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	Ci	ty of Portland	L	وما	 + -	• I	n			COUS Papart	Page _ / of	Commission .
Establishment Name				Health Inspection Report								.08
G. Quattrucci Variety			No. of Risk Factor/Intervention Violations No. of Repeat Risk Factor/Intervention Violations								.00	
											Time in	
License/Est. ID#	, , , , ,	Address	1		Ci	ty/S	Stat	te	- 00	Zip Code	Telephone	
Address Henriche 1323 Hoy Veransa			PL				-ib 2000	reichnone				
License Posted Owner Name [VYes [] No GAE tany Quar				Purpose of Inspecti			on .	Est. Type	Risk Category			
[VYes [] No GAE tany Qua		Fruct		Annual					1. 1			
	FOODBO	RNE ILLNESS RISK FA							THI	NTERVENTIO	NS	
Circle designate	ed compliance	status (IN, OUT, N/O, N/A) f	or e	each n	umt	ere	d it	em		Mark "X" in appr	opriate box for COS ar	nd/or R
IN= in compliance OUT=not in compliance N/O=not observed					entellander.					ed on-site during	inspection R=repeat	violation
Supervision			cos	R		<u>Com</u>	<u>ıpli</u>	lance Status Potentia		azardoue Food 3	Ime/Temperature	cos
IN OUT PIC present, demonstrates knowledge, and performs duties						16		I OUTN/A N/O) Pro	per cooking time &	temperatures	1 1
	Employee	Health				17 18		I OUTN/A N/O I OUT N/A N/C) Pro	per reheating proce per cooling time &	edures for hot holding	
5 2 IN OUT Ma 5 3 IN OUT Pro	anagement awa	areness; policy present	_		5	19	IN	OUTN/A N/O	Pro	per hot holding ter	nperatures	
' G	iood Hygienic	porting, restriction & Exclusion Practices				20 21		OUT N/A	Pro	per cold holding te per date marking &	mperatures disposition	
5 4 IN OUT (N/O) Pro	oper eating, tas	sting, drinking, or tobacco use				22		OUTN/A N/O	Tim	e as a public healt	h control: procedures	
Prevent	ling Contamii	n eyes, nose, and mouth						100		ecord Consumer Advis	orv	
6 IN OUT (1705) Ha	nds clean & pr	operly washed ntact with RTE foods or			5	23	IN	OUT N/A	Con	sumer advisory pro	ovided for raw or	
apı	proved alternat	e method properly followed						-		ercooked foods / Susceptible Po	nulations	
	equate handwa cessible	ashing facilities supplied &			5	24	IN	OUT N/A	Pas	teurized foods use	d; prohibited foods not	
	Approved :								offe	red Chemical		
9 (IN) OUT Foo	od obtained for	m approved source						OUT N/A	Foo	d additives: approv	ed & properly used	
11 (DO) Foo	od in good con	dition, safe, & unadulterated	-		3	20	1117	OUT	loxi	ic substances prop sed	erly identified, stored,	
12 IN OUTN/A N/O Red	quired records s, parasite des	available: shellstock			ET	221	INI	Confo	rman	ce with Approve	d Procedures	
Prote	ction from C	ontamination			3	21	11/1	OUT IN/A	proc	npliance with variar ess, & HACCP pla	nce, specialized n	
	od separated & od-contact surfa	aces: cleaned & sanitized				Risk	< fa	ictors are imp			edures identified as the	most
15 IN OUT Proper disposition of returned, previously						orev	/ale	nt contributing	g facto	rs of foodborne illr	ness or injury. Public He	alth
ser	ved, reconditio	ned, & unsafe food	Dr						itroi m	neasures to prever	nt foodborne illness or	injury.
Good Reta	il Practices are	GOOD preventative measures to con	atrol	tho a	dditi	on c	of n	othogona -b-	micals	and physical obje	oots into foods	
Mark "X" in box if numbere	ed item is not in	n compliance Mark "X" in appr	opri	ate bo	k for	CO)S a	and/or R COS	=corre	ected on-site during	inspection R=repeat vic	lation
	Safe Food an		COS	H					Р	roper Use of Ute	nsils	COSR
28 Pasteurized eggs u 29 Water & ice from ap					2	41 42	П	In-use utensils	: prop	erly stored		
30 Variance obtained f	or specialized	processing			2	43		Otensiis, equip Single-use & s	ment single-s	& linens: properly : service articles: pro	stored, dried & handled perly stored & used	
Foc	od Temperati hods used: add	ure Control	N/A		2	44	338 3	Gloves used p	roperl	у		
temperature control	temperature control				2	45		Food & non-fo	od co	l, Equipment and nated that the nate of th	nable, properly	
32 Plant food properly33 Approved thawing r		holding			1	46		designed, con:	structe	ed, & used	· · · ·	
34 Thermometers provi	ided & accurate					47	X	Non-food conta	act su	rfaces clean	ined, & used; test strips	-
35 Food properly labels	Food Identii ed; original cor				4	48		Hot & gold wa	•	Physical Faciliti ailable; adequate p	es	
Prevent	tion of Food	Contamination			5	49	F	Plumbing insta	illed; p	roper backflow dev	vices	
Insects, rodents, & animals not present Contamination prevented during food preparation, storage & display			(5	50 51	1	Sewage & was	ste wa	ter properly disposerly constructed, su	ed	
38 Personal cleanliness			$\stackrel{\frown}{}$		2	52		Garbage & refi	use pr	operly disposed; fa	cilities maintained	
39 Wiping cloths: properly used & stored 40 Washing fruits & vegetables					1	53 54	F	Physical faciliti	es ins	talled, maintained, & lighting; designa	& clean	
					ĽĽ		1,	racquate vent	nation	a lighting, designa	ated areas used	
Person in Charge (Signature) Shuffellessore Date: 17/08												
		1-18-0	2	_								
ealth Inspector (Signature	a) Shi	2 Augus	O	- 1					, .			
inoposion (orginature	,)			rolle	ow-I	up:	YES NO	(circ	le one) Follow	-up Date:	
	0											

Establishr	nent Name Quatro		tland Health II As Authorized by	nspection I	Report	Page of	
License/EST. ID#		Address	City/s	tate	Zip Code	Telephone	
			TEMPERATURE OB	SERVATIONS			
Item/Location prous Bell Maryu		Temp 子の ⁶ 子	Item/Location 3 Bay Bleacy	75pm	Item/Lc	cation	Temp
Item Number	Violations cited in this	OBS report must be cor	ERVATIONS AND COI rected within the time frames	RRECTIVE ACTIO	NS sections 8-405.11	and 8-406.11 of լի	ne Food Code.
76 37	Test so	ang Reav	The A flown		42.13-14		
	harge (Signature) ector (Signature)	Suz mi	n Jun		-	ate	