

# City of Portland Health Inspection Report

Establishment Name <i>Rite Aid</i>	No. of Risk Factor/Intervention Violations	Date <i>10-17-08</i>		
	No. of Repeat Risk Factor/Intervention Violations	Time In <i>11:00</i>		
	Score (optional) <i>98</i>	Time Out <i>11:50</i>		
License/Est. ID# <i>City 653</i>	Address <i>365 Allen Ave.</i>	City/State <i>Portland, Me.</i>	Zip Code <i>04101</i>	Telephone <i>797-4351</i>
License Posted <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Owner Name <i>Rite Aid of Maine</i>	Purpose of Inspection <i>Yearly</i>	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"/> IN <input type="radio"/> OUT			PIC present, demonstrates knowledge, and performs duties			
<b>Employee Health</b>							
5 2	<input checked="" type="radio"/> IN <input type="radio"/> OUT			Management awareness; policy present			
5 3	<input checked="" type="radio"/> IN <input type="radio"/> OUT			Proper use of reporting, restriction & Exclusion			
<b>Good Hygienic Practices</b>							
5 4	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/O			Proper eating, tasting, drinking, or tobacco use			
5 5	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/O			No discharge from eyes, nose, and mouth			
<b>Preventing Contamination by Hands</b>							
5 6	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/O			Hands clean & properly washed			
2 7	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			No bare hand contact with RTE foods or approved alternate method properly followed			
5 8	<input type="radio"/> IN <input type="radio"/> OUT			Adequate handwashing facilities supplied & accessible			
<b>Approved Source</b>							
5 9	<input type="radio"/> IN <input type="radio"/> OUT			Food obtained from approved source			
5 10	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			Food received at proper temperature			
5 11	<input type="radio"/> IN <input type="radio"/> OUT			Food in good condition, safe, & unadulterated			
1 12	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			Required records available: shellstock tags, parasite destruction			
<b>Protection from Contamination</b>							
2 13	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A			Food separated & protected			
2 14	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A			Food-contact surfaces: cleaned & sanitized			
5 15	<input type="radio"/> IN <input type="radio"/> OUT			Proper disposition of returned, previously served, reconditioned, & unsafe food			
<b>Potentially Hazardous Food Time/Temperature</b>							
5 16	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			Proper cooking time & temperatures			
5 17	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			Proper reheating procedures for hot holding			
5 18	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			Proper cooling time & temperature			
5 19	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			Proper hot holding temperatures			
5 20	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A			Proper cold holding temperatures			
5 21	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			Proper date marking & disposition			
5 22	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			Time as a public health control: procedures & record			
<b>Consumer Advisory</b>							
5 23	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A			Consumer advisory provided for raw or undercooked foods			
<b>Highly Susceptible Populations</b>							
5 24	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A			Pasteurized foods used; prohibited foods not offered			
<b>Chemical</b>							
5 25	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A			Food additives: approved & properly used			
5 26	<input type="radio"/> IN <input type="radio"/> OUT			Toxic substances properly identified, stored, & used			
<b>Conformance with Approved Procedures</b>							
5 27	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> 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		
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) *[Signature]* Date: *Oct. 17, 2008*

Health Inspector (Signature) *[Signature]* Follow-up: YES  NO  (circle one) Follow-up Date:

CBL\* 401A042

# City of Portland Health Inspection Report

Establishment Name <i>Pete's</i>		As Authorized by 22 MRSA § 2496		Date <i>10-17-08</i>	
License/EST. ID # <i>City # 653</i>	Address <i>365 Allen Ave.</i>	City/State <i>Portland, Me.</i>	Zip Code <i>04102</i>	Telephone <i>797-4351</i>	

### TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
<i>Upright cooler 1</i>	<i>40°</i>	<i>Juice + Soda</i>			
<i>" " " 2</i>	<i>36°</i>	<i>Liq.</i>			
<i>" " " 3</i>	<i>34°</i>	<i>Legs</i>			
<i>" " " 4</i>	<i>34°</i>	<i>Milk</i>			
<i>Upright freezer</i>	<i>-12</i>	<i>Ice + Soft Cream</i>			

### 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 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.
<i>#51</i>	<i>Hand dryer Men's Room not working</i>

Person in Charge (Signature) <i>x Carter Newer</i>	Date <i>10-17-08</i>
Health Inspector (Signature) <i>W. B. M...</i>	Date <i>10-17-08</i>