

City of Portland Health Inspection Report

Establishment Name <i>Veranda Noodle Bar</i>		No. of Risk Factor/Intervention Violations		Date <i>10-1-09</i>	
		No. of Repeat Risk Factor/Intervention Violations			Time In <i>1:01</i>
License/Est. ID# <i>NEW</i>		Address <i>14 Veranda St.</i>	City/State <i>Portland, Me.</i>	Zip Code <i>04103</i>	Time Out <i>1:29</i>
License Posted [] Yes [] No		Owner Name <i>Hai X. Pham</i>	Purpose of Inspection <i>NEW</i>	Est. Type	Telephone <i>749-6715</i>
				Score (optional) <i>100</i>	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 Mark "X" in appropriate box for COS and/or R
 COS=corrected on-site during inspection R=repeat violation

Compliance Status			COS	R
Supervision				
5 1	IN OUT	PIC present, demonstrates knowledge, and performs duties		
Employee Health				
5 2	IN OUT	Management awareness; policy present		
5 3	IN OUT	Proper use of reporting, restriction & Exclusion		
Good Hygienic Practices				
5 4	IN OUT	N/O Proper eating, tasting, drinking, or tobacco use		
5 5	IN OUT	N/O No discharge from eyes, nose, and mouth		
Preventing Contamination by Hands				
5 6	IN OUT	N/O Hands clean & properly washed		
2 7	IN OUT/N/A	N/O No bare hand contact with RTE foods or approved alternate method properly followed		
5 8	IN OUT	Adequate handwashing facilities supplied & accessible		
Approved Source				
5 9	IN OUT	Food obtained from approved source		
5 10	IN OUT	N/A N/O Food received at proper temperature		
5 11	IN OUT	Food in good condition, safe, & unadulterated		
1 12	IN OUT/N/A	N/O Required records available: shellstock tags, parasite destruction		
Protection from Contamination				
2 13	IN OUT	N/A Food separated & protected		
2 14	IN OUT	N/A Food-contact surfaces: cleaned & sanitized		
5 15	IN OUT	Proper disposition of returned, previously served, reconditioned, & unsafe food		

Compliance Status			COS	R
Potentially Hazardous Food Time/Temperature				
5 16	IN OUT/N/A	N/O Proper cooking time & temperatures		
5 17	IN OUT/N/A	N/O Proper reheating procedures for hot holding		
5 18	IN OUT	N/A N/O Proper cooling time & temperature		
5 19	IN OUT	N/A N/O Proper hot holding temperatures		
5 20	IN OUT	N/A Proper cold holding temperatures		
5 21	IN OUT/N/A	N/O Proper date marking & disposition		
5 22	IN OUT/N/A	N/O Time as a public health control: procedures & record		
Consumer Advisory				
5 23	IN OUT	N/A Consumer advisory provided for raw or undercooked foods		
Highly Susceptible Populations				
5 24	IN OUT	N/A Pasteurized foods used; prohibited foods not offered		
Chemical				
5 25	IN OUT	N/A Food additives: approved & properly used		
5 26	IN OUT	Toxic substances properly identified, stored, & used		
Conformance with Approved Procedures				
5 27	IN 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		Pasteurized eggs used where required		
5 29		Water & ice from approved source		
30		Variance obtained for specialized processing		
Food Temperature Control				
5 31		Proper cooling methods used; adequate equipment for temperature control		
5 32		Plant food properly cooked for hot holding		
5 33		Approved thawing methods used		
1 34		Thermometers provided & accurate		
Food Identification				
1 35		Food properly labeled; original container		
Prevention of Food Contamination				
4 36		Insects, rodents, & animals not present		
2 37		Contamination prevented during food preparation, storage & display		
5 38		Personal cleanliness		
1 39		Wiping cloths: properly used & stored		
1 40		Washing fruits & vegetables		

Compliance Status			COS	R
Proper Use of Utensils				
2 41		In-use utensils: properly stored		
2 42		Utensils, equipment & linens: properly stored, dried & handled		
2 43		Single-use & single-service articles: properly stored & used		
2 44		Gloves used properly		
Utensil, Equipment and Vending				
2 45		Food & non-food contact surfaces cleanable, properly designed, constructed, & used		
1 46		Warewashing facilities: installed, maintained, & used; test strips		
1 47		Non-food contact surfaces clean		
Physical Facilities				
4 48		Hot & cold water available; adequate pressure		
5 49		Plumbing installed; proper backflow devices		
5 50		Sewage & waste water properly disposed		
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]*

Health Inspector (Signature) *[Signature]*

Date: *10-1-09*

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



City of Portland Health Inspection Report

Establishment Name: Veranda Noodle Bar
As Authorized by 22 MRSA § 2496: [blank]
Date: 10-1-09
License/EST. ID #: NEW
Address: 14 Veranda St.
City/State: Portland, Me.
Zip Code: 04103
Telephone: 749-6715

TEMPERATURE OBSERVATIONS					
Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
hand cooler	34°	Bar cooler	36°		
Small hand cooler	36°				
Glass cooler #1	38°				
" " #2	37°				
Dishwasher for Chem	155°				
walk-in cooler	38°				
Freezer #1	-10				
" #2	-20				

OBSERVATIONS AND CORRECTIVE ACTIONS

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.

Person in Charge (Signature):  **Date:** 10-1-09
Health Inspector (Signature):  **Date:** 10-1-09