Food - Risk Based Inspection Report

				Food - Ris	sk Based	ıın	spec	CID	n Report					
Department of Regulatory Services									Total Violations	Total Violations 5		10/14/2010		
	Division of Environmental Management & Safety Environmental Health & Food Safety ### 250 South Fourth Street, Room 414, Minneapolis, Minneapolis								Critical Violations	2	Inspection	10:20 AM		
								Li	icense Current and	Yes	Inspection Time			
_	city of lakes Phone: 612-673-2170 FAX: 612-673-2635 TTY: 612-673						3	-	Posted Reinspection					
_	Web: http://www.ci.minneapolis.mn.us/environmental-he								Needed Yes		Time Out	12:00 AM		
	Facility Name VORLD STREET KITCHEN Address 123 3RD ST N #101 MINNEAPOLI						1		Zip Code 55401	Telephone (612) 840-2522				
Lice	License # Owner Inspection						ose		License Type		Risk Category			
L158	-50048	;		SAMEH WADI	Routine				MOBILE FOOD V	ENDOR	2			
				FOODBORNE ILLNESS F	RISK FACTORS	AND	PUBLIC	HEA	LTH INTERVENTIO	NS	ı			
	IN=in	compliance OUT=n	ot in co	ompliance N/O=not observ	ed N/A=not ap	plicat	ole	(COS=corrected on-s	ite during inspe	ection R=repea	t violation		
Com	•	e Status			COS R	Con	npliance							
	F			rs and Public Health Interver	ntions	Foodborne Illness Risk Factors and Public Health Interventions								
1A	Out			15 IN Proper disposition of returned, previously served,										
1B	IN	PIC knowledgeable			reconditioned, and unsafe foods									
2							IN Proper cooking time and temperature IN Proper reheating procedures for hot holding							
3	employee health situations							Proper cooling time and temperatures						
4	IN Proper use of reporting, restriction & exclusion IN Food employees eat, drink, and use tobacco only in						18 N/O Proper cooling time and temperatures 19 Out Proper hot holding temperatures							
4	IN Food employees eat, drink, and use tobacco only in designated areas / do not use a utensil more than once to				20									
	taste food that is sold or served						IN	11 11 11 11 11 11 11						
5	IN Food employees experiencing persistent sneezing,						21 IN Proper date marking and disposition 22 N/A Time as a public health control: procedures and records							
	coughing, or runny nose do not work with exposed food, clean equipment, utensils, linens, unwrapped single-service or single-use articles					l	25 IN Food additives; approved and properly used							
						26	IN		Toxic substances properly identified, stored & used					
6	IN	Hands clean and pr	operly	washed		27	N/A	Com	pliance with HACCP	plan and varia	nce			
7	IN		li tissue	xposed, ready-to-eat food is e, spatulas, tongs, dispensin Is when possible			Risk fa	actors	are improper practic	es or procedur	es identified as t	he most c Health		
8 IN Handwashing Facilities									s are control measure					
9	IN	Food obtained from	approv	ved source] [
10	IN	Food received at pr	oper te	emperature	<u> </u>]]								
11	IN			ife, and unadulterated]]								
	B I / A					11								

GOOD RETAIL PRACTICES Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

12

13

14

IN

IN

destruction

N/A Required records available; shellstock tags, parasite

Food-contact surfaces: cleaned & sanitized

Food separated/protected from cross contamination

		Good Retail Practices are preventative measures to control the	additio	n of pa	thogens, chemicals, and physical objects into foods.					
Com	plianc	e Status	Compliance Status							
		Good Retail Practices	Good Retail Practices							
28	IN	Pasteurized eggs used where required	43	IN	Single-use and single-service articles; properly stored &					
29	IN	Water and ice from approved source			used					
30	IN	Variance obtained for specialized processing methods	44	IN	Gloves used properly					
31	IN	Proper cooling methods used; adequate equipment for temperature control	45	IN	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used					
32	IN	Plant food properly cooked for hot holding	46	Out						
33	IN	Approved thawing methods used			strips.(Accurate thermometers, chemical test kits provided, gauge cock)					
34	Out	Thermometers provided and accurate	47	IN	Nonfood contact surfaces clean					
35	IN	Food properly labeled; original container	48	IN	Hot and cold water available; capacity; adequate pressure					
36	IN	Insects, rodents, and animals not present; no unauthorized	49	IN	Plumbing installed, maintained, proper backflow devices					
		persons; food employees do not handle or care for animals present	50	IN	Sewage and waste water properly disposed					
37	Out	T. Communication of the commun	51	IN	Toilet facilities properly constructed, supplied and cleaned					
-		and display; segregated distressed products-non critical		IN	Garbage and refuse properly disposed: facilities maintained					
		items	53	IN	Physical facilities installed, maintained, and clean					
38	IN	Personal cleanliness (fingernails,jewelry,other clothing,hair	54	IN	Adequate ventilation and lighting; designated areas used					
		restrains)	55	IN	Compliance with MCIAA and Choking Poster					
39	IN	Wiping cloths,sponges; properly used and stored	56	IN	Compliance with licensing and plan review					
40	IN	Washing fruits and vegetables	57	IN	Other Violations Noted					
41	IN	In-use utensils; properly stored	58	IN	City of Minneapolis Food Code					
42	IN	Utensils, equipment, and linens: properly stored, dried, and handled			ол, от					

MATERIALS PROVIDED:

Food - Risk Based Inspection Report

							•	_	•			1	1	
1.	ent of Regulato	-		_			Total Violations 5			Date Inspection	1 10/14/2010			
11		h & Food Safety					Critical Violations 2		2	-				
/ minn							ense Current and Yes		Yes	Inspection Time				
- city	of lakes	Phone: 61	12-673-2170 FAX	K: 612-673-26	35 T	TY: 612-673-223	3		Post Reinspecti	_				
		Web: http:	://www.ci.minne	apolis.mn.us/e	enviro	onmental-health/			Need		Yes	Time O	ut 12:00 AM	
Facility Name WORLD STREET KIT	CHEN		ddress 3 3RD ST N#	City/State N #101 MINNEAPOLIS, MN					Zip Code 55401			Telephone (612) 840-2522		
License # L158-50048	wner AMEH WADI	Inspection Purpose Routine					License Ty MOBILE FOO		Risk Ca 2	Risk Category 2				
		IE ILLNESS RISK FACTORS AND PUBLIC I												
Item/Location Cheese(Refrigerate		od Temp 40°F	Air Temp °F			t-Hold Unit)	Food Tem 155°F	ıp	Air Temp °F	Item/Location		Food Temp	Air Temp	
						,								
	<u> </u>			l	SAI	NITIZER INFOR	MATION							
Sanitizer Locatio	n		Method Used	ed Sanitizer PPM					Sanitiz			Water	Temp.	
spray bottle Chemical Sar				CI	= 200		Quaternary Amn			mulli				
				Constr	ucti	on, Equipment	& Reinsped	ctio	n		,			
Construction Remodeling?			• •						pection Nee	eded		Reinspection Date		
No No No Yes 11/01/10 OBSERVATIONS AND CORRECTIVE ACTIONS										10				
Item			Vio			report must be c				elow.				
1A 4626.2010 S your MDH Fe	Number 1A 4626.2010 Subp. 3 Post in a conspicuous place at the establishment, a copy of the State Certified food manager certificate. MN Rule 4626.2010 Post a copy of your MDH Food Manager Certificate. Correct By: 10/18/10 (Critical)3-501.16A Maintain all hot, potentially hazardous foods at 140 degrees F at 60 degrees C (140 degrees F) or above, except that roasts cooked to a													
19 temperature holding unit.	temperature and for a time specified in part 4626.0340, item B, may be held at a temperature of 54 degrees C (130 degrees F) Beef found at 130F in the hot holding unit. Correct By: 10/18/10												F in the hot	
34 4-204.112E Correct By:		and wate	er temperature	measuring o	devid	ces that are num	erically scal	ed i	n increments r	no grea	ater than 2 d	egrees F. MN I	Rule 4626.0620	
37 (Critical)3-3	03.12B Disco					rages in water o								
46 4-501.116 U strips. Corre			it or other devi	ce to accurat	tely r	measure the cor	ncentration c	of the	e sanıtızıng sol	lution.	MN Rule 46	26.0815 Provid	e quat test	
Comments:														
report emailed to sa	men@saiir	onmpis.d	com	CERTI	FIED	FOOD MANAGE	R INFORMA	TIOI	<u>N</u>					
This inspection report	is based on	City of M	linneanolis rea			tion #: Name:			- heita: http://lih	rarv m	unicode com	n/index asny?		
clientId=11490&stateI	d=23&stateN	Name=mir	nnesota It lists	corrections a	and	improvements r	eeded to re	duce	e the health an	nd safe	ty risk factor	s. The condition		
identified either by ob- immediately or by the										or corre	ecting all viol	ations noted a	oove	
Failure to comply with authorized to issue a														
citation will double ea							a dollar (#1	JU.U	o, ice ici aliy	Jubac	4a0111 10-1115	Journal Trie di	June OF UTE	
Permits must be secu Minneapolis Developr													ained at	
Minneapolis Licenses	and Consum	ner Servio	ces grants FIN	AL approval	for c	peration of the	business at	City	Hall, 350 Sou	th 4th	Street, Roon	n 1-C, Minneap	olis,MN.	
	Hmong - Ce Spanish - A	eeb toom. tención. S	. Yog koj xav ta Si desea recibi	au kev pab tx r asistencia (xhais grati	this information, s cov xov no rau uita para traduci neeyo tarjamado	koj dawb, h r esta inform	iu (6 nacio	612) 673-2800. ón, llame al (6°	12) 67		73-3500.		
	Deaf and Ha	ard of He	earing Access	number: (6	12) (673-3220 TT	Y line: (612)	673	3-2626		HSG			
Ryan Krick Code Compliance Off Ryan.Krick@ci.minne			(Rym	N.	Kush					Da	te: 10/14/2010		
Sameh Wadi			Ž.	0	V	~								
owner		\sim	,						Da	te: 10/14/2010				