

City of Portland Health Inspection Report

Establishment Name Lanig's Express		No. of Risk Factor/Intervention Violations		Date 11/17/11	
		No. of Repeat Risk Factor/Intervention Violations		Time In	
License/Est. ID# 998		Address 325 St John St.	City/State Portland, ME	Zip Code 04102	Telephone
License Posted <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Owner Name	Purpose of Inspection Reg.	Est. Type EP	Risk Category 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	Description
Supervision			
5 1 <input checked="" type="radio"/> IN <input type="radio"/> OUT			PIC present, demonstrates knowledge, and performs duties
Employee Health			
5 2 <input checked="" type="radio"/> IN <input type="radio"/> OUT			Management awareness; policy present
5 3 <input checked="" type="radio"/> IN <input type="radio"/> OUT			Proper use of reporting, restriction & Exclusion
Good Hygienic Practices			
5 4 <input checked="" type="radio"/> IN <input type="radio"/> OUT			Proper eating, tasting, drinking, or tobacco use
5 5 <input checked="" type="radio"/> IN <input type="radio"/> OUT			No discharge from eyes, nose, and mouth
Preventing Contamination by Hands			
5 6 <input checked="" type="radio"/> IN <input type="radio"/> OUT			Hands clean & properly washed
2 7 <input checked="" type="radio"/> IN <input type="radio"/> OUT			No bare hand contact with RTE foods or approved alternate method properly followed
5 8 <input checked="" type="radio"/> IN <input type="radio"/> OUT			Adequate handwashing facilities supplied & accessible
Approved Source			
5 9 <input checked="" type="radio"/> IN <input type="radio"/> OUT			Food obtained from approved source
5 10 <input checked="" type="radio"/> IN <input type="radio"/> OUT			Food received at proper temperature
5 11 <input checked="" type="radio"/> IN <input type="radio"/> OUT			Food in good condition, safe, & unadulterated
1 12 <input checked="" type="radio"/> IN <input type="radio"/> OUT			Required records available: shellstock tags, parasite destruction
Protection from Contamination			
2 13 <input checked="" type="radio"/> IN <input type="radio"/> OUT			Food separated & protected
2 14 <input checked="" type="radio"/> IN <input type="radio"/> OUT			Food-contact surfaces: cleaned & sanitized
5 15 <input checked="" type="radio"/> IN <input type="radio"/> OUT			Proper disposition of returned, previously served, reconditioned, & unsafe food

Compliance Status	COS	R	Description
Potentially Hazardous Food Time/Temperature			
5 16 <input checked="" type="radio"/> IN <input type="radio"/> OUT			Proper cooking time & temperatures
5 17 <input checked="" type="radio"/> IN <input type="radio"/> OUT			Proper reheating procedures for hot holding
5 18 <input checked="" type="radio"/> IN <input type="radio"/> OUT			Proper cooling time & temperature
5 19 <input checked="" type="radio"/> IN <input type="radio"/> OUT			Proper hot holding temperatures
5 20 <input checked="" type="radio"/> IN <input type="radio"/> OUT			Proper cold holding temperatures
5 21 <input checked="" type="radio"/> IN <input type="radio"/> OUT			Proper date marking & disposition
5 22 <input checked="" type="radio"/> IN <input type="radio"/> OUT			Time as a public health control: procedures & record
Consumer Advisory			
5 23 <input checked="" type="radio"/> IN <input type="radio"/> OUT			Consumer advisory provided for raw or undercooked foods
Highly Susceptible Populations			
5 24 <input checked="" type="radio"/> IN <input type="radio"/> OUT			Pasteurized foods used; prohibited foods not offered
Chemical			
5 25 <input checked="" type="radio"/> IN <input type="radio"/> OUT			Food additives: approved & properly used
5 26 <input checked="" type="radio"/> IN <input type="radio"/> OUT			Toxic substances properly identified, stored, & used
Conformance with Approved Procedures			
5 27 <input checked="" type="radio"/> IN <input type="radio"/> OUT			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	Description
Safe Food and Water			
5 28 <input checked="" type="radio"/> IN <input type="radio"/> OUT			Pasteurized eggs used where required
5 29 <input checked="" type="radio"/> IN <input type="radio"/> OUT			Water & ice from approved source
30 <input checked="" type="radio"/> IN <input type="radio"/> OUT			Variance obtained for specialized processing
Food Temperature Control			
5 31 <input checked="" type="radio"/> IN <input type="radio"/> OUT			Proper cooling methods used; adequate equipment for temperature control
5 32 <input checked="" type="radio"/> IN <input type="radio"/> OUT			Plant food properly cooked for hot holding
5 33 <input checked="" type="radio"/> IN <input type="radio"/> OUT			Approved thawing methods used
1 34 <input checked="" type="radio"/> IN <input type="radio"/> OUT			Thermometers provided & accurate
Food Identification			
1 35 <input checked="" type="radio"/> IN <input type="radio"/> OUT			Food properly labeled; original container
Prevention of Food Contamination			
4 36 <input checked="" type="radio"/> IN <input type="radio"/> OUT			Insects, rodents, & animals not present
2 37 <input checked="" type="radio"/> IN <input type="radio"/> OUT			Contamination prevented during food preparation, storage & display
5 38 <input checked="" type="radio"/> IN <input type="radio"/> OUT			Personal cleanliness
1 39 <input checked="" type="radio"/> IN <input type="radio"/> OUT			Wiping cloths: properly used & stored
1 40 <input checked="" type="radio"/> IN <input type="radio"/> OUT			Washing fruits & vegetables

Compliance Status	COS	R	Description
Proper Use of Utensils			
2 41 <input checked="" type="radio"/> IN <input type="radio"/> OUT			In-use utensils: properly stored
2 42 <input checked="" type="radio"/> IN <input type="radio"/> OUT			Utensils, equipment & linens: properly stored, dried & handled
2 43 <input checked="" type="radio"/> IN <input type="radio"/> OUT			Single-use & single-service articles: properly stored & used
2 44 <input checked="" type="radio"/> IN <input type="radio"/> OUT			Gloves used properly
Utensil, Equipment and Vending			
2 45 <input checked="" type="radio"/> IN <input type="radio"/> OUT			Food & non-food contact surfaces cleanable, properly designed, constructed, & used
1 46 <input checked="" type="radio"/> IN <input type="radio"/> OUT			Warewashing facilities: installed, maintained, & used; test strips
1 47 <input checked="" type="radio"/> IN <input type="radio"/> OUT			Non-food contact surfaces clean
Physical Facilities			
4 48 <input checked="" type="radio"/> IN <input type="radio"/> OUT			Hot & cold water available; adequate pressure
5 49 <input checked="" type="radio"/> IN <input type="radio"/> OUT			Plumbing installed; proper backflow devices
5 50 <input checked="" type="radio"/> IN <input type="radio"/> OUT			Sewage & waste water properly disposed
2 51 <input checked="" type="radio"/> IN <input type="radio"/> OUT			Toilet facilities: properly constructed, supplied, & cleaned
2 52 <input checked="" type="radio"/> IN <input type="radio"/> OUT			Garbage & refuse properly disposed; facilities maintained
1 53 <input checked="" type="radio"/> IN <input type="radio"/> OUT			Physical facilities installed, maintained, & clean
1 54 <input checked="" type="radio"/> IN <input type="radio"/> OUT			Adequate ventilation & lighting; designated areas used

Person in Charge (Signature) X S. Am. Sir Date: 11/17/11

Health Inspector (Signature) D. Michel Sturgeon Follow-up: YES NO (circle one) Follow-up Date: 12/17/11
on or about

City of Portland Health Inspection Report

Establishment Name Lung's Express	As Authorized by 22 MRSA § 2496	Date <u>11/17/11</u>
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License/EST. ID # 998	Address 325 St John St	City/State Portland ME	Zip Code 04102	Telephone
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TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Wh. Rice	73-84°	Chick F 43		Black Sani mixture -	
Noodles	44°	Ribs 147		1 tspn. bleach, per 1 gal	
Beef w/ Broc	159	Chick 102-130°		75-120° F water - Chg.	
Shrimp	150			Every 4 hours or when	
Dump	92-129			visibly dirty	
Egg	128°				
Hot Bear	129°				
Whit Rice	151°				

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.

Item Number	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.
	Failed
20	Cold Hold improper - on counter COS
19	Hot Hold " " " " COS
45	Cutting boards: need planing or replacement asap
14	Front Sani bucket not registering - Toxic - chained
4	Empe. Drinks need covers and straws & handles - COS
46	No sani vest strips - Get HSP & plain None @ work
37	Uncovered fruits in front repair COS Stations Co.
43	Single-serve utensils need to be handle side up
53	Ceiling tiles stained need replacing
51	Female restrooms need covered waste receptacles
21/35	Labeling of all containers / Dates for female items also
37	Trays on floor COS
8	Handwash stas. need signage & waste baskets
41	No utensil storage in water of any type
34	All equip. need internal thermometers
54	Gull vents need clearing left hand side, rear
36	Canpot prop near door open w/out proper screening
26	No hand sanitizer on food prep/washing/storage areas
37	Pails on floor COS
14	Storing duck sauce cups in reused cardboard chicken boxes

Person in Charge (Signature) <i>X [Signature]</i>	Date <u>11/17/11</u>
Health Inspector (Signature) <i>D. Michele Sturgeon</i>	Date <u>11/17/11</u>

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License/EST. ID # 998	Address 325 St John St	City/State Portland ME	Zip Code 04102	Telephone

TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Need CFPM					
Dashes are criticals					
Dots are corrected on site - Complete before Close today					

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.

- | Item Number | 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. |
|---------------|--|
| - 14 | Clean ice machine - free of mold |
| - 49 | Need air gap @ ice machine |
| 47 | Clean under & around ice machine |
| 41 | No scoops inside products w/ handle touching product COS |
| 43 | Single serve boxes on floor |
| 53 | Roof/Ceiling leak - discard all damaged boxes & any damaged contents, clean moldy insulation, floors, etc & fix ceiling to good repair |
| 53 | mop need to hang between use, air drying |
| 54 | Broken light shield needs replacing |
| 44 | Explained proper glove use - improper |
| 53 | mop sink needed w/ backflow prevention |
| | 22 7 12 Remaining |

Reinspection on or about 30 days
Complete as many items as can
of remaining

Ea. Reinspect. \$75

Person in Charge (Signature) 	Date 11/17/11
Health Inspector (Signature) 	Date 11/17/11