

Establishment Name THE PROPER CUP LLC	<i>As Authorized by 22 MRSA § 2496</i>	Critical Violations	0	Date	1/23/2018
		Non-Critical Violations	0	Time In	2:00 PM
		Certified Food Protection Manager	Y	Time Out	3:00 PM

License Expiry Date/EST. ID# / 27097	Address 500 FOREST AVE	City PORTLAND	Zip Code 04101	Telephone 207-523-0782
License Type MUN - EATING PLACE	Owner Name THE PROPER CUP LLC	Purpose of Inspection Pre Operational	License Posted	Risk Category Low

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	
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 discharging 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)	Date: 1/23/2018
Health Inspector (Signature)	Follow-up: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Date of Follow-up:

State of Maine Health Inspection Report

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License Expiry Date/EST. ID# /27097	Address 500 FOREST AVE	City / State PORTLAND / ME	Zip Code 04101	Telephone 207-523-0782

Temperature Observations

Location	Temperature	Notes
HOT WATER	100F	

Person in Charge (Signature)

P.F.
T.W.

Date: 1/23/2018

Health Inspector (Signature)

State of Maine Health Inspection Report

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THE PROPER CUP LLC

Date 1/23/2018

License Expiry Date/EST. ID#
/27097

Address
500 FOREST AVE

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)

P.F.
T.W.

Date: 1/23/2018

Health Inspector (Signature)

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Inspection Notes

Certified Food Protection Manager: Rachel Kreie exp 10/17/22
PRE-OPERATIONAL INSPECTION OF NEW CAFE SERVING COFFEE AND PURCHASED BAKED GOODS.
OK TO ISSUE LICENSE

Person in Charge (Signature)

P.F.
T.W.

Date: 1/23/2018

Health Inspector (Signature)