> N/O	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 checked="" type="radio"/> N/A	<input checked="" type="radio"/> N/O	Required records available: shellstock tags, parasite destruction			
Protection from Contamination							
213	<input checked="" type="radio"/> IN <input type="radio"/> OUT	<input checked="" type="radio"/> N/A		Food separated & protected			
214	<input checked="" type="radio"/> IN <input type="radio"/> OUT	<input checked="" 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			
Potentially Hazardous Food Time/Temperature							
516	<input checked="" type="radio"/> IN <input type="radio"/> OUT	<input checked="" type="radio"/> N/A	<input checked="" type="radio"/> N/O	Proper cooking time & temperatures			
517	<input checked="" type="radio"/> IN <input type="radio"/> OUT	<input checked="" type="radio"/> N/A	<input checked="" type="radio"/> N/O	Proper reheating procedures for hot holding			
518	<input checked="" type="radio"/> IN <input type="radio"/> OUT	<input checked="" type="radio"/> N/A	<input checked="" type="radio"/> N/O	Proper cooling time & temperature			
519	<input checked="" type="radio"/> IN <input type="radio"/> OUT	<input checked="" type="radio"/> N/A	<input checked="" type="radio"/> N/O	Proper hot holding temperatures			
520	<input checked="" type="radio"/> IN <input type="radio"/> OUT	<input checked="" type="radio"/> N/A		Proper cold holding temperatures			
521	<input checked="" type="radio"/> IN <input type="radio"/> OUT	<input checked="" type="radio"/> N/A	<input checked="" type="radio"/> N/O	Proper date marking & disposition			
522	<input checked="" type="radio"/> IN <input type="radio"/> OUT	<input checked="" type="radio"/> N/A	<input checked="" type="radio"/> N/O	Time as a public health control: procedures & record			
Consumer Advisory							
523	<input checked="" type="radio"/> IN <input type="radio"/> OUT	<input checked="" 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 checked="" type="radio"/> N/A		Pasteurized foods used; prohibited foods not offered			
Chemical							
525	<input checked="" type="radio"/> IN <input type="radio"/> OUT	<input checked="" 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 checked="" type="radio"/> 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
528	Pasteurized eggs used where required			241	In-use utensils: properly stored		
529	Water & ice from approved source			242	Utensils, equipment & linens: properly stored, dried & handled		
30	Variance obtained for specialized processing			243	Single-use & single-service articles: properly stored & used		
Food Temperature Control							
531	Proper cooling methods used; adequate equipment for temperature control			244	Gloves used properly		
532	Plant food properly cooked for hot holding			Utensil, Equipment and Vending			
533	Approved thawing methods used			245	Food & non-food contact surfaces cleanable, properly designed, constructed, & used		
134	Thermometers provided & accurate			146	Warewashing facilities: installed, maintained, & used; test strips		
Food Identification							
135	Food properly labeled; original container			147	Non-food contact surfaces clean		
Prevention of Food Contamination							
436	Insects, rodents, & animals not present			Physical Facilities			
237	Contamination prevented during food preparation, storage & display			448	Hot & cold water available; adequate pressure		
538	Personal cleanliness			549	Plumbing installed; proper backflow devices		
139	Wiping cloths: properly used & stored			550	Sewage & waste water properly disposed		
140	Washing fruits & vegetables		X	251	Toilet facilities: properly constructed, supplied, & cleaned		
				252	Garbage & refuse properly disposed; facilities maintained		
				153	Physical facilities installed, maintained, & clean		
				154	Adequate ventilation & lighting; designated areas used		

Person in Charge (Signature) *Ma J*

Date: **3.13.09**

Health Inspector (Signature) *Suz Hom*

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

City of Portland Health Inspection Report

Establishment Name	As Authorized by 22 MRSA § 2496	Date
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License/EST. ID #	Address	City/State	Zip Code	Telephone
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TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Cooler 1	40				
2	40	D. Wash		Hot Hold Box	
3	40	Hot Hold	ok	Machine	150°
4	0				

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

- 49 No AIR GAP at Prep sink as required by state Plumbing Code
- 39 No sponges allowed any food contact surface - Eliminate (COS.)
- 37 Scoops in Food product (rice) handle up COS.

Person in Charge (Signature)

Date

Health Inspector (Signature)

Date