

Establishment Name <b>RED SEA</b>	<i>As Authorized by 22 MRSA § 2496</i>	No. of Risk Factor/Intervention Violations	<b>0</b>	Date	<b>3/21/2014</b>
		No. of Repeat Risk factor / Intervention Violations	<b>0</b>	Time In	<b>10:30 AM</b>
		Score (optional)		Time Out	<b>11:30 AM</b>

License Expiry Date/EST. ID# <b>/24770</b>	Address <b>30 WASHINGTON AVE</b>	City <b>PORTLAND</b>	Zip Code <b>04102</b>	Telephone <b>207-939-7886</b>
License Type <b>EATING PLACE - SEATING</b>	Owner Name <b>TSEGAI, YEMANE</b>	Purpose of Inspection	License Posted	Risk Category <b>High</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	
<b>Supervision</b>						
1	IN	PIC present, demonstrates knowledge, and performs duties				
<b>Employee Health</b>						
2	IN	Management awareness; policy present				
3	IN	Proper use of reporting, restriction & exclusion				
<b>Good Hygienic Practices</b>						
4	IN	Proper eating, tasting, drinking, or tobacco use				
5	IN	No discharge from eyes, nose, and mouth				
<b>Preventing Contamination by Hands</b>						
6	IN	Hands clean & properly washed				
7	IN	No bare hand contact with RTE foods or approved alternate method properly followed				
8	IN	Adequate handwashing facilities supplied & accessible				
<b>Approved Source</b>						
9	IN	Food obtained from approved source				
10	IN	Food received at proper temperature				
11	IN	Food in good condition, safe, & unadulterated				
12	IN	Required records available: shellstock tags parasite destruction				
<b>Protection from Contamination</b>						
13	IN	Food separated & protected				
14	IN	Food-contact surfaces: cleaned and sanitized				
15	IN	Proper disposition of returned, previously served, reconditioned, & unsafe food				

  

Compliance Status			COS		R	
<b>Potentially Hazardous Food Time/Temperature</b>						
16	IN	Proper cooking time & temperatures				
17	IN	Proper reheating procedures for hot holding				
18	IN	Proper cooling time & temperatures				
19	IN	Proper hot holding temperatures				
20	IN	Proper cold holding temperatures				
21	IN	Proper date marking & disposition				
22	IN	Time as a public health control: procedures & record				
<b>Consumer Advisory</b>						
23	IN	Consumer advisory provided for raw or undercooked foods				
<b>Highly Susceptible Populations</b>						
24	IN	Pasteurized foods used; prohibited foods not offered				
<b>Chemical</b>						
25	IN	Food additives: approved & properly used				
26	IN	Toxic substances properly identified, stored & used				
<b>Conformance with Approved Procedures</b>						
27	IN	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	
28	IN	Pasteurized eggs used where required				
29	IN	Water & ice from approved source				
30	IN	Variance obtained for specialized processing methods				
<b>Food Temperature Control</b>						
31	IN	Proper cooling methods used; adequate equipment for temperature control				
32	IN	Plant food properly cooked for hot holding				
33	IN	Approved thawing methods used				
34	IN	Thermometers provided and accurate				
<b>Food Identification</b>						
35	IN	Food properly labeled; original container				
<b>Prevention of Food Contamination</b>						
36	IN	Insects, rodents, & animals not present				
37	IN	Contamination prevented during food preparation, storage & display				
38	IN	Personal cleanliness				
39	IN	Wiping cloths: properly used & stored				
40	IN	Washing fruits & vegetables				

  

Proper Use of Utensils			COS		R	
41	IN	In-use utensils: properly stored				
42	IN	Utensils, equipment, & linens: properly stored, dried, & handled				
43	IN	Single-use & single-service articles: properly stored & used				
44	IN	Gloves used properly				
<b>Utensils, Equipment and Vending</b>						
45	IN	Food & non-food contact surfaces cleanable, properly designed, constructed, & used				
46	IN	Warewashing facilities: installed, maintained, & used; test strips				
47	IN	Non-food contact surfaces clean				
<b>Physical Facilities</b>						
48	IN	Hot & cold water available; adequate pressure				
49	IN	Plumbing installed; proper backflow devices				
50	IN	Sewage & waste water properly disposed				
51	IN	Toilet facilities: properly constructed, supplied, & cleaned				
52	IN	Garbage & refuse properly disposed; facilities maintained				
53	IN	Physical facilities installed, maintained, & clean				
54	IN	Adequate ventilation & lighting; designated areas used				

Person in Charge (Signature)	Date: 3/21/2014
<div style="text-align: center; font-size: 2em; color: blue;">             X TW           </div>	Follow-up: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <span style="font-size: 1.5em; color: blue;">p</span> Date of Follow-up:

# State of Maine Health Inspection Report

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## Temperature Observations

Location	Temperature	Notes
H.W.@ HANDWASH	107F	
REACH IN	40F	

Person in Charge (Signature)

Date: 3/21/2014

Health Inspector (Signature)

X  
TW

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City / State  
PORTLAND ME

Zip Code  
04102

## 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: 3/21/2014

Health Inspector (Signature)

X  
TW

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## Inspection Notes

OK TO ISSUE 90 DAY CONDITIONAL LICENSE  
OK TO OPERATE  
NEED CFPM/ WILL TAKE CLASS  
MUST RE-ATTACH SPRING ON RESTROOM DOOR BEFORE OPENING.

Person in Charge (Signature)

Date: 3/21/2014

Health Inspector (Signature)