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|--|---------------------------------|---|----------|----------|------------------|
| Establishment Name POMS THAI TASTE RESTAURANT & NOODLE HOUSE | As Authorized by 22 MRSA § 2496 | No. of Risk Factor/Intervention Groups Out | 4 | Date | 9/30/2015 |
| | | No. of Repeat Risk Factor/Intervention Groups Out | 1 | Time In | 11:00 AM |
| | | Certified Food Protection Manager | Y | Time Out | 12:00 PM |

| | | | | |
|------------------------------|--------------------------------|-----------------------|-------------------|---------------------|
| License Expiry Date/EST. ID# | Address | City | Zip Code | Telephone |
| 12/3/2015 / 19790 | 571 CONGRESS ST | PORTLAND | 04101-3308 | 207-772-6999 |
| License Type | Owner Name | Purpose of Inspection | License Posted | Risk Category |
| MUN - EATING PLACE | BOOBPHACHATI, RATTANAPH | Regular | Yes | 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 | Compliance Status | | cos | R | |
|--|-----|--|-----|---|--|-----|---|---|---|
| Supervision | | | | | Potentially Hazardous Food Time/Temperature | | | | |
| 1 | IN | PIC present, demonstrates knowledge, and performs duties | | | 16 | IN | Proper cooking time & temperatures | | |
| Employee Health | | | | | 17 | IN | Proper reheating procedures for hot holding | | |
| 2 | IN | Management awareness; policy present | | | 18 | IN | Proper cooling time & temperatures | | |
| 3 | IN | Proper use of reporting, restriction & exclusion | | | 19 | IN | Proper hot holding temperatures | | |
| Good Hygienic Practices | | | | | 20 | OUT | Proper cold holding temperatures | | |
| 4 | IN | Proper eating, tasting, drinking, or tobacco use | | | 21 | OUT | Proper date marking & disposition | | X |
| 5 | IN | No discharge from eyes, nose, and mouth | | | 22 | IN | Time as a public health control: procedures & record | | |
| Preventing Contamination by Hands | | | | | Consumer Advisory | | | | |
| 6 | IN | Hands clean & properly washed | | | 23 | IN | Consumer advisory provided for raw or undercooked foods | | |
| 7 | IN | No bare hand contact with RTE foods or approved alternate method properly followed | | | Highly Susceptible Populations | | | | |
| 8 | IN | Adequate handwashing facilities supplied & accessible | | | 24 | IN | Pasteurized foods used; prohibited foods not offered | | |
| Approved Source | | | | | Chemical | | | | |
| 9 | IN | Food obtained from approved source | | | 25 | IN | Food additives: approved & properly used | | |
| 10 | IN | Food received at proper temperature | | | 26 | IN | Toxic substances properly identified, stored & used | | |
| 11 | OUT | Food in good condition, safe, & unadulterated | | X | Conformance with Approved Procedures | | | | |
| 12 | IN | Required records available: shellstock tags parasitic destruction | | | 27 | IN | Compliance with variance, specialized process, & HACCP plan | | |
| Protection from Contamination | | | | | 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. | | | | |
| 13 | OUT | Food separated & protected | | X | | | | | |
| 14 | IN | Food-contact surfaces: cleaned and sanitized | | | | | | | |
| 15 | IN | Proper disposition of returned, previously served, reconditioned, & unsafe food | | | | | | | |

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 | | | cos | R | |
|---|----|---|-----|---|--|----|--|---|---|
| Safe Food and Water | | | | | Proper Use of Utensils | | | | |
| 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 | X | Single-use & single-service articles: properly stored & used | | X |
| Food Temperature Control | | | | | 44 | IN | Gloves used properly | | |
| 31 | IN | Proper cooling methods used; adequate equipment for temperature control | | | Utensils, Equipment and Vending | | | | |
| 32 | IN | Plant food properly cooked for hot holding | | | 45 | IN | Food & non-food contact surfaces cleanable, properly designed, constructed, & used | | |
| 33 | IN | Approved thawing methods used | | | 46 | IN | Warewashing facilities: installed, maintained, & used; test strips | | |
| 34 | IN | Thermometers provided and accurate | | | 47 | X | Non-food contact surfaces clean | | |
| Food Identification | | | | | Physical Facilities | | | | |
| 35 | IN | Food properly labeled; original container | | | 48 | IN | Hot & cold water available; adequate pressure | | |
| Prevention of Food Contamination | | | | | 49 | IN | Plumbing installed; proper backflow devices | | |
| 36 | IN | Insects, rodents, & animals not present | | | 50 | IN | Sewage & waste water properly disposed | | |
| 37 | IN | Contamination prevented during food preparation, storage & display | | | 51 | X | Toilet facilities: properly constructed, supplied, & cleaned | | X |
| 38 | IN | Personal cleanliness | | | 52 | IN | Garbage & refuse properly disposed; facilities maintained | | |
| 39 | IN | Wiping cloths: properly used & stored | | | 53 | IN | Physical facilities installed, maintained, & clean | | |
| 40 | IN | Washing fruits & vegetables | | | 54 | IN | Adequate ventilation & lighting; designated areas used | | |

| | |
|------------------------------|---|
| Person in Charge (Signature) | Date: 9/30/2015 |
| Health Inspector (Signature) | 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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| License Expiry Date/EST. ID# 12/3/2015 / 19790 | Address 571 CONGRESS ST | City / State PORTLAND / ME | Zip Code 04101-3308 |
| Telephone 207-772-6999 | | | |

Temperature Observations

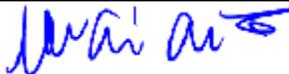
| Location | Temperature | Notes |
|--------------------|-------------|---|
| COLD HOLD #4 | 40F | HALF & HALF |
| COLD HOLD #2 | 39F | TOFU |
| KITCHEN | 50 PPM | CHLORINE SANITIZER |
| KITCHEN | 80F | GARLIC & OIL MIXTURE, LEFT OUT AT ROOM TEMP., PIC DISCARDED, NEEDS TO BE HELD AT 41F OR LOWER |
| COLD HOLD #6 | 38F | CHICKEN |
| COLD HOLD #1 | 40F | DRESSING |
| HOT HOLD | 159F | RICE |
| KITCHEN & RESTROOM | 117F | HOT WATER |
| WALK-IN COOLER | 37F | CHICKEN |
| COLD HOLD #3 | 36F | SHELL EGGS |
| COLD HOLD #5 | 38F | CUT VEGGIES |

Person in Charge (Signature)



Date: 9/30/2015

Health Inspector (Signature)



State of Maine Health Inspection Report

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Date 9/30/2015

License Expiry Date/EST. ID#
12/3/2015 / 19790

Address
571 CONGRESS ST

City / State
PORTLAND ME

Zip Code
04101-3308

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

11: 3-202.15: C: Food packages are not in good condition and do not protect the integrity of the contents.

INSPECTOR NOTES: *COS* DENTED CANNED GOODS FOUND IN DRY STORAGE, NEED TO BE TAKEN OUT OF ROTATION, PIC CORRECTED

13: 3-302.11.(A).(1).(A): N: Raw Ready-to-Eat food not protected from cross contamination from raw animal foods during storage, preparation, holding, or display.

INSPECTOR NOTES: *COS* RAW CHICKEN STORED ABOVE READY-TO-EAT FOODS IN THE WALK-IN COOLER, PIC CORRECTED, DISCUSSED PROPER FOOD STORAGE

20: 3-501.16.(A).(2): C: PHF not maintained at 41 F or less.

INSPECTOR NOTES: *COS* GARLIC & OIL MIXTURE LEFT OUT AT ROOM TEMP. (80F), NEEDS TO BE HELD AT 41F OR LOWER, PIC DISCARDED

21: 3-501.17.(D): C: Date marking system used at the Eating Establishment does not meet the criteria list in code.

INSPECTOR NOTES: *REPEAT* NO PRODUCT/DATE LABELING IN USE, ALL FOOD PREPARED AND HELD LONGER THAN 24 HOURS NEEDS PROPER LABELING, DISCUSSED AGAIN

43: 4-903.11.(D): N: Single-Service or Single-Use Articles stored less than 6 inches off floor using dollies, pallets, racks, or skids not kept in closed packages.

INSPECTOR NOTES: *REPEAT* TO-GO GOODS ARE STORED ON BASEMENT FLOOR, MUST BE AT LEAST 6 INCHES OFF THE FLOOR

47: 4-602.13: N: Non-food contact surfaces are not cleaned at a frequency necessary to preclude accumulation of soil residues.

INSPECTOR NOTES: SEVERAL COOLER DOOR GASKET ARE DIRTY, NEED TO BE CLEANED

51: 5-501.17: N: Covered receptacle not provided. (Female use)

INSPECTOR NOTES: *REPEAT* NEED A TRASH CAN WITH A LID IN THE STAFF RESTROOM

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State of Maine Health Inspection Report

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Date 9/30/2015

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Address
571 CONGRESS ST

City / State
PORTLAND ME

Zip Code
04101-3308

Inspection Notes

Certified Food Protection Manager- Oraya Fortney EXP. 10/22/2017

Eating establishments are required to submit a copy of their Certified Food Protection Manager (CFPM) certificate prior to the issuance of any new license. A CFPM must be hired within 60 days of an existing CFPM leaving employment. For a list of courses and trainers go to <http://www.maine.gov/healthinspection/training.htm>

Please provide a copy of this certification(s) to your inspector Eric Cobb by emailing to ecobb@portlandmaine.gov or faxing to 207-287-3165. A copy may also be sent to Carol Gott, Health Inspection Program, 286 Water St. 3rd Floor, Augusta, ME 04333 or carol.gott@maine.gov.

Please include the name of your establishment and the establishment ID# with your certification(s).

2013 Maine Food Code Adoption

The Maine Food Code was adopted in October of 2013. Please refer to our website for a copy, <http://www.maine.gov/healthinspection>. Following are a few of the major changes:

- " No Bare Hand Contact with Ready-To-Eat Food. Handlers are required to use gloves, utensils, deli papers, etc., to avoid bare hand contact with ready-to-eat food;
- " Establishments must have clean-up procedures for employees to follow following vomiting and diarrheal events;
- " Responsibilities of the person in charge for ill employees (exclusions and restrictions); and,
- " Date marking of Ready-to-eat potentially hazardous foods.

Violation Correction Timeframe

Critical violations should be corrected on site, but in any event, within 10 days. The licensee must contact the inspector when the critical violation has been addressed at 207- 874-8365 or email ecobb@portlandmaine.gov . Non-critical violations must be corrected within 30 days. Failure to satisfactorily correct these violations before the follow-up inspection may result in enforcement proceedings by the Department to include fines and penalties, which are outlined in Sections 7, 8 and 9 of the Rules Relating to the Administration and Enforcement of Establishments Licensed by the Health Inspection Program available at <http://www.maine.gov/healthinspection>. License renewals can be denied if violations are not corrected within the noted timeframes.

C= Critical violation and NC= Non-critical violation

"Critical violation" means a provision of the Food Code that, if in non-compliance, is more likely than other violations to contribute to food contamination, illness or environmental health hazard.

Additional Inspection Fee

License fees provide for two inspections per year. When additional inspections are required, the Department may charge an additional \$100 fee to cover the costs of each additional inspection or visit.

Document Retention/Posting

Pursuant to the Maine Food Code, the establishment's current license must be displayed. In addition, a sign or placard must be posted in a conspicuous area notifying consumers that a copy of the most recent inspection report is available upon request. CFPM certificates must be posted in a conspicuous area and must be available to the Department upon request.

Person in Charge (Signature)



Date: 9/30/2015

Health Inspector (Signature)

