

City of Portland Health Inspection Report

429-1007

Establishment Name <i>Steve Renee's</i>		No. of Risk Factor/Intervention Violations		Date <i>1-07-08</i>	
		No. of Repeat Risk Factor/Intervention Violations		Time In _____	
License/Est. ID#		Address <i>WASHINGTON Ave.</i>		Score (optional) <i>88</i>	
		City/State		Time Out _____	
License Posted [] Yes [X] No <i>r</i>		Owner Name <i>Renee + Steven Wright</i>		Telephone _____	
		Purpose of Inspection <i>Annual</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
 COS=corrected on-site during inspection R=repeat violation

Compliance Status			COS	R	Compliance Status			COS	R
Supervision									
5 1	IN OUT	PIC present, demonstrates knowledge, and performs duties		X					
Employee Health									
5 2	IN OUT	Management awareness; policy present		X					
5 3	IN OUT	Proper use of reporting, restriction & Exclusion		X					
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							
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

Safe Food and Water			COS	R	Proper Use of Utensils			COS	R
5 28		Pasteurized eggs used where required			2 41		In-use utensils: properly stored		
5 29		Water & ice from approved source			2 42		Utensils, equipment & linens: properly stored, dried & handled		
		Variance obtained for specialized processing			2 43		Single-use & single-service articles: properly stored & used		
Food Temperature Control									
5 31		Proper cooling methods used; adequate equipment for temperature control			2 44		Gloves used properly		
5 32		Plant food properly cooked for hot holding			Utensil, Equipment and Vending				
5 33		Approved thawing methods used			2 45		Food & non-food contact surfaces cleanable, properly designed, constructed, & used		
1 34		Thermometers provided & accurate			1 46		Warewashing facilities: installed, maintained, & used; test strips		
Food Identification									
1 35		Food properly labeled; original container			1 47		Non-food contact surfaces clean		
Prevention of Food Contamination									
4 36		Insects, rodents, & animals not present			Physical Facilities				
2 37		Contamination prevented during food preparation, storage & display			4 48		Hot & cold water available; adequate pressure		
5 38		Personal cleanliness			5 49	X	Plumbing installed; proper backflow devices		
1 39	X	Wiping cloths: properly used & stored		X	5 50		Sewage & waste water properly disposed		
1 40		Washing fruits & vegetables			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) *Denise Wright* Date: *1-07-08*

Health Inspector (Signature) *Stacy Ann*

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

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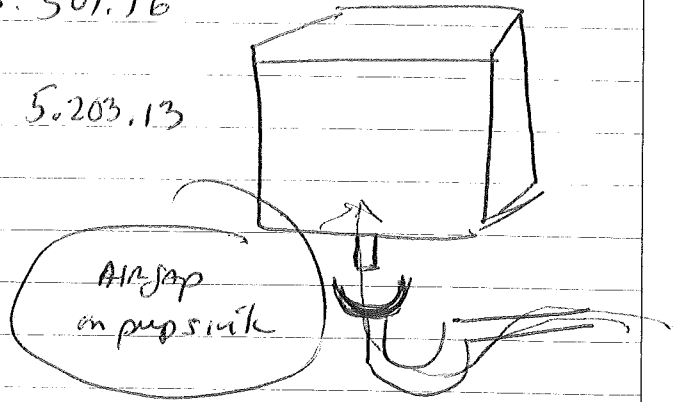
Establishment Name <i>Steve's Renee's</i>		As Authorized by 22 MRSA § 2496		Date <i>1-07-08</i>	
License/EST. ID #	Address <i>WASHINGTON Ave</i>	City/State <i>Portland Me</i>	Zip Code	Telephone	

TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
<i>chili</i>	<i>140°</i>			<i>cooler</i>	<i>50°</i>
<i>ham salad -</i>	<i>40</i>				
<i>mayonaisse</i>	<i>50°</i>	<i>Diswaaster</i>	<i>not at 160°</i>		
<i>Ham slices</i>	<i>50°</i>				

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.
<i>39</i>	<i>no sprayed air Fan outside service . C.O.S. 4.101.16</i>
<i>14</i>	<i>Diswaaster not at 160 surface temp 4.501.112</i>
<i>49</i>	<i>Get Prep sink Fixed w/ Air gap discharge 5.202.11</i>
<i>20</i>	<i>Equipment not at 46° 3.501.16</i>
<i>(49)</i>	<i>A mop sink is required → 5.203.13</i>



Person in Charge (Signature) <i>Gene Wright</i>	Date
Health Inspector (Signature) <i>Suzanne Bond</i>	Date <i>1-07-08</i>