	ity of Portland	Hoa	lth l	lnei	nectic		Report	Page 1 of 3		
S					Date 7-29-08					
Establishment Name					nterventior		on Violations	Time In 21170		i.
Parkers Restan	sand I was	140. 01 1	tepeat	HISK			re (optional)	Time Out 3:3/		
License/Est. ID#	Address		City/	State			Zip Code	Telephone		. !
Address (SUB LANGE)		V10 D.	estiland Me				04102	878-3339		
License Posted	1349 Washingto	W-pc	Purn		f Inspectio		Est. Type	Risk Category		
[X] Yes [] No	Parles Rest.		4	Des			,	Thor outegory		
	ORNE ILLNESS RISK FA	CTOPS				THII	MTERVENTIO	INC		
	OHNE ILLNESS RISK FA ce status (IN, OUT, N/O, N/A) f					_		ropriate box for COS an	d/or F	}
IN= in compliance OUT=not in co						orrecte	, ,	inspection R=repeat v		
Compliance Status		COSR			nce Status				cos	_
Supervision					Potentia			Time/Temperature		
5 1 IN OUT PIC present, demonstrates knowledge, and			5 16		DUTN/A N/C DUTN/A N/C	Prop	per cooking time &	R temperatures bedures for hot holding	-	-
performs duties  Employee Health		a. 200 - N			OUT N/A N/C		per cooling time &	A TOTAL OF A CONTROL OF A CONTR		-
5 2  (IN) OUT   Management a	wareness; policy present		5 19	(IN)	DUTN/A N/C	Prop	per hot holding te			
	5 3 IN OUT Proper use of reporting, restriction & Exclusion				DUT N/A DUTN/A N/C		per cold holding to per date marking		-	-
	nic Practices tasting, drinking, or tobacco use				DUTN/A N/C			Ith control: procedures	-	-
5 5 IN OUT N/O No discharge f	rom eyes, nose, and mouth			9			cord	•		_
	mination by Hands	ila, distri	5123		OUT N/A		<b>Consumer Advi</b> sumer advisory pr			
5 6 (IN) OUT N/O Hands clean & 2 7 (IN) OUTN/A N/O No bare hand	contact with RTE foods or		13/20		301 14/7		ercooked foods	ovided for faw or		
approved alter	nate method properly followed						Susceptible P			
	dwashing facilities supplied &		5 24	1 11)	DUT N/A	\ Pasi offe		ed; prohibited foods not		
accessible	d Source				lee eduin	Jone	Chemical		0 25000	
Approved Source    5 9 (IN) OUT   Food obtained form approved source			5 25		OUT N/A			oved & properly used		T
5 10 IN OUT N/A N/O Food received			5 26	3 110	TUC	Toxi		perly identified, stored,		
	condition, safe, & unadulterated rds available: shellstock		H		Conf		seu I <b>ce with Approv</b>	/ed Procedures	S. January	
tags, parasite			5 27	7( IN)		Con	npliance with varia	ance, specialized		T
	n Contamination			40,000		proc	ess, & HACCP pl	lan		L
2 13 IN OUT N/A Food separate N/A Food-contact s	surfaces: cleaned & sanitized							cedures identified as the		it
	tion of returned, previously							llness or injury. Public He ent foodborne illness or		,
served, recond	ditioned, & unsafe food					HUOI II	leasures to previ	ent locabottle illiness of	ii ijui y	<u> </u>
	GOOL are preventative measures to c	O RETA				omical	and physical of	placts into foods		
Mark "X" in box if numbered item is <b>n</b>	are preventative measures to cook in compliance Mark "X" in ap	ontroi the propriate b	addition ox for (	COS ar	imogens, ch nd/or R <b>CO</b>	S=corr	ected on-site durin	ng inspection <b>R</b> =repeat vi	olation	1
		COSR							cos	
5 28 Pasteurized eggs used where	l and Water		2 4	1 I II	n-use utensi		Proper Use of U	tensiis		-
5 29 Water & ice from approved so		+	2 4	2 X L	Itensils, equ	ipment	& linens: properly	y stored, dried & handled		
30 Variance obtained for specialis								properly stored & used		$\downarrow$
5 31 Proper cooling methods used;	erature Control	14.0-4	2 4	4 0	aloves used		ıy il, Equipment a	nd Vending		+
temperature control	adoquato oquipment ter		2 4	5 F			ontact surfaces cl			T
5 32 Plant food properly cooked for			1 4		lesigned, co			ntained, & used; test strip		$\perp$
5 33 Approved thawing methods us 1 34 Thermometers provided & acc			1 4				urfaces clean	itaineu, a useu, test strip	-	+
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	entification	i alem er					Physical Facil			
1 35 Food properly labeled; original container  Prevention of Food Contamination			4 4 5 4				vailable; adequate proper backflow o			$\bot$
4 36 Insects, rodents, & animals not present							ater properly disp		+	+
	food preparation, storage & displa	ay	2 5	1 1	oilet facilitie	s: prop	erly constructed,	supplied, & cleaned		T
5 38 Personal cleanliness			2 5					facilities maintained		$\perp$
1 39 Wiping cloths: properly used 8 1 40 Washing fruits & vegetables	stored		1 5				stalled, maintaine n & lighting; desig	gnated areas used		+
Person in Charge (Signature)	NR.A						July ER			
Health Inspector (Signature)	Lumpy ely		Follo	ow-up:	YES (N	O Ycir	cle one) Follo	ow-up Date:		

Cit	y of Por	tland Healt	th Inspec	ction F	Report	Page <u>2</u> of <u>2</u>
tablishment Name		As Authori	zed by 22 MRSA	§ 2496		Date
Robers Restani	ve tuas	re.			'	1-50-08
cense/EST. ID #	Address	religionation and			Zip Code 04162	Telephone BTB-3339
Item/Location	Temp	TEMPERATUR Item/Locati		Temp	Item/Lo	ocation Temp
1	Oc	Hard Sink		200	1101111	
in it howard	280	Bath Leen	sink i	(DC		
Prep cools	370					
Rya.	380	Hood Sever	red lot	30	_, , ,	
Beek Kog ceder	3.00					
Baen Cooler ben	388					
Wire cooler pour	380					The state of the s
Wene cooler	OBS	SERVATIONS ANI	D CORRECTI	VE ACTIO	NS	
Item Violations cited in this re	eport must be co	prrected within the time	frames below, or	as stated in s	sections 8-405.11	and 8-406.11 of the Food Code
umber						
12 Men mach	sato be	bairbira	P-4	11.10		
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49 Plummu	a uneum	C Granners		, les	va sene	Mark to had
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	1 1	Λ /				
erson in Charge (Signature)	A/Q/A	<b>X</b>				Date 7-29-08