

City of Portland Health Inspection Report

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|--|--|---|--------------------------|------------------------------|--|
| Establishment Name <i>Donatelli's Variety</i> | | No. of Risk Factor/Intervention Violations | | Date <i>7-23-08</i> | |
| | | No. of Repeat Risk Factor/Intervention Violations | | Time In <i>10:00</i> | |
| | | Score (optional) <i>93</i> | | Time Out <i>12:00</i> | |
| License/Est. ID# | Address <i>1223 Washington Ave</i> | City/State <i>Portland, Me.</i> | Zip Code <i>04102</i> | Telephone <i>885-9800</i> | |
| License Posted [] Yes [] No | Owner Name <i>Angelo Samolietti</i> | Purpose of Inspection <i>New Owner</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 |
|---|---|--------------------------------------|-----|--|--|-----|---|
| 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 | N/O | | Proper eating, tasting, drinking, or tobacco use | | | |
| 55 | <input checked="" type="radio"/> IN <input type="radio"/> OUT | N/O | | No discharge from eyes, nose, and mouth | | | |
| Preventing Contamination by Hands | | | | | | | |
| 56 | <input checked="" type="radio"/> IN <input type="radio"/> OUT | N/O | | Hands clean & properly washed | | | |
| 27 | <input checked="" type="radio"/> IN <input type="radio"/> OUT | N/A | 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 | N/A | 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 | N/A | N/O | Required records available: shellstock tags, parasite destruction | | | |
| Protection from Contamination | | | | | | | |
| 213 | <input checked="" type="radio"/> IN <input type="radio"/> OUT | N/A | | Food separated & protected | | | |
| 214 | <input checked="" type="radio"/> IN <input type="radio"/> OUT | 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 | N/A | N/O | Proper cooking time & temperatures | | | |
| 517 | <input checked="" type="radio"/> IN <input type="radio"/> OUT | N/A | N/O | Proper reheating procedures for hot holding | | | |
| 518 | <input checked="" type="radio"/> IN <input type="radio"/> OUT | N/A | N/O | Proper cooling time & temperature | | | |
| 519 | <input checked="" type="radio"/> IN <input type="radio"/> OUT | N/A | N/O | Proper hot holding temperatures | | | |
| 520 | <input checked="" type="radio"/> IN <input type="radio"/> OUT | N/A | | Proper cold holding temperatures | | | |
| 521 | <input checked="" type="radio"/> IN <input type="radio"/> OUT | N/A | N/O | Proper date marking & disposition | | | |
| 522 | <input checked="" type="radio"/> IN <input type="radio"/> OUT | N/A | N/O | Time as a public health control: procedures & record | | | |
| Consumer Advisory | | | | | | | |
| 523 | <input 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 | N/A | | Pasteurized foods used; prohibited foods not offered | | | |
| Chemical | | | | | | | |
| 525 | <input checked="" type="radio"/> IN <input type="radio"/> OUT | 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 | 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 | <input checked="" type="checkbox"/> 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 | <input checked="" type="checkbox"/> 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 | | |
| | | | | 154 | Adequate ventilation & lighting; designated areas used | | |

Person in Charge (Signature) *[Signature]*

Date: *July 23, 2008*

Health Inspector (Signature) *[Signature]*

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

City of Portland Health Inspection Report

Establishment Name

Donatelli's Variety

As Authorized by 22 MRSA § 2496

Date

7-23-08

License/EST. ID #

Address

1223 Washington Ave.

City/State

Portland, Me.

Zip Code

04102

Telephone

885-9800

TEMPERATURE OBSERVATIONS

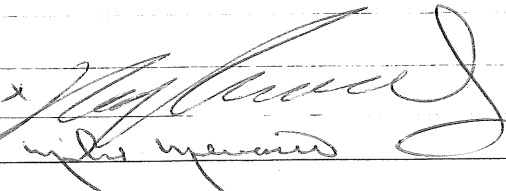
| Item/Location | Temp | Item/Location | Temp | Item/Location | Temp |
|------------------------------|------------|---------------|------|---------------|------|
| <i>Cooler behind counter</i> | <i>39°</i> | | | | |
| <i>Walk-in</i> | <i>34°</i> | | | | |
| <i>Milk cooler</i> | <i>38°</i> | | | | |
| <i>Ice Cream Cooler</i> | <i>20°</i> | | | | |
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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.

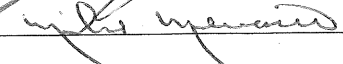
| Item Number | Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 and 8-406.11 of the Food Code. |
|-------------|--|
| <i>41</i> | <i>Replace peg board holding utensils 3-304.12</i> |
| <i>50</i> | <i>Fix drain under sink 5-403.11</i> |
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Person in Charge (Signature)



Date *7-23-08*

Health Inspector (Signature)



Date *7-23-08*