030-ACI

	City of Portland	こので	Inspection	Report	Page /of	•
Establishment Name	· · · · · · · · · · · · · · · · · · ·	No. of R	No. of Risk Factor/Intervention Violations		Date	)
(おから)	をなる	No. of K	of Repeat HISK Factor/Intervention Violations Score (optional)	ST.	Time In	2
License/Est. ID# $/\xi \gamma/3$	Address House 4	200	City/State		Telephone	
License Posted	Owner Name		Purpose of Inspection	Est Type	Risk Category	
<u>ت</u> ا	FOODBORNE ILLNESS RISK FACTORS Circle designated compliance status (IN, OUT, N/O, N/A) for each n compliance OUT=not in compliance N/O=not observed N/A=not	CTORS AND PU or each numbered if N/A=not applicable	Em C	HEALTH INTERVENTIONS  Mark "X" in appropriate books  COS=corrected on-site during inspection	ITERVENTIONS  Mark "X" in appropriate box for COS and/or R  d on-site during inspection R=repeat violation	or R
Compliance Status	Supervision	COS R	Compliance Status Potentially Ha	Status otentially Hazardous Food Time	X	COS
IN OUT	PIC present, demonstrates knowledge, and		16	Proper cooking time & tem	& temperatures	3
	periorms duties  Employee Health	\	18 IN OUT N/A NO	Proper reheating procedure Proper cooling time & temp	& temperature	$\bot$
5 IN OUT	Management awareness; policy present  Proper use of reporting, restriction & Exclusion	1	5 19 IN OUT NA Prop	‴ I ← I	emperatures temperatures	
	Good Hygienic Practices		21 IN OUTNA NO	Proper date marking & dis	& disposition	$\downarrow \downarrow$
NO NO	No discharge from eyes, nose, and mouth		& re	2 200		_
- 1	사용 Hands clean & properly washed		5 23 IN OUT (N/A) Con	Consumer advisory provide	provided for raw or	
7 IN OUTWA WO	No bare hand contact with RTE foods or approved alternate method properly followed		Viability	undercooked foods	Populations	
58 (IN OUT	Adequate handwashing facilities supplied & accessible		5 24 IN OUT WA Pasteur offered	Pasteurized foods used; p offered	used; prohibited foods not	
519 / IN ØUT	Food obtained form approved source	0,0	25 IN OUT	N/A Food additives: approved	& properly used	
ON WAND	Food received at proper temperature Food in good condition, safe, & unadulterated			oxic substances properly used	properly identified, stored,	
(A)	tags, parasite destruction		5 27 IN OUT COMA Com	oved F	specialized	
IN OUT (NIA)	来 Food separated & protected		proc	process, & HAUCH plan		1
114 DIN OUT N/A	Food-contact surfaces: cleaned & sanitized  Proper disposition of returned, previously		prevalent contributing factors of foodborne illness or injury. Public Health	practices or procedures of foodborne illness	s or injury. Public Heal	th
	served, reconditioned, & unsate tood			COCCUTATION OF THE PARTY OF THE	Cocomic anticas of in	پر پار
ပ္ပ	Practices are preventative measures	ntrol the a	S	<u>v</u>	objects into foods.	
war X ii SXX ii ildii	Compliance Mark	cos R	A in appropriate box for COS and/or H COS=corre	· ;=	ction R=repeat viola	COS F
5 28 Pasteurized egg	Pasteurized eggs used where required		41	perly stored	Ī	
30	Variance obtained for specialized processing			עין יי	rly stored, dried & handled properly stored & used	
5 31 Proper cooling	Proper cooling methods used; adequate equipment for		44		ending	
32 Plant food properly	Plant food properly cooked for hot holding			ntact surfaces cleanat ed, & used	cleanable, properly	
K	Thermometers provided & accurate		1 46 Warewashing facilities: installed,	Warewashing facilities: installed, maintained, & used; Non-food contact surfaces clean	d, & used; test strips	
35 Food properly is	Food properly labeled; original container		4 48 Hot & cold water av	Physical Facilities	ST P	
36 Insects, rodents	ents, & animals not present			Plumbing installed; proper backflow devices Seware & waste water property dispendent	is	
	revented during food preparation, storage & display iness		52	erly constructed, supplimently disposed facility	1, supplied, & cleaned	
40 Washing fruits & vegetables	s vegetables		1 53 Physical facilities installed, maintain 1 54 Adequate ventilation & lighting; des	Physical facilities installed maintained, & clean Adequate ventilation & lighting; designated are	ed, & clean	
Person in Charge (Signature)	nature)		Date:	₹ %	, J	
Health Inspector (Signature)	ature) Prog Link		Follow-up: YES NO (circ	(circle one) Follow-up Date:	Date:	
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ite	Date				
Te 8-15.0)	Date		A KUN	X	lealth inspector (Signature)
					erson in Charge (Signature)
				)	
			28085	serves /	the less
		60	- regulary	225	La Sanitaria
				Regulat	H Thermote
and 8-406.11 of the Food Code	ections 8-405.11 a	w, or as stated in s	within the time frames below	s report must be corrected	Item Violations cited in this Number
	ZG	CHVE ACHO	OBSERVATIONS AND CORRECTIVE ACTIONS	OBSERV	
cation Temp	ltem/Location	Temp	Item/Location Temp	Temp	Item/Location
		WATIONS	SPINATURE OBSE		
Telephone	Zip Code		MCL City/State	Address Culton	License/EST, ID#
8.16.07	Western				Casalanca
Pageof		JECLIOII I	As Authorized by 22 MRSA \$ 2496		Establishment Name
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Health Inspector (Signature)	Person in Charge (Signature)		34 33	5 31 Plant food property covered for but bodies  5 32 Plant food property covered for but bodies  5 32 Plant food property covered for but bodies  5 32 Plant food property covered for but bodies	5 29 Water & ice from approved source 30 Variance obtained for specialized processing	Safe Food and Water Cos R Pasteurized eggs used where required	Good Retail Practices are preventative measures to control the Mark "X" in box if numbered item is not in compliance Mark "X" in appropriate b	OUT Proper disposition of returned, previous served, reconditioned, & unsafe food	Protection from Contamination  2 13 IN OUT NA Food separated & protected  2 11 NA Food separated & protected	11 IN OUT 12 IN OUTN/A N/	519 IN OUT Food obtained form approved source 510 IN OUT N/A N/O Food received at proper temporature	5 8 IN OUT Adequate handwashing facilities supplied & accessible	5 6 IN OUT N/O Hands clean & property washed 277 IN OUTN/A N/O bare hand contact with RTE foods or approved alternate method property fallowed	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	OUT		vision emonstrates knowledge, and	pliance Status	<b>⇒</b>	[HYes [] No /(+,th)	87/3 /6	5#	No. of No. of	City of Portland
Follow-up: YES NO (circle one) Follow-up Date:	Date: 9/27/06	2 52 Garbage & refuse 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	1 46 Warewashing facilities: installed, maintained, & used; test strips 1 47 Non-food contact surfaces clean Physical Facilities	Gloves used properly  Utensil, Equipment Food & non-food contact surface	2 43 Single-use & single-service articles: properly stored & handled	3 4 1	IL PHACTICES  addition of pathogens, chemicals, and physical objects into foo post for COS and/or R COS=corrected on-site during inspection	prevalent contributing factors of foodborne illness or injury. Public Health Interventions are control measures to prevent foodborne illness or injury.	Process, & HACCP plan  Risk factors are improper practices or procedures identified as	Conformance with At	OUT N/A	5 24 IN OUT N/A Pasteurized foods used; prohibited foods not offered	5 23 IN OUT N/A Consumer advisory provided for raw or undercooked foods	IN OUTN/A N/	520 IN OUT N/A Proper cold holding temperatures 521 IN OUTN/A N/O Proper date marking & disposition	IN OUT N/A N/	otential N/A N/O	OS R Compliance Status Cosecorrected on-site during inspection Rerepeat violation	HEALTH INTERVENTIONS  Mark "X" in appropriate box	Purpose of Inspection Est. Type Risk Category  Mg Llax O/		Score (optional)	No. of Risk Factor/Intervention Violations  Date  9/27/  No. of Repeat Risk Factor/Intervention Violations  Time In	alth Inspection Report Page / of /