

Establishment Name <b>SALVAGE BBQ</b>	As Authorized by 22 MRSA § 2496	No. of Risk Factor/Intervention Violations	<b>0</b>	Date	<b>8/19/2013</b>
		No. of Repeat Risk factor / Intervention Violations	<b>0</b>	Time In	<b>9:00 AM</b>
		Score (optional)		Time Out	<b>10:00 AM</b>

License Expiry Date/EST. ID# <b>/24402</b>	Address <b>919 CONGRESS ST</b>	City <b>PORTLAND</b>	Zip Code <b>04102</b>	Telephone <b>207-318-8057</b>
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License Type <b>EATING PLACE - SEATING</b>	Owner Name <b>FAR FROM A TEARDOWN LLC</b>	Purpose of Inspection	License Posted	Risk Category <b>High</b>
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**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 discharging 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

Compliance Status			cos	R
<b>Safe Food and Water</b>				
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		

Compliance Status			cos	R
<b>Proper Use of Utensils</b>				
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: 8/19/2013

Health Inspector (Signature)

*Tom Williams*

Follow-up: YES

NO

Date of Follow-up:

# State of Maine Health Inspection Report

<b>Establishment Name</b> SALVAGE BBQ		As Authorized by 22 MRSA § 2496		Date <u>8/19/2013</u>
License Expiry Date/EST. ID# /24402	Address 919 CONGRESS ST	City / State PORTLAND / ME	Zip Code 04102	Telephone 207-318-8057

## Temperature Observations

Location	Temperature	Notes
CH1	40F	
HW/ HANDWASH	110F	
HW/ 3 BAY	110F	

Person in Charge (Signature)

M/A

Date: 8/19/2013

Health Inspector (Signature)

Tom Williams

# State of Maine Health Inspection Report

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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)

*N/A*

Date: 8/19/2013

Health Inspector (Signature)

*Tom Williams*

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## Inspection Notes

NEED TO REPLACE LIGHT BULBS IN PREP AREA WITH SHEILDED BULBS.  
OK TO OPERATE  
OK TO ISSUE LICENSE.

Person in Charge (Signature)

*M/A*

Date: 8/19/2013

Health Inspector (Signature)

*Tom Williams*