

City of Portland Health Inspection Report

Establishment Name <i>Pizza Time</i>		No. of Risk Factor/Intervention Violations		Date <i>9-20-10</i>	
		No. of Repeat Risk Factor/Intervention Violations		Time In _____	
License/Est. ID#		Address <i>Venue St</i>		City/State	
License Posted [] Yes [] No		Owner Name		Est. Type	
		Purpose of Inspection <i>complaint via state</i>		Score (optional)	
		Zip Code		Telephone	
		Risk Category			

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item
 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
Supervision			
5 1	<input checked="" type="radio"/> IN <input type="radio"/> OUT		<input checked="" type="checkbox"/>
PIC present, demonstrates knowledge, and performs duties			
Employee Health			
5 2	<input checked="" type="radio"/> IN <input type="radio"/> OUT		<input checked="" type="checkbox"/>
Management awareness; policy present			
5 3	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
Proper use of reporting, restriction & Exclusion			
Good Hygienic Practices			
5 4	<input checked="" type="radio"/> IN <input type="radio"/> OUT	N/O	
Proper eating, tasting, drinking, or tobacco use			
5 5	<input checked="" type="radio"/> IN <input type="radio"/> OUT	<input checked="" type="radio"/> N/O	
No discharge from eyes, nose, and mouth			
Preventing Contamination by Hands			
5 6	<input checked="" type="radio"/> IN <input type="radio"/> OUT	<input checked="" type="radio"/> N/O	
Hands clean & properly washed			
2 7	<input checked="" type="radio"/> IN <input type="radio"/> OUT	<input checked="" 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 checked="" type="radio"/> IN <input type="radio"/> OUT		
Adequate handwashing facilities supplied & accessible			
Approved Source			
5 9	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
Food obtained from approved source			
5 10	<input checked="" type="radio"/> IN <input type="radio"/> OUT	<input checked="" type="radio"/> N/A <input type="radio"/> N/O	
Food received at proper temperature			
5 11	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
Food in good condition, safe, & unadulterated			
1 12	<input checked="" type="radio"/> IN <input type="radio"/> OUT	<input checked="" type="radio"/> N/A <input type="radio"/> N/O	
Required records available: shellstock tags, parasite destruction			
Protection from Contamination			
2 13	<input checked="" type="radio"/> IN <input type="radio"/> OUT	N/A	
Food separated & protected			
2 14	<input checked="" type="radio"/> IN <input type="radio"/> OUT	N/A	
Food-contact surfaces: cleaned & sanitized			
5 15	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
Proper disposition of returned, previously served, reconditioned, & unsafe food			

Compliance Status		COS	R
Potentially Hazardous Food Time/Temperature			
5 16	<input checked="" type="radio"/> IN <input type="radio"/> OUT	<input checked="" type="radio"/> N/A <input type="radio"/> N/O	
Proper cooking time & temperatures			
5 17	<input checked="" type="radio"/> IN <input type="radio"/> OUT	<input checked="" type="radio"/> N/A <input type="radio"/> N/O	
Proper reheating procedures for hot holding			
5 18	<input checked="" type="radio"/> IN <input type="radio"/> OUT	<input checked="" type="radio"/> N/A <input type="radio"/> N/O	
Proper cooling time & temperature			
5 19	<input checked="" type="radio"/> IN <input type="radio"/> OUT	<input checked="" type="radio"/> N/A <input type="radio"/> N/O	
Proper hot holding temperatures			
5 20	<input checked="" type="radio"/> IN <input type="radio"/> OUT	N/A	
Proper cold holding temperatures			
5 21	<input checked="" type="radio"/> IN <input type="radio"/> OUT	<input checked="" 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 checked="" type="radio"/> N/A <input type="radio"/> N/O	
Time as a public health control: procedures & record			
Consumer Advisory			
5 23	<input checked="" type="radio"/> IN <input type="radio"/> OUT	<input checked="" type="radio"/> N/A	
Consumer advisory provided for raw or undercooked foods			
Highly Susceptible Populations			
5 24	<input checked="" type="radio"/> IN <input type="radio"/> OUT	<input checked="" type="radio"/> N/A	
Pasteurized foods used; prohibited foods not offered			
Chemical			
5 25	<input checked="" type="radio"/> IN <input type="radio"/> OUT	<input checked="" type="radio"/> N/A	
Food additives: approved & properly used			
5 26	<input checked="" type="radio"/> IN <input type="radio"/> OUT		<input checked="" type="checkbox"/>
Toxic substances properly identified, stored, & used			
Conformance with Approved Procedures			
5 27	<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

Compliance Status		COS	R
Safe Food and Water			
5 28	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
Pasteurized eggs used where required			
5 29	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
Water & ice from approved source			
30	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
Variance obtained for specialized processing			
Food Temperature Control			
5 31	<input checked="" type="radio"/> IN <input type="radio"/> OUT		<input checked="" type="checkbox"/>
Proper cooling methods used; adequate equipment for temperature control			
5 32	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
Plant food properly cooked for hot holding			
5 33	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
Approved thawing methods used			
1 34	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
Thermometers provided & accurate			
Food Identification			
1 35	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
Food properly labeled; original container			
Prevention of Food Contamination			
4 36	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
Insects, rodents, & animals not present			
2 37	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
Contamination prevented during food preparation, storage & display			
5 38	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
Personal cleanliness			
1 39	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
Wiping cloths: properly used & stored			
1 40	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
Washing fruits & vegetables			

Compliance Status		COS	R
Proper Use of Utensils			
2 41	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
In-use utensils: properly stored			
2 42	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
Utensils, equipment & linens: properly stored, dried & handled			
2 43	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
Single-use & single-service articles: properly stored & used			
2 44	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
Gloves used properly			
Utensil, Equipment and Vending			
2 45	<input checked="" type="radio"/> IN <input type="radio"/> OUT		<input checked="" type="checkbox"/>
Food & non-food contact surfaces cleanable, properly designed, constructed, & used			
1 46	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
Warewashing facilities: installed, maintained, & used; <u>test strips</u>			
1 47	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
Non-food contact surfaces clean			
Physical Facilities			
4 48	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
Hot & cold water available; adequate pressure			
5 49	<input checked="" type="radio"/> IN <input type="radio"/> OUT		<input checked="" type="checkbox"/>
Plumbing installed; proper backflow devices <u>OK</u>			
5 50	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
Sewage & waste water properly disposed			
2 51	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
Toilet facilities: properly constructed, supplied, & cleaned			
2 52	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
Garbage & refuse properly disposed; facilities maintained			
1 53	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
Physical facilities installed, maintained, & clean			
1 54	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
Adequate ventilation & lighting; designated areas used			

Person in Charge (Signature) <i>William MacRend</i> <i>797-5865</i> Date: <i>9-20-10</i>	
Health Inspector (Signature) <i>[Signature]</i>	Follow-up: <input checked="" type="radio"/> YES <input type="radio"/> NO (circle one) Follow-up Date: <i>2 weeks</i>

City of Portland Health Inspection Report

Establishment Name PIZZA TIME		As Authorized by 22 MRSA § 2496		Date 9-20-10	
License/EST. ID #	Address Vernon St	City/State Portland	Zip Code	Telephone	

TEMPERATURE OBSERVATIONS					
Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Water	130°				
Walkin	39°				

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.
8	No HANDSINK No GARBAGE area ENCLOSURE 2 Bay need to cleanable surface / counter & wall 4 weeks
37	All open product to be stored in AIR TIGHT NSF Containers
(cos) 26	All Bleach Test strips to confirm Sanitation TODAY Chem floor cleaner on rack w/ glasses Do not store chemicals separately TODAY
45	Counter tops to be Replaced - 8 weeks Broken floor area to be REPAIRS/REPLACED.
14	Sanitation 46 ① Test strip ② place to air dry dishes 8 weeks
(cos) (31)	Cool PIZZA ingredients on ice while prep

Person in Charge (Signature) 	Date 9-20-10
Health Inspector (Signature)	Date