

City of Portland

Failed Closed IHH **State of Maine Health Inspection Report** Page 1 of 2

Establishment Name: Mingke As Authorized by 22 MRSA §2496 No. of Risk Factor/Intervention Violations: _____ Date: 12/12/11
 License/EST ID#: NEED Address: 468 20th St. City/State: Portland, ME Zip Code: 04101 Telephone: _____
 License Posted: Yes No Owner Name: _____ Purpose of Inspection: Reg. Est. Type: EP Risk Category: _____

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							
<input checked="" type="radio"/> IN	<input type="radio"/> OUT	PIC present, demonstrates knowledge, and performs duties					
Employee Health							
<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Management awareness; policy present					
<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Proper use of reporting, restriction & exclusion					
Good Hygienic Practices							
<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/O	Proper eating, tasting, drinking, or tobacco use				
<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/O	No discharge from eyes, nose, and mouth				
Preventing Contamination by Hands							
<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/O	Hands clean & properly washed				
<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<input type="radio"/> N/O	No bare hand contact with RTE foods or approved alternate method properly followed			
<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Adequate handwashing facilities supplied & accessible					
Approved Source							
<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Food obtained from approved source					
<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<input type="radio"/> N/O	Food received at proper temperature			
<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Food in good condition, safe, & unadulterated					
<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<input type="radio"/> N/O	Required records available: shellstock tags, parasite destruction			
Protection from Contamination							
<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	Food separated & protected				<input checked="" type="checkbox"/>
<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	Food-contact surfaces: cleaned & sanitized				
<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Proper disposition of returned, previously served, reconditioned, & unsafe food					

Compliance Status		COS	R
Potentially Hazardous Food Time/Temperature			
<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<input type="radio"/> N/O
16			Proper cooking time & temperatures
17			Proper reheating procedures for hot holding
18			Proper cooling time & temperatures
19			Proper hot holding temperatures
20			Proper cold holding temperatures
21			Proper date marking & disposition
22			Time as a public health control: procedures & record
Consumer Advisory			
<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	Consumer advisory provided for raw or undercooked foods
Highly Susceptible Populations			
<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	Pasteurized foods used; prohibited foods not offered
Chemical			
<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	Food additives: approved & properly used
<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Toxic substances properly identified, stored, & used	
Conformance with Approved Procedures			
<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	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	Compliance Status		COS	R
Safe Food and Water							
<input type="radio"/>	<input type="radio"/>	Pasteurized eggs used where required					
<input type="radio"/>	<input type="radio"/>	Water & ice from approved source					
<input checked="" type="radio"/>	<input type="radio"/>	Variance obtained for specialized processing methods					
Food Temperature Control							
<input type="radio"/>	<input type="radio"/>	Proper cooling methods used; adequate equipment for temperature control					
<input type="radio"/>	<input type="radio"/>	Plant food properly cooked for hot holding					
<input type="radio"/>	<input type="radio"/>	Approved thawing methods used					
<input type="radio"/>	<input type="radio"/>	Thermometers provided & accurate					
Food Identification							
<input type="radio"/>	<input type="radio"/>	Food properly labeled; original container					
Prevention of Food Contamination							
<input checked="" type="radio"/>	<input type="radio"/>	Insects, rodents, & animals not present					
<input type="radio"/>	<input type="radio"/>	Contamination prevented during food preparation, storage & display					
<input type="radio"/>	<input type="radio"/>	Personal cleanliness					
<input checked="" type="radio"/>	<input type="radio"/>	Wiping cloths: properly used & stored					
<input type="radio"/>	<input type="radio"/>	Washing fruits & vegetables					
Proper Use of Utensils							
<input checked="" type="radio"/>	<input type="radio"/>	In-use utensils: properly stored					
<input checked="" type="radio"/>	<input type="radio"/>	Utensils, equipment & linens: properly stored, dried, & handled					
<input type="radio"/>	<input type="radio"/>	Single-use & single-service articles: properly stored & used					
<input type="radio"/>	<input type="radio"/>	Gloves used properly					
Utensils, Equipment and Vending							
<input checked="" type="radio"/>	<input type="radio"/>	Food & non-food contact surfaces cleanable, properly designed, constructed, & used					
<input type="radio"/>	<input type="radio"/>	Warewashing facilities: installed, maintained, & used; test strips					
<input checked="" type="radio"/>	<input type="radio"/>	Non-food contact surfaces clean					
Physical Facilities							
<input type="radio"/>	<input type="radio"/>	Hot & cold water available; adequate pressure					
<input checked="" type="radio"/>	<input type="radio"/>	Plumbing installed; proper backflow devices					
<input checked="" type="radio"/>	<input type="radio"/>	Sewage & waste water properly disposed					
<input type="radio"/>	<input type="radio"/>	Toilet facilities: properly constructed, supplied, & cleaned					
<input type="radio"/>	<input type="radio"/>	Garbage & refuse properly disposed; facilities maintained					
<input checked="" type="radio"/>	<input type="radio"/>	Physical facilities installed, maintained, & clean					
<input checked="" type="radio"/>	<input type="radio"/>	Adequate ventilation & lighting; designated areas used					

Person in Charge (Signature): [Signature] Date: 12/12/11
 Health Inspector (Signature): D. Michele Hungen Follow-up: YES NO (Circle one) Follow-up Date: 12/19/11
 HHE-600 Rev.01/07/10 STATE COPY

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City of Portland Health Inspection Report

Establishment Name	As Authorized by 22 MRSA § 2496	Date
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Micake

License/ESTD #	Address	City/State	Zip Code	Telephone
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None

468 20th St

Portland

TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Salmon CH	41.0°	No State Food Serv. Lic. - apply			
Drinks Ch.	55°	ASAP - 287-5675			
DW	200°F	* \$100 Late Fee + \$60		* Use 3-Bay	
Post licenses visible to public				unlike DW	
* All pkging done @ 188 State location				Fixed	

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	Corrective Actions
Failed		* Bleach 1 tspn per 1 gal 75-120°
39	Sani on cloths not registering	Chg - every 4 hrs or visibly soiled
8	Hw sta. is to be Hw only	
-20	Improper cold hold COS	
-45	Toaster needs interior & exterior cleaning	
-13	Food (Chick) thawing in mop sink	
41	Ice scoop in ic w/ handle touching product	
53	Caulking needed around all immovable equipment	
37	Dish trays on floor	
41	Bowls as scoops	
36/40	Bulk items, one opened, transfer to sealed containers	
-49	mop sink needs backflow prevention	
* 8	Remove handwash items from mop sink area	
37	Baking trays on floor	
-27/30	Do NOT use vinegar preserved Sushi, until HACCP Plan in place	
-23	Need consumer advisory	
Notes:	Need CFPM	
54	light shield needed in sm. alcove	
37	Case beer on floor	
15 V / 6 C / 3 C COS / 3 NC COS / 9 Remaining need correction by 7 day F/U		
F/U inspections charged @ \$75/ea		

Person in Charge (Signature)	Date
Health Inspector (Signature)	Date