

# City of Portland Health Inspection Report

Establishment Name <i>Veranda Thai</i>		No. of Risk Factor/Intervention Violations		Date <i>3-9-09</i>	
License/Est. ID# <i>900</i>		Address <i>9 Veranda St.</i>		City/State <i>Portland, Me.</i>	
License Posted <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Owner Name <i>Hai X Pham</i>		Purpose of Inspection <i>Yearly</i>	
No. of Repeat Risk Factor/Intervention Violations		Score (optional) <i>96</i>		Time In <i>1:36 PM</i>	
Zip Code <i>04102</i>		Telephone <i>772-1991</i>		Time Out <i>2:38 PM</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  
 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	Compliance Status			COS	R					
<b>Supervision</b>														
51	<input checked="" type="radio"/> IN <input type="radio"/> OUT	PIC present, demonstrates knowledge, and performs duties			<b>Potentially Hazardous Food Time/Temperature</b>									
<b>Employee Health</b>														
52	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Management awareness; policy present			516	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Proper cooking time & temperatures							
53	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Proper use of reporting, restriction & Exclusion			517	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Proper reheating procedures for hot holding							
<b>Good Hygienic Practices</b>														
54	<input checked="" type="radio"/> IN <input type="radio"/> OUT	N/O Proper eating, tasting, drinking, or tobacco use			518	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Proper cooling time & temperature							
55	<input checked="" type="radio"/> IN <input type="radio"/> OUT	N/O No discharge from eyes, nose, and mouth			519	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Proper hot holding temperatures							
<b>Preventing Contamination by Hands</b>														
56	<input checked="" type="radio"/> IN <input type="radio"/> OUT	N/O Hands clean & properly washed			520	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Proper cold holding temperatures							
27	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	No bare hand contact with RTE foods or approved alternate method properly followed			521	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Proper date marking & disposition							
58	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Adequate handwashing facilities supplied & accessible			522	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Time as a public health control: procedures & record							
<b>Approved Source</b>														
59	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Food obtained from approved source			<b>Consumer Advisory</b>									
510	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Food received at proper temperature			523	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Consumer advisory provided for raw or undercooked foods							
511	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Food in good condition, safe, & unadulterated			<b>Highly Susceptible Populations</b>									
112	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Required records available: shellstock tags, parasite destruction			524	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Pasteurized foods used; prohibited foods not offered							
<b>Protection from Contamination</b>														
213	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Food separated & protected			<b>Chemical</b>									
214	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Food-contact surfaces: cleaned & sanitized			525	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Food additives: approved & properly used							
515	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Proper disposition of returned, previously served, reconditioned, & unsafe food			526	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Toxic substances properly identified, stored, & used							
<b>GOOD RETAIL PRACTICES</b>														
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														
<b>Safe Food and Water</b>					<b>Proper Use of Utensils</b>					COS	R			
528	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Pasteurized eggs used where required			241	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	In-use utensils: properly stored							
529	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Water & ice from approved source			242	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Utensils, equipment & linens: properly stored, dried & handled							
30	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Variance obtained for specialized processing			243	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Single-use & single-service articles: properly stored & used							
<b>Food Temperature Control</b>					<b>Utensil, Equipment and Vending</b>									
531	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Proper cooling methods used; adequate equipment for temperature control			244	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Gloves used properly							
532	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Plant food properly cooked for hot holding			245	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Food & non-food contact surfaces cleanable, properly designed, constructed, & used							
533	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Approved thawing methods used			146	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Warewashing facilities: installed, maintained, & used; test strips							
134	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Thermometers provided & accurate			147	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Non-food contact surfaces clean							
<b>Food Identification</b>					<b>Physical Facilities</b>									
135	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Food properly labeled; original container			448	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Hot & cold water available; adequate pressure							
<b>Prevention of Food Contamination</b>					549	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Plumbing installed; proper backflow devices							
436	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Insects, rodents, & animals not present			550	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Sewage & waste water properly disposed							
237	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Contamination prevented during food preparation, storage & display			251	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Toilet facilities: properly constructed, supplied, & cleaned							
538	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Personal cleanliness			252	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Garbage & refuse properly disposed; facilities maintained							
139	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Wiping cloths: properly used & stored			153	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Physical facilities installed, maintained, & clean				<input checked="" type="checkbox"/> X			
140	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Washing fruits & vegetables			154	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Adequate ventilation & lighting; designated areas used				<input checked="" type="checkbox"/> X			

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.

Person in Charge (Signature) *[Signature]*

Date: *3-9-09*

Health Inspector (Signature) *[Signature]*

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

# City of Portland Health Inspection Report

Establishment Name <i>Veranda Thai</i>		As Authorized by 22 MRSA § 2496		Date <i>3-9-09</i>	
License/EST. ID # <i>900</i>	Address <i>9 Veranda St.</i>	City/State <i>Portland, Me.</i>	Zip Code <i>04102</i>	Telephone <i>778-1991</i>	

TEMPERATURE OBSERVATIONS					
Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
<i>Dishwasher</i>	<i>186°</i>				
<i>Glass cooler</i>	<i>37°</i>				
<i>Upright freezer</i>	<i>-3</i>				
<i>small glass cooler</i>	<i>20°</i>				
<i>hand cooler</i>	<i>39°</i>				

**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>#13</i>	<i>Cover all food containers in coolers 3-302</i>
<i>#14</i>	<i>Clean &amp; sanitize contact surfaces &amp; coolers 4-601.11</i>
	<i>PFD: issues -</i>
	<i>1. need ABC fire extinguisher</i>
	<i>2. need to hang extinguishers.</i>

Person in Charge (Signature) <i>[Signature]</i>	Date <i>3-9-09</i>
Health Inspector (Signature) <i>[Signature]</i>	Date <i>3-9-09</i>