

Establishment Name <b>TACO ESCOBARR</b>	As Authorized by 22 MRSA § 2496	Critical Violations	3	Date	9/12/2019
		Non-Critical Violations	4	Time In	11:00 AM
		Certified Food Protection Manager	Y	Time Out	1:00 PM

License Expiry Date/EST. ID# 1/30/2020 / 22682	Address 548 CONGRESS ST	City PORTLAND	Zip Code 04101	Telephone 207-541-9097
License Type MUN - EATING PLACE	Owner Name TACO BARR LLC	Purpose of Inspection Regular	License Posted Yes	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
<b>Supervision</b>				
1	IN	PIC present, demonstrates knowledge, and performs duties		
<b>Employee Health</b>				
2	IN	Management awareness; policy present		
3	IN	Proper use of reporting, restriction & exclusion		
<b>Good Hygienic Practices</b>				
4	OUT	Proper eating, tasting, drinking, or tobacco use		
5	IN	No discharge from eyes, nose, and mouth		
<b>Preventing Contamination by Hands</b>				
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		
<b>Approved Source</b>				
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		
<b>Protection from Contamination</b>				
13	IN	Food separated & protected		
14	OUT	Food-contact surfaces: cleaned and sanitized		
15	IN	Proper disposition of returned, previously served, reconditioned, & unsafe food		

Compliance Status			cos	R
<b>Potentially Hazardous Food Time/Temperature</b>				
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	OUT	Proper cold holding temperatures		X
21	IN	Proper date marking & disposition		
22	IN	Time as a public health control: procedures & record		
<b>Consumer Advisory</b>				
23	IN	Consumer advisory provided for raw or undercooked foods		
<b>Highly Susceptible Populations</b>				
24	IN	Pasteurized foods used; prohibited foods not offered		
<b>Chemical</b>				
25	IN	Food additives: approved & properly used		
26	IN	Toxic substances properly identified, stored & used		
<b>Conformance with Approved Procedures</b>				
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
<b>Safe Food and Water</b>				
28	IN	Pasteurized eggs used where required		
29	IN	Water & ice from approved source		
30	IN	Variance obtained for specialized processing methods		
<b>Food Temperature Control</b>				
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	X	Thermometers provided and accurate		
<b>Food Identification</b>				
35	IN	Food properly labeled; original container		
<b>Prevention of Food Contamination</b>				
36	IN	Insects, rodents, & animals not present		
37	X	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
<b>Proper Use of Utensils</b>				
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		
<b>Utensils, Equipment and Vending</b>				
45	X	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		
<b>Physical Facilities</b>				
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	X	Adequate ventilation & lighting; designated areas used		

Person in Charge (Signature)

Date: 9/12/2019

Health Inspector (Signature)

TOM WILLIAMS

*Tom Williams*

Follow-up: YES

NO

Date of Follow-up:

# State of Maine Health Inspection Report

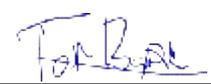
<b>Establishment Name</b> TACO ESCOBARR		<i>As Authorized by 22 MRSA § 2496</i>		<b>Date</b> <u>9/12/2019</u>
<b>License Expiry Date/EST. ID#</b> 1/30/2020 / 22682	<b>Address</b> 548 CONGRESS ST	<b>City / State</b> PORTLAND / ME	<b>Zip Code</b> 04101	<b>Telephone</b> 207-541-9097

## Temperature Observations

Location	Temperature	Notes
SHRIMP	58F	LINE UNIT
HOT WATER	110F	HAND SINK
DISH MACHINE	50-99 PPM	

RAW BEEF	58F	LINE UNIT
WALKIN	40F	
RE-HEATED PULLED PORK	110F	
CHEESE SAUCE	45F	3-DOOR LINE UNIT
SANITIZER	500 PPM	BUCKET

Person in Charge (Signature)



Date: 9/12/2019

Health Inspector (Signature)

TOM WILLIAMS



# State of Maine Health Inspection Report

Page 3 of 4

**Establishment Name**

TACO ESCOBARR

Date 9/12/2019

**License Expiry Date/EST. ID#**  
1/30/2020 / 22682

**Address**  
548 CONGRESS ST

**City / State**  
PORTLAND ME

**Zip Code**  
04101

## 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

4: 2-401.11: C: Food employee is eating, drinking, or using any tobacco where the contamination of exposed FOOD; clean EQUIPMENT, UTENSILS, and LINENS; unwrapped SINGLE-SERVICE and SINGLE-USE ARTICLES; or other items needing protection can result.

INSPECTOR NOTES: DRINKS IN KITCHEN NEED LIDS AND STRAWS.

14: 4-601.11.(A): C: Equipment food-contact surfaces and utensils are not clean to sight and touch.

INSPECTOR NOTES: ICE MACHINE AND CAN OPENER NEED CLEANING.

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

INSPECTOR NOTES: LINE UNIT WAS FROZE UP AND FOOD INSIDE WAS 58F. PIC DISCARDED AND CALLED FOR SERVICE.

34: 4-302.12.(A): N: Inadequate number of food temperature measuring devices provided.

INSPECTOR NOTES: STEMMED THERMOMETER NOT AVAILIBLE ON LINE.

37: 3-307.11: N: Food not protected from other sources of contamination.

INSPECTOR NOTES: CONDENSATION FROM PIPES ABOVE OVEN IS DRIPPING IN PREP AREA. NEED TO WRAP PIPES.

45: 4-101.11.(D): N: Utensils or equipment food contact surfaces not smooth / easily cleanable.

INSPECTOR NOTES: NEED TO REMOVE COVERING FROM SIDE OF LINE UNIT.

54: 6-303.11: N: Insufficient lighting provided.

INSPECTOR NOTES: KITCHEN LIGHTING IS TOO DIM.

Person in Charge (Signature)



Date: 9/12/2019

Health Inspector (Signature)

TOM WILLIAMS



# State of Maine Health Inspection Report

Page 4 of 4

**Establishment Name**

TACO ESCOBARR

Date 9/12/2019

License Expiry Date/EST. ID#  
1/30/2020 / 22682

Address  
548 CONGRESS ST

City / State  
PORTLAND ME

Zip Code  
04101

## Inspection Notes

Certified Food Protection Manager: Tom Barr EXP 9/12/22 PIC: Tom, Justin, Chris

Unless directed otherwise, all Eating Establishments are required to submit a copy of their Certified Food Protection Manager (CFPM) certificate. A CFPM must be hired at the time of a new eating establishment opening or within 60 days of when a CFPM leaves employment. For a list of CFPM courses and trainers go to <http://www.maine.gov/healthinspection/training.htm> Please provide a copy of this certification(s) to Tom Williams by emailing [tw@portlandmaine.gov](mailto:tw@portlandmaine.gov) or faxing to (207) 756-8111. Please include the name of your establishment and the establishment ID# with your certification(s).

**Employee Health Policy:**

The Health Inspection Program has implemented an educational public health initiative on Employee Health on March 1, 2017. The policy handouts will be provided to you by your inspector and reviewed during inspection for compliance. They are also available on the Program's website: <http://www.maine.gov/healthinspection>

**Violation Correction Timeframe:**

Critical violations should be corrected on site, but in any event, within 10 days. The licensee must contact the inspector when a violation has been addressed at 874-8772. 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. 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.

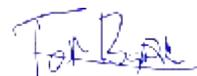
**Additional Inspection Fee:**

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: 9/12/2019

Health Inspector (Signature)



TOM WILLIAMS