# City of Portland Health Inspection Report

Page 1 of

| Establishment Name | No. of Risk Factor/Intervention Violations | Date 2/27/12 |
|---|---|---|
| Woodfords Club | No. of Repeat Risk Factor/Intervention Violations | Time In |
| | Score (optional) | Time Out |

| License/Est. ID# | Address | City/State | Zip Code | Telephone |
|---|---|---|---|---|
| 9205 | 179 Woodfords | Pld. ME | 04102 | |
| **License Posted** | **Owner Name** | **Purpose of Inspection** | **Est. Type** | **Risk Category** |
| [ ] Yes [X] No | | | | |

## 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 |
|---|---|---|---|---|---|
| | | **Supervision** | | | |
| 5 | 1 | IN OUT | PIC present, demonstrates knowledge, and performs duties | | |
| | | **Employee Health** | | | |
| 5 | 2 | IN OUT | Management awareness; policy present | | |
| 5 | 3 | IN OUT | Proper use of reporting, restriction & Exclusion | | |
| | | **Good Hygienic Practices** | | | |
| 5 | 4 | IN OUT N/O | Proper eating, tasting, drinking, or tobacco use | | |
| 5 | 5 | IN OUT N/O | No discharge from eyes, nose, and mouth | | |
| | | **Preventing Contamination by Hands** | | | |
| 5 | 6 | IN OUT N/O | Hands clean & properly washed | | |
| 2 | 7 | IN OUT N/A N/O | No bare hand contact with RTE foods or approved alternate method properly followed | | |
| 5 | 8 | IN OUT | Adequate handwashing facilities supplied & accessible | | |
| | | **Approved Source** | | | |
| 5 | 9 | IN OUT | Food obtained form approved source | | |
| 5 | 10 | IN OUT N/A N/O | Food received at proper temperature | | |
| 5 | 11 | IN OUT | Food in good condition, safe, & unadulterated | | |
| 1 | 12 | IN OUT N/A N/O | Required records available: shellstock tags, parasite destruction | | |
| | | **Protection from Contamination** | | | |
| 2 | 13 | IN OUT N/A | Food separated & protected | | |
| 2 | 14 | IN OUT N/A | Food-contact surfaces: cleaned & sanitized | | |
| 5 | 15 | IN OUT | Proper disposition of returned, previously served, reconditioned, & unsafe food | | |

| | | Compliance Status | | COS | R |
|---|---|---|---|---|---|
| | | **Potentially Hazardous Food Time/Temperature** | | | |
| 5 | 16 | IN OUT N/A N/O | Proper cooking time & temperatures | | |
| 5 | 17 | IN OUT N/A N/O | Proper reheating procedures for hot holding | | |
| 5 | 18 | IN OUT N/A N/O | Proper cooling time & temperature | | |
| 5 | 19 | IN OUT N/A N/O | Proper hot holding temperatures | | |
| 5 | 20 | IN OUT N/A | Proper cold holding temperatures | | |
| 5 | 21 | IN OUT N/A N/O | Proper date marking & disposition | | |
| 5 | 22 | IN OUT N/A N/O | Time as a public health control: procedures & record | | |
| | | **Consumer Advisory** | | | |
| 5 | 23 | IN OUT N/A | Consumer advisory provided for raw or undercooked foods | | |
| | | **Highly Susceptible Populations** | | | |
| 5 | 24 | IN OUT N/A | Pasteurized foods used; prohibited foods not offered | | |
| | | **Chemical** | | | |
| 5 | 25 | IN OUT N/A | Food additives: approved & properly used | | |
| 5 | 26 | IN OUT | Toxic substances properly identified, stored, & used | | |
| | | **Conformance with Approved Procedures** | | | |
| 5 | 27 | IN OUT 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

| | | | | COS | R |
|---|---|---|---|---|---|
| | | | **Safe Food and Water** | | |
| 5 | 28 | | Pasteurized eggs used where required | | |
| 5 | 29 | | Water & ice from approved source | | |
| | 30 | | Variance obtained for specialized processing | | |
| | | | **Food Temperature Control** | | |
| 5 | 31 | | Proper cooling methods used; adequate equipment for temperature control | | |
| 5 | 32 | | Plant food properly cooked for hot holding | | |
| 5 | 33 | | Approved thawing methods used | | |
| 1 | 34 | | Thermometers provided & accurate | | |
| | | | **Food Identification** | | |
| 1 | 35 | | Food properly labeled; original container | | |
| | | | **Prevention of Food Contamination** | | |
| 4 | 36 | X | Insects, rodents, & animals not present | | |
| 2 | 37 | | Contamination prevented during food preparation, storage & display | | |
| 5 | 38 | | Personal cleanliness | | |
| 1 | 39 | | Wiping cloths: properly used & stored | | |
| 1 | 40 | | Washing fruits & vegetables | | |

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

Person in Charge (Signature) X [signature] Date: 2/27/12

Health Inspector (Signature) D. Michele Lurazon Follow-up: YES NO (circle one) Follow-up Date:

White copy - Inspections Office Yellow copy - State Pink copy - Customer

# City of Portland Health Inspection Report



| Establishment Name | As Authorized by 22 MRSA § 2496 | Date |
|---|---|---|
| Woodfords Club | | 2/27/12 |

| License/EST. ID # | Address | City/State | Zip Code | Telephone |
|---|---|---|---|---|
| 9205 | 179 Woodfords | Pld. ME | 04103 | |

## TEMPERATURE OBSERVATIONS

| Item/Location | Temp | Item/Location | Temp | Item/Location | Temp |
|---|---|---|---|---|---|
| Post licenses visible to public | | | | CVC Catering CFPM | Caters all events |
| 3 Bay | 144° | | | | |

## 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 | |
|---|---|
| | Need |
| Note: | Sani buckets – test strips |
| – 14 | Ceiling of microwave needs cleaning |
| okay | need internal therm. |
| 53 | Hang mops betw. use, air drying |
| – 49 | Mop sink needs backflow prevention device |
| 36 | Rear Door needs voids eliminated |
| 8 | ~~Need either a~~ Need a handwash sink |
| Note: | Cannot use mop sink as handwash |
| – 45 | Cutting Boards need planing or replacement. |
| 54/51 | Bathroom in kitchen – tighten door closure & light shield |
| 53 | Caulk around all immovable equipmt. |
| 53 | need coved mop boards |
| Note: | put info packet into binder – inform any and all using kitchen |
| | 1 V / 3 C / None Cos |

Person In Charge (Signature) X [signature] Date 2/27/12

Health Inspector (Signature) D. Michele Sturgeon Date 2/27/12

White Copy - State • Yellow Copy - Inspector • Pink Copy - Licensee