

Establishment Name <b>HILLTOP COFFEE SHOP</b>	As Authorized by 22 MRSA § 2496	No. of Risk Factor/Intervention Violations	<b>0</b>	Date	<b>1/29/2014</b>
		No. of Repeat Risk factor / Intervention Violations	<b>0</b>	Time In	<b>1:00 PM</b>
		Score (optional)		Time Out	<b>2:00 PM</b>

License Expiry Date/EST. ID#	Address	City	Zip Code	Telephone
<b>1/24/2015 /9751</b>	<b>100 CONGRESS ST</b>	<b>PORTLAND</b>	<b>04101-3606</b>	<b>207-780-0025</b>
License Type	Owner Name	Purpose of Inspection	License Posted	Risk Category
<b>MUN - EATING PLACE - SEATING</b>	<b>THREE LITTLE BIRDS LLC</b>			<b>Medium</b>

**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>					<b>Potentially Hazardous Food Time/Temperature</b>				
1	IN	PIC present, demonstrates knowledge, and performs duties			16	IN	Proper cooking time & temperatures		
<b>Employee Health</b>					17	IN	Proper reheating procedures for hot holding		
2	IN	Management awareness; policy present			18	IN	Proper cooling time & temperatures		
3	IN	Proper use of reporting, restriction & exclusion			19	IN	Proper hot holding temperatures		
<b>Good Hygienic Practices</b>					20	IN	Proper cold holding temperatures		
4	IN	Proper eating, tasting, drinking, or tobacco use			21	IN	Proper date marking & disposition		
5	IN	No discharge from eyes, nose, and mouth			22	IN	Time as a public health control: procedures & record		
<b>Preventing Contamination by Hands</b>					<b>Consumer Advisory</b>				
6	IN	Hands clean & properly washed			23	IN	Consumer advisory provided for raw or undercooked foods		
7	IN	No bare hand contact with RTE foods or approved alternate method properly followed			<b>Highly Susceptible Populations</b>				
8	IN	Adequate handwashing facilities supplied & accessible			24	IN	Pasteurized foods used; prohibited foods not offered		
<b>Approved Source</b>					<b>Chemical</b>				
9	IN	Food obtained from approved source			25	IN	Food additives: approved & properly used		
10	IN	Food received at proper temperature			26	IN	Toxic substances properly identified, stored & used		
11	IN	Food in good condition, safe, & unadulterated			<b>Conformance with Approved Procedures</b>				
12	IN	Required records available: shellstock tags parasite destruction			27	IN	Compliance with variance, specialized process, & HACCP plan		
<b>Protection from Contamination</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.				
13	IN	Food separated & protected							
14	IN	Food-contact surfaces: cleaned and sanitized							
15	IN	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	
28	IN	Pasteurized eggs used where required			41	IN	In-use utensils: properly stored		
29	IN	Water & ice from approved source			42	IN	Utensils, equipment, & linens: properly stored, dried, & handled		
30	IN	Variance obtained for specialized processing methods			43	IN	Single-use & single-service articles: properly stored & used		
<b>Food Temperature Control</b>					44	IN	Gloves used properly		
31	IN	Proper cooling methods used; adequate equipment for temperature control			<b>Utensils, Equipment and Vending</b>				
32	IN	Plant food properly cooked for hot holding			45	IN	Food & non-food contact surfaces cleanable, properly designed, constructed, & used		
33	IN	Approved thawing methods used			46	IN	Warewashing facilities: installed, maintained, & used; test strips		
34	IN	Thermometers provided and accurate			47	IN	Non-food contact surfaces clean		
<b>Food Identification</b>					<b>Physical Facilities</b>				
35	IN	Food properly labeled; original container			48	IN	Hot & cold water available; adequate pressure		
<b>Prevention of Food Contamination</b>					49	IN	Plumbing installed; proper backflow devices		
36	IN	Insects, rodents, & animals not present			50	IN	Sewage & waste water properly disposed		
37	IN	Contamination prevented during food preparation, storage & display			51	IN	Toilet facilities: properly constructed, supplied, & cleaned		
38	IN	Personal cleanliness			52	IN	Garbage & refuse properly disposed; facilities maintained		
39	IN	Wiping cloths: properly used & stored			53	IN	Physical facilities installed, maintained, & clean		
40	IN	Washing fruits & vegetables			54	IN	Adequate ventilation & lighting; designated areas used		

Person in Charge (Signature)	Date: 1/29/2014
Health Inspector (Signature)	Follow-up: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> Date of Follow-up:

# State of Maine Health Inspection Report

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<b>License Expiry Date/EST. ID#</b> 1/24/2015 /9751	<b>Address</b> 100 CONGRESS ST	<b>City / State</b> PORTLAND / ME	<b>Zip Code</b> 04101-3606	<b>Telephone</b> 207-780-0025	

## Temperature Observations

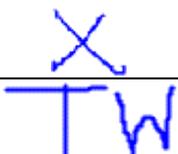
Location                      Temperature                      Notes

H.W.@HANDWASH	110F	
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Person in Charge (Signature)

Date: 1/29/2014

Health Inspector (Signature)



# State of Maine Health Inspection Report

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**City / State**

PORTLAND

ME

**Zip Code**

04101-3606

## 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

Person in Charge (Signature)

Date: 1/29/2014

Health Inspector (Signature)

X  
TW

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## Inspection Notes

PRE OPERATIONAL INSPECTION  
ALL SATISFACTORY  
OK TO ISSUE LICENSE

Person in Charge (Signature)



Date: 1/29/2014

Health Inspector (Signature)