

401- A006

# City of Portland Health Inspection Report

Establishment Name <b>RH House of Pizza</b>	No. of Risk Factor/Intervention Violations	Date <b>March 17-09</b>
	No. of Repeat Risk Factor/Intervention Violations	Time In _____
License/Est. ID# <b>8804</b>	Address <b>1759 Washington Av</b>	City/State <b>RH M</b>
License Posted <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Owner Name	Purpose of Inspection <b>Annual</b>
		Est. Type
		Risk Category
	Score (optional) <b>100</b>	Time Out _____
		Telephone

## 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>							
51	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT			516	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O		
	PIC present, demonstrates knowledge, and performs duties			517	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O		
<b>Employee Health</b>							
52	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT			518	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O		
	Management awareness; policy present			519	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		
53	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT			520	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		
	Proper use of reporting, restriction & Exclusion			521	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O		
<b>Good Hygienic Practices</b>							
54	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O			522	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O		
	Proper eating, tasting, drinking, or tobacco use				Time as a public health control: procedures & record		
55	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O			<b>Consumer Advisory</b>			
	No discharge from eyes, nose, and mouth			523	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A		
<b>Preventing Contamination by Hands</b>							
56	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O				Consumer advisory provided for raw or undercooked foods		
	Hands clean & properly washed			<b>Highly Susceptible Populations</b>			
27	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O			524	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A		
	No bare hand contact with RTE foods or approved alternate method properly followed				Pasteurized foods used; prohibited foods not offered		
58	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT			<b>Chemical</b>			
	Adequate handwashing facilities supplied & accessible			525	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A		
<b>Approved Source</b>							
59	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT			526	<input type="checkbox"/> IN <input type="checkbox"/> OUT		
	Food obtained from approved source				Food additives: approved & properly used		
510	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O				Toxic substances properly identified, stored, & used		
	Food received at proper temperature			<b>Conformance with Approved Procedures</b>			
511	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT			527	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A		
	Food in good condition, safe, & unadulterated				Compliance with variance, specialized process, & HACCP plan		
112	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O			<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.			
	Required records available: shellstock tags, parasite destruction						
<b>Protection from Contamination</b>							
213	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A						
	Food separated & protected						
214	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A						
	Food-contact surfaces: cleaned & sanitized						
515	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT						
	Proper disposition of returned, previously served, reconditioned, & unsafe food		X				

## 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		
<b>Food Temperature Control</b>							
531	Proper cooling methods used; adequate equipment for temperature control			244	Gloves used properly		
532	Plant food properly cooked for hot holding			<b>Utensil, Equipment and Vending</b>			
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		
<b>Food Identification</b>							
135	Food properly labeled; original container			147	Non-food contact surfaces clean		
<b>Prevention of Food Contamination</b>							
436	Insects, rodents, & animals not present			<b>Physical Facilities</b>			
237	Contamination prevented during food preparation, storage & display		X	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			251	Toilet facilities: properly constructed, supplied, & cleaned		
				252	Garbage & refuse properly disposed; facilities maintained		
				153	Physical facilities installed, maintained, & clean		X
				154	Adequate ventilation & lighting; designated areas used		

Person in Charge (Signature)

Date:

3-17-09

Health Inspector (Signature)

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