

City of Portland Health Inspection Report

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|---|--|---|--|------------------------------------|------------------------------|
| Establishment Name <i>Howie's Pub</i> | | No. of Risk Factor/Intervention Violations | | Date <i>2-18-09</i> | |
| | | No. of Repeat Risk Factor/Intervention Violations | | Time In <i>12:42 PM</i> | |
| License/Est. ID# <i>5924</i> | | Address <i>501 Washington Ave.</i> | | City/State <i>Portland, Me.</i> | Score (optional) <i>100</i> |
| License Posted <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | Owner Name <i>Howie's Pub Inc.</i> | | Zip Code <i>04102</i> | Telephone <i>450-3126</i> |
| | | Purpose of Inspection <i>Yearly</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 |
|--|---|-----|-----|--|--|-----|---|
| Supervision | | | | | | | |
| 5 1 | <input checked="" type="checkbox"/> OUT | | | PIC present, demonstrates knowledge, and performs duties | | | |
| Employee Health | | | | | | | |
| 5 2 | <input checked="" type="checkbox"/> OUT | | | Management awareness; policy present | | | |
| 5 3 | <input checked="" type="checkbox"/> OUT | | | Proper use of reporting, restriction & Exclusion | | | |
| Good Hygienic Practices | | | | | | | |
| 5 4 | <input checked="" type="checkbox"/> OUT | N/O | | Proper eating, tasting, drinking, or tobacco use | | | |
| 5 5 | <input checked="" type="checkbox"/> OUT | N/O | | No discharge from eyes, nose, and mouth | | | |
| Preventing Contamination by Hands | | | | | | | |
| 5 6 | <input checked="" type="checkbox"/> OUT | N/O | | Hands clean & properly washed | | | |
| 2 7 | <input checked="" type="checkbox"/> OUT | N/A | N/O | No bare hand contact with RTE foods or approved alternate method properly followed | | | |
| 5 8 | <input checked="" type="checkbox"/> OUT | | | Adequate handwashing facilities supplied & accessible | | | |
| Approved Source | | | | | | | |
| 5 9 | <input checked="" type="checkbox"/> IN | | | Food obtained from approved source | | | |
| 5 10 | <input checked="" type="checkbox"/> OUT | N/A | N/O | Food received at proper temperature | | | |
| 5 11 | <input checked="" type="checkbox"/> IN | | | Food in good condition, safe, & unadulterated | | | |
| 1 12 | <input checked="" type="checkbox"/> OUT | N/A | N/O | Required records available: shellstock tags, parasite destruction | | | |
| Protection from Contamination | | | | | | | |
| 2 13 | <input checked="" type="checkbox"/> IN | | | Food separated & protected | | | |
| 2 14 | <input checked="" type="checkbox"/> OUT | N/A | | Food-contact surfaces: cleaned & sanitized | | | |
| 5 15 | <input checked="" type="checkbox"/> IN | | | Proper disposition of returned, previously served, reconditioned, & unsafe food | | | |
| Potentially Hazardous Food Time/Temperature | | | | | | | |
| 5 16 | <input checked="" type="checkbox"/> IN | | | Proper cooking time & temperatures | | | |
| 5 17 | <input checked="" type="checkbox"/> IN | | | Proper reheating procedures for hot holding | | | |
| 5 18 | <input checked="" type="checkbox"/> IN | | | Proper cooling time & temperature | | | |
| 5 19 | <input checked="" type="checkbox"/> IN | | | Proper hot holding temperatures | | | |
| 5 20 | <input checked="" type="checkbox"/> IN | | | Proper cold holding temperatures | | | |
| 5 21 | <input checked="" type="checkbox"/> IN | | | Proper date marking & disposition | | | |
| 5 22 | <input checked="" type="checkbox"/> IN | | | Time as a public health control: procedures & record | | | |
| Consumer Advisory | | | | | | | |
| 5 23 | <input checked="" type="checkbox"/> IN | | | Consumer advisory provided for raw or undercooked foods | | | |
| Highly Susceptible Populations | | | | | | | |
| 5 24 | <input checked="" type="checkbox"/> IN | | | Pasteurized foods used; prohibited foods not offered | | | |
| Chemical | | | | | | | |
| 5 25 | <input checked="" type="checkbox"/> IN | | | Food additives: approved & properly used | | | |
| 5 26 | <input checked="" type="checkbox"/> IN | | | Toxic substances properly identified, stored, & used | | | |
| Conformance with Approved Procedures | | | | | | | |
| 5 27 | <input checked="" type="checkbox"/> IN | | | Compliance with variance, specialized process, & HACCP plan | | | |
| <p>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.</p> | | | | | | | |

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 | | |
| 30 | 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 | Plumbing installed; proper backflow devices | | |
| 1 39 | Wiping cloths: properly used & stored | | | 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) *Howard J. Chubboney* Date: *2-18-09*

Health Inspector (Signature) *[Signature]* Follow-up: YES NO (circle one) Follow-up Date:

City of Portland Health Inspection Report

Establishment Name
Howies Pub

As Authorized by 22 MRSA § 2496

Date
2-18-09

License/EST. ID #
5924

Address
501 Washington Ave City/State
Portland, Me.

Zip Code
04102

Telephone
450-3126

TEMPERATURE OBSERVATIONS

| Item/Location | Temp | Item/Location | Temp | Item/Location | Temp |
|--------------------|------------|---------------|------|---------------|------|
| <u>Freezer</u> | <u>4°</u> | | | | |
| <u>Dish cooler</u> | <u>40°</u> | | | | |
| <u>Bar cooler</u> | <u>36°</u> | | | | |
| | | | | | |
| | | | | | |

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. |
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Note: exit lights out, replaced bulbs while inspecting: COS

Person in Charge (Signature) X Howard Chalbrum

Health Inspector (Signature) [Signature]

Date 2-18-09
Date 2-18-09