

Establishment Name <b>THE KINGS HEAD</b>	As Authorized by 22 MRSA § 2496	Critical Violations	0	Date	7/2/2019
		Non-Critical Violations	0	Time In	9:00 AM
		Certified Food Protection Manager	Y	Time Out	9:30 AM

License Expiry Date/EST. ID#	Address	City	Zip Code	Telephone
6/3/2020 / 24832	254 COMMERCIAL ST	PORTLAND	04101	518-637-8784

License Type	Owner Name	Purpose of Inspection	License Posted	Risk Category
MUN - EATING PLACE	THE KNKS HEAD LLC PA	Partial Follow-up	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
<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	IN	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	IN	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	IN	Proper cold holding temperatures		
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	IN	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	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
<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	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		
<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	IN	Adequate ventilation & lighting; designated areas used		

Person in Charge (Signature) *Number 70* Date: 7/2/2019

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> THE KINGS HEAD		<i>As Authorized by 22 MRSA § 2496</i>		<b>Date</b> 7/2/2019	
<b>License Expiry Date/EST. ID#</b> 6/3/2020 / 24832	<b>Address</b> 254 COMMERCIAL ST	<b>City / State</b> PORTLAND / ME		<b>Zip Code</b> 04101	<b>Telephone</b> 518-637-8784

## Temperature Observations

Location                      Temperature                      Notes

Person in Charge (Signature)

*Humber 70*

Date: 7/2/2019

Health Inspector (Signature)

*Tom Williams*

TOM WILLIAMS

# State of Maine Health Inspection Report

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THE KINGS HEAD

Date 7/2/2019

License Expiry Date/EST. ID#  
6/3/2020 /24832

Address  
254 COMMERCIAL 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

Person in Charge (Signature)

*Humberto*

Date: 7/2/2019

Health Inspector (Signature)

*Tom Williams*

TOM WILLIAMS

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PORTLAND ME

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04101

## Inspection Notes

THIS IS A PARTIAL FOLLOW UP INSPECTION TO CHECK THAT THE ICE MACHINE HAS BEEN PROFESSIONALLY CLEANED.  
OK TO USE.

Person in Charge (Signature)

*Humber 70*

Date: 7/2/2019

Health Inspector (Signature)

*Tom Williams*

TOM WILLIAMS