

| | | | | | |
|-------------------------------------------|---------------------------------|-----------------------------------|---|----------|-----------|
| Establishment Name THE DANFORTH | As Authorized by 22 MRSA § 2496 | Critical Violations | 0 | Date | 5/20/2019 |
| | | Non-Critical Violations | 0 | Time In | 9:30 AM |
| | | Certified Food Protection Manager | Y | Time Out | 10:30 AM |

| | | | | |
|------------------------------|-----------------|-----------------------|----------------|---------------|
| License Expiry Date/EST. ID# | Address | City | Zip Code | Telephone |
| 6/3/2019 / 7219 | 163 DANFORTH ST | PORTLAND | 04102 | 617-794-7348 |
| License Type | Owner Name | Purpose of Inspection | License Posted | Risk Category |
| MUN - EATING AND LODGING | TEMPO DULU LLC | Change of Ownership | Yes | 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

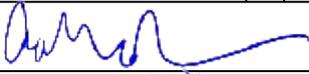
| Compliance Status | | | cos | R | Compliance Status | | cos | R |
|------------------------------------------|----|------------------------------------------------------------------------------------|-----|---|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-------------------------------------------------------------|---|
| 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 | IN | Proper cold holding temperatures | |
| 4 | IN | Proper eating, tasting, drinking, or tobacco use | | | 21 | IN | Proper date marking & disposition | |
| 5 | IN | No discharging 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 | IN | Food in good condition, safe, & unadulterated | | | Conformance with Approved Procedures | | | |
| 12 | IN | Required records available: shellstock tags parasite 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 | IN | Food separated & protected | | | | | | |
| 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 | IN | Single-use & single-service articles: properly stored & used | |
| 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 | IN | 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 | IN | Toilet facilities: properly constructed, supplied, & cleaned | |
| 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: 5/20/2019

Health Inspector (Signature) TOM WILLIAMS  Follow-up: YES NO Date of Follow-up:

State of Maine Health Inspection Report

| | | | | |
|-------------------------------------------------------|-----------------------------------|----------------------------------------|--------------------------|----------------------------------|
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| License Expiry Date/EST. ID# 6/3/2019 /7219 | Address 163 DANFORTH ST | City / State PORTLAND / ME | Zip Code 04102 | Telephone 617-794-7348 |

Temperature Observations

| Location | Temperature | Notes |
|-----------|-------------|-----------|
| HOT WATER | 110F | HAND SINK |

Person in Charge (Signature)



Date: 5/20/2019

Health Inspector (Signature)

TOM WILLIAMS



State of Maine Health Inspection Report

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THE DANFORTH

Date 5/20/2019

License Expiry Date/EST. ID#
6/3/2019 /7219

Address
163 DANFORTH ST

City / State
PORTLAND ME

Zip Code
04102

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)



Date: 5/20/2019

Health Inspector (Signature)

TOM WILLIAMS



State of Maine Health Inspection Report

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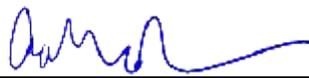
City / State
PORTLAND ME

Zip Code
04102

Inspection Notes

THIS IS A CHANGE OF OWNERSHIP OF EXISTING EATING AND LODGING PLACE.
CFPM: CAROLINE MACKENZIE EXP 2/19/24
OK TO ISSUE LICENSE

Person in Charge (Signature)



Date: 5/20/2019

Health Inspector (Signature)

TOM WILLIAMS

