

Failed Closed IHH

State of Maine Health Inspection Report

Establishment Name EL RAYO TAQUERIA	<i>As Authorized by 22 MRSA § 2496</i>	No. of Risk Factor/Intervention Violations	0	Date	10/29/2012
		No. of Repeat Risk factor / Intervention Violations	0	Time In	8:00 AM
Score (optional)				Time Out	9:00 AM

License Expiry Date/EST. ID# 5/12/2013 / 17442	Address 101 YORK ST	City PORTLAND	Zip Code 04101	Telephone 207-831-6823
License Type MUN - EATING PLACE - SEATING	Owner Name SOL FOOD GROUP LLC	Purpose of Inspection Follow-up Inspection	License Posted	Risk Category

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item
 IN=in compliance OUT=not in compliance N/O=not observed N/A=not applicable

Mark "X" in appropriate box for COS and/or R
 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	PIO present, demonstrates knowledge, and performs duties				16	IN	Proper cooking time & temperatures			
Employee Health						Consumer Advisory					
2	IN	Management awareness: policy present				17	IN	Proper reheating procedures for hot holding			
3	IN	Proper use of reporting, restriction & exclusion				18	IN	Proper cooling time & temperatures			
Good Hygiene Practices						Highly Susceptible Populations					
4	IN	Proper eating, tasting, drinking, or tobacco use				19	IN	Proper hot holding temperatures			
5	IN	No discharge from eyes, nose, and mouth				20	IN	Proper cold holding temperatures			
Preventing Contamination by Hands						Chemical					
6	IN	Hands clean & properly washed				21	IN	Proper date marking & disposition			
7	IN	No bare hand contact with RTE foods or approved alternate method properly followed				22	IN	Time as a public health control: procedures & record			
8	IN	Adequate handwashing facilities supplied & accessible				Conformance with Approved Procedures					
Approved Source						27					
9	IN	Food obtained from approved source				IN	Compliance with variance, specialized process, & HACCP plan				
10	IN	Food received at proper temperature				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.					
11	IN	Food in good condition, safe, & unadulterated				GOOD RETAIL PRACTICES					
12	IN	Required records available: shellstock tags parasite destruction				Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.					
Protection from Contamination						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					
13	IN	Food separated & protected				Safe Food and Water					
14	IN	Food-contact surfaces: cleaned and sanitized				28	IN	Pasteurized eggs used where required			
15	IN	Proper disposition of returned, previously served, reconditioned, & unsafe food				29	IN	Water & ice from approved source			
GOOD RETAIL PRACTICES						Proper Use of Utensils					
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					
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						Utensils, Equipment and Vending					
Safe Food and Water						Physical Facilities					
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					
31	IN	Proper cooling methods used; adequate equipment for temperature control				IN	Gloves used properly				
32	IN	Plant food properly cooked for hot holding				45					
33	IN	Approved thawing methods used				IN	Food & non-food contact surfaces cleanable, properly designed, constructed, & used				
34	IN	Thermometers provided and accurate				46	IN	Warewashing facilities: installed, maintained, & used; test strips			
Food Identification						47					
35	IN	Food properly labeled; original container				IN	Non-food contact surfaces clean				
Prevention of Food Contamination						48					
36	X	Insects, rodents, & animals not present				IN	Hot & cold water available; adequate pressure				
37	IN	Contamination prevented during food preparation, storage & display				49	IN	Plumbing installed; proper backflow devices			
38	IN	Personal cleanliness				50	IN	Sewage & waste water properly disposed			
39	IN	Wiping cloths: properly used & stored				51	IN	Toilet facilities: properly constructed, supplied, & cleaned			
40	IN	Washing fruits & vegetables				52	IN	Garbage & refuse properly disposed; facilities maintained			
Person in Charge (Signature)						Date: 10/29/2012					
<i>[Signature]</i>						Follow-up: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Date of Follow-up:					
Health Inspector (Signature)						<i>[Signature]</i>					

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Temperature Observations

Location	Temperature	Notes
CUT ORANGE CH	39.3F	

Person in Charge (Signature)		Date: 10/29/2012
Health Inspector (Signature)		

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Establishment Name

EL RAYO TAQUERIA

Date 10/29/2012

License Expiry Date/EST. ID#
5/12/2013 / 17442

Address
101 YORK ST

City / State
PORTLAND

ME

Zip Code
04101

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

36: 6-202.15: N: Outer openings are not protected from the entry of insects or rodents.

INSPECTOR NOTES: BACK DOOR AUTO CLOSURE NEEDS TIGHTENING, TO PULL FULLY CLOSED

36: 6-501.111.(D): N: Evidence of insects, rodents or other pests.

INSPECTOR NOTES: MINIMAL FLIES PRESENT

53: 6-201.13.(A): N: Floor and wall junctures are not enclosed and sealed.

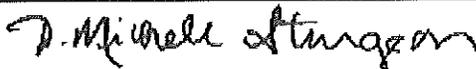
INSPECTOR NOTES: CONTINUE ADDITIONAL CAULKING OF ALL IMMEDIATE EQUIP. AND COVERED MOPBOARD INSTALLATION.

Person in Charge (Signature)



Date: 10/29/2012

Health Inspector (Signature)



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Inspection Notes

ALL ITEMS OUTSTANDING FROM PREV. INSPECTION HAVE BEEN CORRECTED (A COUPLE NEEDED FURTHER 'TWEAKING' ... DONE ON SITE'. CUTTING BOARDS NEED FURTHER PLANING TO 'SMOOT & EASILY CLEANABLE). ENSURE TEST STRIPS AVAILABLE. SEE REMAINING CAULKING AND COVED MOPBOARD TO BE COMPLETED BY NEXT, REGULAR INSPECTION. WILL BE ANNUALLY.

COPY OF E-MAILED REPORT BELOW, FROM ESTABLISHMENT, OF CORRECTED ITEMS (THEIR NOTES AT END OF EA ITEM)..

2: 2-201.11: C: The person in charge failed to require food employees to submit required information.
INSPECTOR NOTES: COS, Post Employee Illness Reporting poster in employee area. Sending form you can have all employees sign, for personnel jackets.
All Employees have signed the document that you sent the link for and they are on file. The Illness reporting poster is hung in a central place for the staff to see.
NOTE: All the managers know the 5 illnesses

8: 5-205.11.(B): N: Hand washing facility being used for other than hand washing.
INSPECTOR NOTES: Hand wash stations are to be hand wash only. Bathrooms need 'Empl. Must Wash Hands' signage. Hand sinks are clearly located with hand soap. They are only being used for hand washing. There are larger signs posted in each bathroom in conjunction with the ones that were posted already.
14: 4-602.11.(A): C: Food contact surfaces are not cleaned between uses. INSPECTOR NOTES: COS, ceiling area of coffee machine needed moderate cleaning.

The top of the coffee machine is routinely cleaned every night and is on the front of the house side work sheets which are checked at the close of each night.

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20: 3-501.16.(B): C: Cold Food not maintained at proper temperature. INSPECTOR NOTES: COS, temps lowered & THC in place for other items.

The re Fridgeration unit in question has been turned down. We have a re Fridgeration chart that the manager records all the temps of each fridge at the beginning of each shift. We have a chart that shows the time of food that is in the steam table and at room temp and is discarded at the designated times.

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34: 4-302.12: N: Inadequate number of temperature measuring devices provided. INSPECTOR NOTES: Need internal thermometer in walk in

There are thermometers in ALL refrigerators located in the requested areas. The walk-in now has a large thermometer inside.

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35: 3-302.12: N: Food/ingredients containers not properly labeled.

INSPECTOR NOTES: COS, label all bottles w/common names (oil / water / etc.) Replace any bottles on tables missing labels. All bottles and containers are clearly labeled including water , it was the water pourer that wasn't labeled before.

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36: 6-202.15: N: Outer openings are not protected from the entry of insects or rodents. INSPECTOR NOTES: Seal up voids around rear screen door & tighten seating/closure.

This has been corrected and the screen door has been removed and the doors kept closed.

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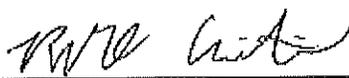
36: 6-501.111.(D): N: Evidence of insects, rodents or other pests.

INSPECTOR NOTES: Fruit flies and flies present. Active pest management contract with Modern. Reviewed invoices. The pest management notes are filed and on premise.

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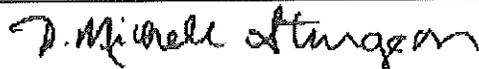
38: 2-402.11: N: Food Employees not wearing effective hair restraints.

Person in Charge (Signature)



Date: 10/29/2012

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Inspection Notes

INSPECTOR NOTES: COS, crown hair area needs containment for all employees working with food. Drinks are food. Hats are now required throughout the BOH.

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41: 3-304.12: N: Improper between-use storage of utensils..

INSPECTOR NOTES: COS, no utensils in standing water. Running dipping wells only. Keep scoops out of bulk products where handles can contaminate the product.

Utensils are no longer stored in sanitizer liquid. Scoops are not stored in the sugar or any other bins.

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42: 4-904.11.(B): N: Eating utensils not properly handled, displayed, dispensed. INSPECTOR NOTES: COS, all self-service utensils need to be handle-side up.

All silverware in house are up-ended as are all utensils.

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Person in Charge (Signature) Date: 9/24/2012

Health Inspector (Signature)

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EL RAYO TAQUERIA

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5/12/2013 / 17442 101 YORK ST PORTLAND ME 04101 Date 9/24/2012

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Observations and Corrective Actions

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42: 4-901.11.(A): N: Equipment and utensils not being dried properly.

INSPECTOR NOTES: COS, discard any utensils that are no longer 'smooth and easily cleanable'.

Done.

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45: 4-501.12: N: Cutting surfaces not easily cleanable.

INSPECTOR NOTES: Many cutting boards need planing or replacement. Invert all clean dish ware (COS'd)

All the dish ware is inverted and the cutting boards have been planed. One person on the team is in charge of keeping them planed.

All cutting boards are also run through the sanitizing dishwasher several times daily and are routinely changed each shift.

47: 4-602.13: N: Non-food contact surfaces are not clean.

INSPECTOR NOTES: Much cleaning needed under and around equipment.

The equipment is pulled out every night so that the cleaning is thorough and to remedy the build up that was seen around the table legs. It is monitored and checked with a flashlight.

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49: 5-202.13: C: Air gap required.

INSPECTOR NOTES: Both ice bin drains need proper air gap. Food prep sink needs proper air gap. All prep must occur at least 1" above sink rim, until corrected. Mop sink needs proper back-flow prevention device and no attached hoses, below flood level rim.

Our plumber came immediately and all air-gaps are now in compliance. The faucet has been replaced and back-flow added. Hose is below flood level rim.

Person in Charge (Signature)

[Handwritten Signature]

Date: 10/29/2012

Health Inspector (Signature)

[Handwritten Signature]

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Inspection Notes

51: 5-501.17: N: Covered receptacle not provided. (female use)
 INSPECTOR NOTES: Female bathroom needs covered waste receptacle, for female items.
 There is a new garbage can for the ladies room with a self closing lid.

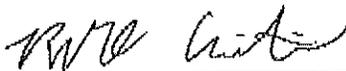
53: 6-201.11: N: Floors, walls, and ceilings are not smooth and easily cleanable.
 INSPECTOR NOTES: Coved mopboard needed throughout kitchen, bar, warewash. Hand wash sinks/Food prep sinks that abut a work area or other sinks, need 2" splash guards, to maintain them sanitarily. Caulk around all immovable equipment. Splash guards are installed and caulking around immovable equipment added.

53: 6-201.13.(A): N: Floor and wall junctures are not enclosed and sealed. INSPECTOR NOTES: Caulking needed.
 Done
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53: 6-501.11: N: The physical facilities are in disrepair.
 INSPECTOR NOTES: Repair all chipping edges, table edges, etc. to 'smooth and easily cleanable.
 All table and counter edges and edges have been sanded and revarnished and all surfaces are easily cleanable. The table in the dish room that needed to be repainted was replaced with cleanable materials.

53: 6-501.12: N: The physical facilities are not clean.
 INSPECTOR NOTES: Clean under and around all equipment. Mold remediation needed at warewash 3-bay and under sinks at bar.
 All pipes are clean, washed and disinfected under the bar and dish station. There is no sign of mold. The tape holding the pipes together was replaced with zip ties as requested.

Person In Charge (Signature)



Date: 10/29/2012

Health Inspector (Signature)

