ÿ	City of Portland	H	ea	Ith		ns	pecti	Or	1 Keport	Page _of _	
Establishment Name			o. of			Date 6-22-09					
Parker's Restaurant			o. of	Rep	eat	Time In 12:47					
									Score (optional)		کر
License/Est. ID#	Address	g	C	Ci	ty/S	State	. \ 6	2	Zip Code	Telephone	0
# 5501	January Dell	en	Ch	4	7	ON.	lond,	INF	. 04103	878-333	7 1
License Posted	Owner Name			Pu	Purpose of Inspection		tion	Est. Type	Risk Category		
∭ Yes []No							_				
Olympia ata-alawa	FOODBORNE ILLNESS RISK FA							ALI			D
	ated compliance status (IN, OUT, N/O, N/A) DUT =not in compliance N/O =not observed							=cori	iviark "א in appropi rected on-site during ins	riate box for COS and pection R=repeat vi	
Compliance Status	The till complained have the territories	cos					nce Statu			production in the production i	cos
	Supervision		375	3					/ Hazardous Food Tim	e/Temperature	
1 DOUT	PIC present, demonstrates knowledge, and	<u> </u>							Proper cooking time & te		
	performs duties								Proper reheating procedu		
	Employee Health	-							Proper cooling time & ter		
	Management awareness; policy present		H			(IV)	N A/NTUC		Proper hot holding temper Proper cold holding temper		
3 WOOUT	Proper use of reporting, restriction & Exclusion Good Hygienic Practices	elleyine.					N A/NTUC		Proper date marking & di		+-+
5 4 N OUT N/O	Proper eating, tasting, drinking, or tobacco use	4(3.00	grade de				N A/NTUC	1/0	Time as a public health of		+ +
A46.	No discharge from eyes, nose, and mouth					-		- 1	& record	,	
Preve	enting Contamination by Hands	14.55			w.i				Consumer Advisor		
	Hands clean & properly washed			5	23	(A)	N TUC	1	Consumer advisory provid	led for raw or	
	No bare hand contact with RTE foods or			-	<u></u>	<u> </u>			undercooked foods	1-41	
1 1	approved alternate method properly followed Adequate handwashing facilities supplied &		1	_	121	(11/2)	OUT N		ghly Susceptible Popu Pasteurized foods used;		
140	accessible			٦	, 24	(m)	001 N		offered	prombited todas not	
	Approved Source	3 15 16		-				(1000)	Chemical		1000
5 9 (IN OUT	Food obtained form approved source			5	25	OD	OUT N	I/A	Food additives: approved	& properly used	
	Food received at proper temperature			5	26	100	OUT		Toxic substances properl	y identified, stored,	
	Food in good condition, safe, & unadulterated				_				& used		
1 1	Required records available: shellstock				107	ION.			mance with Approved		
	tags, parasite destruction			٦	2/	D	001 1		Compliance with variance process, & HACCP plan	e, specialized	
	Food separated & protected			-		J					1
	Food-contact surfaces: cleaned & sanitized		\vdash						oper practices or proced		
	Proper disposition of returned, previously								factors of foodborne illnes rol measures to prevent		
	served, reconditioned, & unsafe food	<u> </u>						COITL	Tol measures to prevent	TOOGDOTTIE IIITIESS OF I	ii ijui y.
	GOO										
Good F	Retail Practices are preventative measures to c	ontro	ol the	add	tion	of pa	thogens, c	chem	nicals, and physical object	s into foods.	
Mark "X" in box if num	bered item is not in compliance Mark "X" in ap			ox f	or C	OS ar	nd/or R C	cos=	corrected on-site during in	spection R=repeat vio	
	Safe Food and Water	co	SR						Proper Use of Utens	sile	cos
5 28 Pasteurized egg	s used where required			2	2 41	ПТ	n-use uten	sils:	properly stored	-M-S	
	n approved source		-		42				nent & linens: properly sto	ored, dried & handled	1
	ed for specialized processing			2	43	3 8	Single-use	& sir	ngle-service articles: prope		
	Food Temperature Control	3404		2	2 44	1 C	aloves use				
	methods used; adequate equipment for								ensil, Equipment and		
temperature co	ntrol erly cooked for hot holding	_	_	12	2 45				od contact surfaces cleana tructed, & used	able, properly	
	ng methods used	-		-	46				acilities: installed, maintain	ed & used test string	
	provided & accurate	+		1		_ 1 _ 1			ct surfaces clean	iou, a acou, tool olipo	
	Food Identification	1 335	34 2 4 2 1				tariyyan (Seriili	i nadit	Physical Facilities		i iliyati
1 35 Food properly la	abeled; original container				1 48				er available; adequate pre		
	vention of Food Contamination	1 2	14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	5					led; proper backflow device		
	, & animals not present			15	5 50				te water properly disposed		_
2 37 Contamination p 5 38 Personal clean	revented during food preparation, storage & displantation	ау			2 51 2 52				properly constructed, sup use properly disposed; fac		-
	roperly used & stored	-	-	-	53				es installed, maintained, &		-
1 40 Washing fruits		+	+		1 54				lation & lighting; designat		
Person in Charge (Sign	nature) & MACOM		1		and the second		[Date	po-22-09		
Health Inspector (Sign	ature) will mount			F	ollov	w-up:	YES (NO	(circle one) Follow-t	up Date:	

CBL# 401 A 044

	City of Por	tland Health Ins	pection R	eport	Page <u></u> of <u></u>
Establishment Name		As Authorized by 22			Date
Parker's Re	tranate				6-22-09
License/EST. ID#	Address	lington Tre Portle	and, We.	Zip Code	Telephone 878 - 3339
			RVATIONS	12.00	
Bar area cool		Item/Location Dishumber for when	Temp	Item/Lo	ocation Temp
Wardt "	370	Ballwany	1200		
Kit case Up	38°				
18 88	3.70				
	370				
Walk-in	360				
E vouse	2.0°		1 -		
arrentes and a second	008	ERVATIONS AND CORR			erjarraa se
Item Violations cité Number	ed in this report must be coi	rrected within the time frames be	low, or as stated in s	ections 8-405.11	and 8-406.11 of the Food Code.
*34 Their	womaters in con				
	660:00	nies			
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	THE CONTRACT OF STREET, STREET				
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		ASI Men			6
Person in Charge (Sign	Λ .	VI DUN			Date 6-22-09
Health Inspector (Signa	ature) www. w	(July 1			Date 6-22-09