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|---|---------------------------------|-----------------------------------|---|----------|-----------|
| Establishment Name NEW YORK FRIED CHICKEN | As Authorized by 22 MRSA § 2496 | Critical Violations | 0 | Date | 7/14/2020 |
| | | Non-Critical Violations | 0 | Time In | 12:00 PM |
| | | Certified Food Protection Manager | E | Time Out | 1:00 PM |

| | | | | |
|---------------------------------------|-------------------------------|------------------|------------------------|---------------------------|
| License Expiry Date/EST. ID# /8824 | Address 111 CUMBERLAND AVE | City PORTLAND | Zip Code 04106-2409 | Telephone 207-808-8900 |
|---------------------------------------|-------------------------------|------------------|------------------------|---------------------------|

| | | | | |
|------------------------------------|---------------------------------|--|----------------------|-----------------------|
| License Type MUN - EATING PLACE | Owner Name WAHIDULLAH HAMIDI | Purpose of Inspection Change of Ownership | License Posted No | 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
 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 |
|--|----|--|-----|---|
| Supervision | | | | |
| 1 | IN | PIC present, demonstrates knowledge, and performs duties | | |
| Employee Health | | | | |
| 2 | IN | Management awareness; policy present | | |
| 3 | IN | Proper use of reporting, restriction & exclusion | | |
| Good Hygienic Practices | | | | |
| 4 | IN | Proper eating, tasting, drinking, or tobacco use | | |
| 5 | IN | No discharge from eyes, nose, and mouth | | |
| Preventing Contamination by Hands | | | | |
| 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 | | |
| Approved Source | | | | |
| 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 | | |
| Protection from Contamination | | | | |
| 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 |
|--|----|---|-----|---|
| Potentially Hazardous Food Time/Temperature | | | | |
| 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 | | |
| Consumer Advisory | | | | |
| 23 | IN | Consumer advisory provided for raw or undercooked foods | | |
| Highly Susceptible Populations | | | | |
| 24 | IN | Pasteurized foods used; prohibited foods not offered | | |
| Chemical | | | | |
| 25 | IN | Food additives: approved & properly used | | |
| 26 | IN | Toxic substances properly identified, stored & used | | |
| Conformance with Approved Procedures | | | | |
| 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 |
|---|----|---|-----|---|
| Safe Food and Water | | | | |
| 28 | IN | Pasteurized eggs used where required | | |
| 29 | IN | Water & ice from approved source | | |
| 30 | IN | Variance obtained for specialized processing methods | | |
| Food Temperature Control | | | | |
| 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 | | |
| Food Identification | | | | |
| 35 | IN | Food properly labeled; original container | | |
| Prevention of Food Contamination | | | | |
| 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 |
|--|----|--|-----|---|
| Proper Use of Utensils | | | | |
| 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 | | |
| Utensils, Equipment and Vending | | | | |
| 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 | | |
| Physical Facilities | | | | |
| 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) WAHIDULLAH HAMIDI (PRINTED WITH PERMISSION) | Date: 7/14/2020 |
| Health Inspector (Signature) TOM WILLIAMS | Follow-up: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Date of Follow-up: |

State of Maine Health Inspection Report

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Temperature Observations

| Location | Temperature | Notes |
|-----------|-------------|-----------|
| WALKIN | 40F | |
| HOT WATER | 118F | HAND SINK |
| LINE UNIT | 34F | |
| SANITIZER | 300 PPM | 3-BAY |

| | | |
|-------------------------------------|---|------------------------|
| Person in Charge (Signature) | WAHIDULLAH HAMIDI (PRINTED WITH PERMISSION) | Date: 7/14/2020 |
| Health Inspector (Signature) |  | |
| TOM WILLIAMS | | |

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Address
111 CUMBERLAND AVE

City / State
PORTLAND

ME

Zip Code
04106-2409

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)

WAHIDULLAH HAMIDI (PRINTED WITH PERMISSION)

Date: 7/14/2020

Health Inspector (Signature)

Tom Williams

TOM WILLIAMS

State of Maine Health Inspection Report

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Zip Code
04106-2409

Inspection Notes

PRE-OPERATIONAL INSPECTION FOR CHANGE OF OWNERSHIP OF EXISTING EATING PLACE.
OK TO ISSUE LICENSE.

CFPM: WAHIDULLAH HAMIDI EXP 10/5/22

This inspection was conducted and reviewed on-site. The report was entered in remote format and finalized off-site. The name of the PIC was printed in the signature block by the inspector with prior permission obtained from the PIC. The PIC's actual signature was not obtained.

Person in Charge (Signature)

WAHIDULLAH HAMIDI (PRINTED WITH PERMISSION)

Date: 7/14/2020

Health Inspector (Signature)

TOM WILLIAMS

