

030-A001

# City of Portland Health Inspection Report

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|  |  |   |                          |                              |
|--|--|---|--------------------------|------------------------------|
| Establishment Name<br><b>Gilbert's Chewder House</b> |  | No. of Risk Factor/Intervention Violations        |                          | Date<br><b>09/05/07</b>      |
| License/Est. ID#<br><b>6827</b>                      |  | No. of Repeat Risk Factor/Intervention Violations |                          | Time In                      |
| Address<br><b>92 Commercial St</b>                   |  | Score (optional) <b>9/6</b>                       |                          | Time Out                     |
| Owner Name<br><b>James Gilbert</b>                   |  | City/State<br><b>Portland ME</b>                  | Zip Code<br><b>04101</b> | Telephone<br><b>871.5636</b> |
| License Posted<br><b>Yes [ ] No</b>                  |  | Purpose of Inspection                             |                          | Risk Category                |
|  |  | Est. Type   |                          |                              |

## 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                    | Potentially Hazardous Food Time/Temperature  | COS | R |
|-------------------|----------------|-----|---|--------------------------------------|--|-----|---|
| 51                | IN OUT         |     |   | Supervision                          | OUT/N/A N/O PIC present, demonstrates knowledge, and performs duties                           |     |   |
| 52                | IN OUT         |     |   | Employee Health                      | OUT/N/A N/O Management awareness; policy present   |     |   |
| 53                | IN OUT         |     |   |                                      | OUT/N/A N/O Proper use of reporting, restriction & Exclusion                                   |     |   |
| 54                | IN OUT         |     |   | Good Hygienic Practices              | OUT/N/A N/O Proper eating, tasting, drinking, or tobacco use                                   |     |   |
| 55                | IN OUT         |     |   |                                      | OUT/N/A N/O No discharge from eyes, nose, and mouth  |     |   |
| 56                | IN OUT         |     |   | Preventing Contamination by Hands    | OUT/N/A N/O Hands clean & properly washed  |     |   |
| 27                | IN OUT/N/A N/O |     |   |                                      | OUT/N/A N/O No bare hand contact with RTE foods or approved alternate method properly followed |     |   |
| 58                | IN OUT         |     |   |                                      | IN OUT Adequate handwashing facilities supplied & accessible                                   |     |   |
|                   |                |     |   | Approved Source                      | OUT/N/A N/O Food obtained from approved source   |     |   |
| 59                | IN OUT         |     |   |                                      | OUT/N/A N/O Food received at proper temperature  |     |   |
| 510               | IN OUT         |     |   |                                      | IN OUT Food in good condition, safe, & unadulterated   |     |   |
| 112               | IN OUT/N/A N/O |     |   |                                      | IN OUT Required records available: shellstock tags, parasite destruction                       |     |   |
|                   |                |     |   | Protection from Contamination        | IN OUT N/A Food separated & protected  |     |   |
| 213               | IN OUT         |     |   |                                      | IN OUT N/A Food-contact surfaces: cleaned & sanitized  |     |   |
| 515               | IN OUT         |     |   |                                      | IN OUT Proper disposition of returned, previously served, reconditioned, & unsafe food         |     |   |
|                   |                |     |   | Consumer Advisory                    | IN OUT N/A Consumer advisory provided for raw or undercooked foods                             |     |   |
|                   |                |     |   | Highly Susceptible Populations       | IN OUT N/A Pasteurized foods used; prohibited foods not offered                                |     |   |
|                   |                |     |   | Chemical                             | IN OUT N/A Food additives: approved & properly used  |     |   |
| 526               | IN OUT         |     |   |                                      | IN OUT Toxic substances properly identified, stored, & used                                    |     |   |
|                   |                |     |   | Conformance with Approved Procedures | 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 |
|---------------------|---|-----|---|------------------------|--|---|
| 528                 | Pasteurized eggs used where required                                    |     |   | 2 41                   | In-use utensils: properly stored                                   |   |
| 529                 | 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       |   |
|                     |   |     |   | 2 44                   | Gloves used properly   |   |
| 531                 | Proper cooling methods used; adequate equipment for temperature control |     |   | 2 45                   | Utensil, Equipment and Vending                                     |   |
| 532                 | Plant food properly cooked for hot holding                              |     |   | 1 46                   | Warewashing facilities: installed, maintained, & used; test strips |   |
| 533                 | Approved thawing methods used   |     |   | 1 47                   | Non-food contact surfaces clean                                    |   |
| 1 44                | Thermometers provided & accurate  |     |   | Physical Facilities    |  |   |
| 1 35                | Food properly labeled; original container                               |     |   | 4 48                   | Hot & cold water available; adequate pressure                      |   |
|                     |   |     |   | 5 49                   | Plumbing installed; proper backflow devices                        |   |
| 4 36                | Insects, rodents, & animals not present                                 |     |   | 5 50                   | Sewage & waste water properly disposed                             |   |
| 2 37                | Contamination prevented during food preparation, storage & display      |     |   | 2 51                   | Toilet facilities: properly constructed, supplied, & cleaned       |   |
| 5 38                | Personal cleanliness  |     |   | 2 52                   | Garbage & refuse properly disposed; facilities maintained          |   |
| 1 39                | Wiping cloths: properly used & stored                                   |     |   | 1 53                   | Physical facilities installed, maintained, & clean                 |   |
| 1 40                | Washing fruits & vegetables   |     |   | 1 54                   | Adequate ventilation & lighting; designated areas used             |   |

Person in Charge (Signature) *Chris Gilbert* Date: **09/05/07**

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





30-A-1

# City of Portland Health Inspection Report

As Authorized by 22 MRSA § 2496

Establishment Name Libberts

License/EST. ID # 6827 Address Commercial Portland City/State Portland Zip Code Telephone

### TEMPERATURE OBSERVATIONS

| Item/Location  | Temp       | Item/Location | Temp |
|----------------|------------|---------------|------|
| <u>Shower</u>  | <u>170</u> |               |      |
| <u>DW Wash</u> | <u>152</u> |               |      |
| <u>Rinse</u>   | <u>190</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.

- 45 Cloth living shelves must be removed. Esp.
- 53 walls, floors, ceiling in disrepair - (Behind <sup>Unit</sup> ~~and~~ <sup>unit</sup>)
- 53 broken outlet plate by ice machine
- 37 Full mop bucket stored next to lunch
- ing cutter.
- 20 do not thaw clams or shrimp
- 53 Clean grease from kitchen floor under
- equipment
- 54 Clean local exhaust systems,
- 47 Clean equipment such as Range, etc.
- 39 Store wiping cloths in a sanitizing solution
- 34 needs thermostats in coolers, freezers.
- 26 Cooler cannot be stored or cooler.
- 54 VENTILATION - FILTERS DIRTY & ONE MISSING
- Ceiling VENTS need CLEANING.

Person in Charge (Signature) \_\_\_\_\_ Date \_\_\_\_\_  
 Health Inspector (Signature) Michael Fisher Date 1/10/07

30-A-1

# City of Portland Health Inspection Report

Establishment Name: Gilberts

No. of Risk Factor/Intervention Violations: \_\_\_\_\_

No. of Repeat Risk Factor/Intervention Violations: \_\_\_\_\_

Score (optional): 80

Date: 4/23/07

Time In: \_\_\_\_\_

Time Out: \_\_\_\_\_

License/Est. ID#: 6827

Address: 92 Commercial St

City/State: HL, ME.

Zip Code: 04101

Telephone: \_\_\_\_\_

License Posted: City Lic [YES]

Owner Name: TREBLIG-ENTRANCE

Purpose of Inspection: RE INSPECT.

Est. Type: 01

Risk Category: \_\_\_\_\_

## FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/A) for each numbered item. Mark "X" in appropriate box for COS and/or R

IN= in compliance OUT=not in compliance N/A=not applicable COS=corrected on-site during inspection R=repeat violation

| Compliance Status | COS | R       | Compliance Status  | COS | R |
|-------------------|-----|---------|--|-----|---|
| 51                | IN  | OUT     | <b>Supervision</b><br>PIC present, demonstrates knowledge, and performs duties     |     |   |
| 52                | IN  | OUT     | <b>Employee Health</b><br>Management awareness; policy present                     |     |   |
| 53                | IN  | OUT     | Proper use of reporting, restriction & Exclusion                                   |     |   |
| 54                | IN  | OUT     | <b>Good Hygienic Practices</b><br>Proper eating, tasting, drinking, or tobacco use |     |   |
| 55                | IN  | OUT     | No discharge from eyes, nose, and mouth  |     |   |
| 56                | IN  | OUT     | <b>Preventing Contamination by Hands</b><br>Hands clean & properly washed          |     |   |
| 57                | IN  | OUT/N/A | No bare hand contact with RTE foods or approved alternate method properly followed |     |   |
| 58                | IN  | OUT     | Adequate handwashing facilities supplied & accessible                              |     |   |
| 59                | IN  | OUT     | <b>Approved Source</b><br>Food obtained from approved source                       |     |   |
| 510               | IN  | OUT/N/A | Food received at proper temperature  |     |   |
| 511               | IN  | OUT     | Food in good condition, safe, & unadulterated                                      |     |   |
| 112               | IN  | OUT/N/A | Required records available: shellstock tags, parasite destruction                  |     |   |
| 213               | IN  | OUT     | <b>Protection from Contamination</b><br>Food separated & protected                 |     |   |
| 214               | IN  | OUT     | 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

| Compliance Status | COS | R | Compliance Status   | COS | R |
|-------------------|-----|---|---|-----|---|
| 528               |     |   | <b>Safe Food and Water</b><br>Pasteurized eggs used where required  |     |   |
| 529               |     |   | Water & ice from approved source  |     |   |
| 30                |     |   | Variance obtained for specialized processing  |     |   |
| 531               |     |   | <b>Food Temperature Control</b><br>Proper cooling methods used; adequate equipment for temperature control                  |     |   |
| 532               |     |   | Plant food properly cooked for hot holding  |     |   |
| 533               |     |   | Approved thawing methods used   |     |   |
| 134               |     |   | Thermometers provided & accurate  |     |   |
| 135               |     |   | <b>Food Identification</b><br>Food properly labeled; original container   |     |   |
| 436               |     |   | <b>Prevention of Food Contamination</b><br>Insects, rodents, & animals not present  |     |   |
| 237               |     |   | Contamination prevented during food preparation, storage & display  |     |   |
| 538               |     |   | Personal cleanliness  |     |   |
| 139               |     |   | Wiping cloths: properly used & stored   |     |   |
| 140               |     |   | Washing fruits & vegetables   |     |   |
| 241               |     |   | <b>Proper Use of Utensils</b><br>In-use utensils: properly stored   |     |   |
| 242               |     |   | Utensils, equipment & linens: properly stored, dried & handled  |     |   |
| 243               |     |   | Single-use & single-service articles: properly stored & used  |     |   |
| 244               |     |   | Gloves used properly  |     |   |
| 245               |     |   | <b>Utensil, Equipment and Vending</b><br>Food & non-food contact surfaces cleanable, properly designed, constructed, & used |     |   |
| 146               |     |   | Warewashing facilities: installed, maintained, & used; test strips  |     |   |
| 147               |     |   | Non-food contact surfaces clean   |     |   |
| 448               |     |   | <b>Physical Facilities</b><br>Hot & cold water available; adequate pressure   |     |   |
| 549               |     |   | Plumbing installed; proper backflow devices   |     |   |
| 550               |     |   | Sewage & waste water properly disposed  |     |   |
| 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): [Signature] Date: 4-02-07

Health Inspector (Signature): [Signature]

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

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# City of Portland Health Inspection Report

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Date 4/2/07

AS Authorized by 22 MRSA § 2496

Establishment Name  
Gibbents

License/EST. ID # 6827 Address 92 Commercial St City/State OR Zip Code 04101 Telephone \_\_\_\_\_

### TEMPERATURE OBSERVATIONS

| Item/Location       | Temp | Item/Location | Temp |
|---------------------|------|---------------|------|
| Cooler (FISH)       | 40°  |               |      |
| water               | 70°+ |               |      |
| Freezer             | 30°  |               |      |
| Food in steam table | 140° |               |      |
| Beer cooler         | 40°  |               |      |
| condiments frigs    | 40°  |               |      |

### 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.

|    |                                 |                                  |  |
|----|---------------------------------|----------------------------------|--|
| 18 | 120° chowder                    | STANDING UNREFRIGERATED          |  |
| 18 | 140° chowder                    | STANDING UNREFRIG                |  |
| 37 | POTATOES BAG                    | on floor                         |  |
| 49 | 3 bay pot sink                  | cross connection @ pre wash hose |  |
| 49 | HOSE FROM ICE MACHINE           | needs air gap -                  |  |
| 53 | prep room floor                 | not easily cleanable.            |  |
| 43 | STORAGE SINGLE SERVICE UTENSILS |                                  |  |
| 34 | MISSING THEORANTE               | condiment refills.               |  |

Person in Charge (Signature)

Health Inspector (Signature)

*Shirley M. Baker*  
*Sgt. Mark Hunt*

Date

Date

04/02/07