

Establishment Name FW RAMA	<i>As Authorized by 22 MRSA § 2496</i>	No. of Risk Factor/Intervention Violations	0	Date	3/3/2014
		No. of Repeat Risk factor / Intervention Violations	0	Time In	10:00 AM
		Score (optional)		Time Out	11:00 AM

License Expiry Date/EST. ID#	Address	City	Zip Code	Telephone
1/20/2014 / 10860	849 FOREST AVE	PORTLAND	04103-4147	207-761-8222
License Type	Owner Name	Purpose of Inspection	License Posted	Risk Category
MUN - EATING PLACE TAKEOUT	SAEED LLC	Change of Ownership		High

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
Supervision					Potentially Hazardous Food Time/Temperature				
1	IN	PIC present, demonstrates knowledge, and performs duties			16	IN	Proper cooking time & temperatures		
Employee Health					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		
Good Hygienic Practices					20	IN	Proper cold holding temperatures		
4	IN	Proper eating, tasting, drinking, or tobacco use			21	IN	Proper date marking & disposition		
5	IN	No discharging from eyes, nose, and mouth			22	IN	Time as a public health control: procedures & record		
Preventing Contamination by Hands					Consumer Advisory				
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			Highly Susceptible Populations				
8	IN	Adequate handwashing facilities supplied & accessible			24	IN	Pasteurized foods used; prohibited foods not offered		
Approved Source					Chemical				
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			Conformance with Approved Procedures				
12	IN	Required records available: shellstock tags parasite destruction			27	IN	Compliance with variance, specialized process, & HACCP plan		
Protection from Contamination					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

			COS	R				COS	R
Safe Food and Water					Proper Use of Utensils				
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		
Food Temperature Control					44	IN	Gloves used properly		
31	IN	Proper cooling methods used; adequate equipment for temperature control			Utensils, Equipment and Vending				
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		
Food Identification					Physical Facilities				
35	IN	Food properly labeled; original container			48	IN	Hot & cold water available; adequate pressure		
Prevention of Food Contamination					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: 3/3/2014
Health Inspector (Signature)	Follow-up: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Date of Follow-up:

State of Maine Health Inspection Report

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License Expiry Date/EST. ID# 1/20/2014 / 10860	Address 849 FOREST AVE	City / State PORTLAND / ME	Zip Code 04103-4147	Telephone 207-761-8222

Temperature Observations

Location	Temperature	Notes
H.W.@HANDWASH	107F	
COLD UNITS 1-4	<41F	

Person in Charge (Signature)

Date: 3/3/2014

Health Inspector (Signature)

X
TW

State of Maine Health Inspection Report

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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: 3/3/2014

Health Inspector (Signature)

X
TW

State of Maine Health Inspection Report

Establishment Name

FW RAMA

Date 3/3/2014

License Expiry Date/EST. ID#
1/20/2014 / 10860

Address
849 FOREST AVE

City / State
PORTLAND ME

Zip Code
04103-4147

Inspection Notes

CFPM; Ali Jabbard 10201761 7/8/2013
ALL SEATS REMOVED.
OK TO OPERATE
OK TO ISSUE LICENSE

Person in Charge (Signature)

Date: 3/3/2014

Health Inspector (Signature)

X
TW