

# City of Portland Health Inspection Report

Establishment Name <b>Casco Bay Line</b>		No. of Risk Factor/Intervention Violations		Date	
License/Est. ID# <b>921 (city)</b>		No. of Repeat Risk Factor/Intervention Violations		Time In	
Address <b>56 Commercial St</b>		City/State <b>Portland, ME</b>		Score (optional) <b>88</b>	
License Posted [ ] Yes [ ] No		Owner Name <b>Casco Bay Line</b>		Telephone	
Purpose of Inspection <b>Annual</b>		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 Mark "X" in appropriate box for COS and/or R  
 IN= in compliance OUT=not in compliance N/O=not observed N/A=not applicable COS=corrected on-site during inspection R=repeat violation

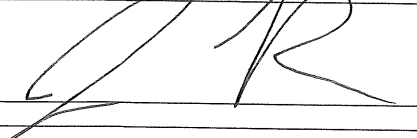
Compliance Status			COS	R	Compliance Status			COS	R
<b>Supervision</b>									
51	IN	OUT			516	IN	OUT	N/A	N/O
PIC present, demonstrates knowledge, and performs duties					<b>Potentially Hazardous Food Time/Temperature</b>				
<b>Employee Health</b>									
52	IN	OUT			517	IN	OUT	N/A	N/O
Management awareness; policy present					Proper reheating procedures for hot holding				
53	IN	OUT			518	IN	OUT	N/A	N/O
Proper use of reporting, restriction & Exclusion					Proper cooling time & temperature				
<b>Good Hygienic Practices</b>									
54	IN	OUT	N/O		519	IN	OUT	N/A	N/O
Proper eating, tasting, drinking, or tobacco use					Proper hot holding temperatures				
55	IN	OUT	N/O		520	IN	OUT	N/A	N/O
No discharge from eyes, nose, and mouth					Proper cold holding temperatures				
<b>Preventing Contamination by Hands</b>									
56	IN	OUT	N/O		521	IN	OUT	N/A	N/O
Hands clean & properly washed					Proper date marking & disposition				
27	IN	OUT	N/A	N/O	522	IN	OUT	N/A	N/O
No bare hand contact with RTE foods or approved alternate method properly followed					Time as a public health control: procedures & record				
58	IN	OUT			<b>Consumer Advisory</b>				
Adequate handwashing facilities supplied & accessible					523 IN OUT N/A Consumer advisory provided for raw or undercooked foods				
<b>Approved Source</b>									
59	IN	OUT			<b>Highly Susceptible Populations</b>				
Food obtained from approved source					524 IN OUT N/A Pasteurized foods used; prohibited foods not offered				
510	IN	OUT	N/A	N/O	<b>Chemical</b>				
Food received at proper temperature					525 IN OUT N/A Food additives: approved & properly used				
511	IN	OUT			526 IN OUT Toxic substances properly identified, stored, & used				
112	IN	OUT	N/A	N/O	<b>Conformance with Approved Procedures</b>				
Required records available: shellstock tags, parasite destruction					527 IN OUT N/A Compliance with variance, specialized process, & HACCP plan				
<b>Protection from Contamination</b>									
213	IN	OUT	N/A		<b>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.</b>				
Food separated & protected									
214	IN	OUT	N/A						
Food-contact surfaces: cleaned & sanitized									
515	IN	OUT							
Proper disposition of returned, previously served, reconditioned, & unsafe food									

## 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
528		Pasteurized eggs used where required			241		In-use utensils: properly stored		
529		Water & ice from approved source			242		Utensils, equipment & linens: properly stored, dried & handled		
30		Variance obtained for specialized processing			243		Single-use & single-service articles: properly stored & used		
<b>Food Temperature Control</b>									
531		Proper cooling methods used; adequate equipment for temperature control			244		Gloves used properly		
532		Plant food properly cooked for hot holding			<b>Utensil, Equipment and Vending</b>				
533		Approved thawing methods used			245		Food & non-food contact surfaces cleanable, properly designed, constructed, & used		
134		Thermometers provided & accurate			146		Warewashing facilities: installed, maintained, & used; test strips		
<b>Food Identification</b>									
135		Food properly labeled; original container			147		Non-food contact surfaces clean		
<b>Prevention of Food Contamination</b>									
436		Insects, rodents, & animals not present			<b>Physical Facilities</b>				
237		Contamination prevented during food preparation, storage & display			448		Hot & cold water available; adequate pressure		
538		Personal cleanliness			549		Plumbing installed; proper backflow devices		
139		Wiping cloths: properly used & stored			550		Sewage & waste water properly disposed		
140		Washing fruits & vegetables			251		Toilet facilities: properly constructed, supplied, & cleaned		
					252		Garbage & refuse properly disposed; facilities maintained		
					153		Physical facilities installed, maintained, & clean		
					154		Adequate ventilation & lighting; designated areas used		

Person in Charge (Signature)  Date: **01/22/08**

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

# City of Portland Health Inspection Report

Establishment Name <div style="font-size: 1.2em; font-family: cursive;">Casco Bay Lines</div>	As Authorized by 22 MRSA § 2496	Date <u>01/22/08</u>
License/EST. ID # <u>921 (city)</u>	Address <u>56 Commercial St</u>	City/State <u>Portland, ME</u>
Zip Code _____		Telephone _____

## TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
hand sink	110				

## 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.
8	Handwashing sink loc. Placement, no. towels/soap 5-204.11
49	Air gap restored at ice machine 5-203.15
51	Covers for receptacle bins in women room 5-501.17

\* No food (Bar only)

Person in Charge (Signature)		Date
Health Inspector (Signature)		Date <u>01/22/08</u>