

# State of Maine Health Inspection Record of Complaint

## INTAKE

Complaint #	Date of Intake	Time of Intake	Intake Person	Paper Form
1259	03/12/2014	10:01 AM	ERIC WIGHTMAN	<input type="checkbox"/>

## ESTABLISHMENT/BODY ARTIST CITED

Establishment/Body Artist Name	Est. ID#	Lic. Exp. Date	Telephone	Lic. Type
THANH THANH 2	10750	9/9/2014	207-828-1114	MUN - EATING PLACE
Street Address	City	ZipCode	Owner Name	
782 FOREST AVE	PORTLAND	04103-4109	HO, LY LY	

## COMPLAINT DESCRIPTION

Complaint types:		Date of occurrence: MARCH 7, 2014		Time of occurrence: 6PM	
Foodborne Illness	<input checked="" type="checkbox"/>	Smoking	<input type="checkbox"/>	Ants	<input type="checkbox"/>
Hygienic Practices	<input type="checkbox"/>	Septic	<input type="checkbox"/>	Bats	<input type="checkbox"/>
Sanitation Practices	<input type="checkbox"/>	Tattoo	<input type="checkbox"/>	Bedbugs	<input type="checkbox"/>
Physical Facilities	<input type="checkbox"/>	Body Piercing	<input type="checkbox"/>	Cockroaches	<input type="checkbox"/>
Food injury/safety	<input type="checkbox"/>	Electrology	<input type="checkbox"/>	Mice	<input type="checkbox"/>
Waterborne illness	<input type="checkbox"/>	Micropigmentation	<input type="checkbox"/>	Rats	<input type="checkbox"/>
Unlicensed	<input type="checkbox"/>	Other	<input type="checkbox"/>	<i>If Other checked, see notes under Description below:</i>	

**Description:** COMPLAINANT SUMMARY; COMPLAINANT DINED WITH 2 OTHERS FRIDAY MARCH 7, 2014 AT 6PM, ALL HAD "FAMOUS VIETNAMESE SOUP" WITH BEAN SPROUTS ON TOP. WATER WITH ICE AS A BEVERAGE. COMPLAINANT ATE ALL BEAN SPROUTS, FELLOW DINERS DID NOT EAT ANY BEAN SPROUTS. COMPLAINANT EXPERIENCED CHILLS, DIARRHEA, NAUSA ....

## COMPLAINT INVESTIGATION

Investigated	Investigated by	Inspection Done	Date of Last Inspection
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	TORREY POLLARD	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	02/26/2014

## COMPLAINT FINDINGS

Foodborne Illness	<input type="checkbox"/> O <input checked="" type="checkbox"/> N	Smoking	<input type="checkbox"/> O <input type="checkbox"/> N	Ants	<input type="checkbox"/> O <input checked="" type="checkbox"/> N	Dogs	<input type="checkbox"/> O <input type="checkbox"/> N
Hygienic Practices	<input type="checkbox"/> O <input type="checkbox"/> N	Septic	<input type="checkbox"/> O <input type="checkbox"/> N	Bats	<input type="checkbox"/> O <input type="checkbox"/> N	Cats	<input type="checkbox"/> O <input type="checkbox"/> N
Sanitation Practices	<input type="checkbox"/> O <input type="checkbox"/> N	Tattoo	<input type="checkbox"/> O <input type="checkbox"/> N	Bedbugs	<input type="checkbox"/> O <input type="checkbox"/> N	Flies	<input type="checkbox"/> O <input type="checkbox"/> N
Physical Facilities	<input type="checkbox"/> O <input type="checkbox"/> N	Body Piercing	<input type="checkbox"/> O <input checked="" type="checkbox"/> N	Cockroaches	<input type="checkbox"/> O <input type="checkbox"/> N		
Food injury/safety	<input type="checkbox"/> O <input type="checkbox"/> N	Electrology	<input type="checkbox"/> O <input type="checkbox"/> N	Mice	<input type="checkbox"/> O <input type="checkbox"/> N	O=Observed	
Waterborne illness	<input type="checkbox"/> O <input type="checkbox"/> N	Micropigmentation	<input type="checkbox"/> O <input type="checkbox"/> N	Rats	<input type="checkbox"/> O <input type="checkbox"/> N	N=Not Observed	
Unlicensed	<input type="checkbox"/> O <input type="checkbox"/> N	Other	<input type="checkbox"/> O <input type="checkbox"/> N	<i>If Other checked, see Comments below:</i>			

## INSPECTOR COMMENTS

BEAN SPROUT HANDLING METHODS; SUGGESTED TURING DOWN COOLER AND KEEPING SPROUTS COVERED. STOCK COOLING METHODS IMPROPER; SUGGESTED OPTIONS FOR PROPER COOLING. DISCARDED 5 - 5 GALLON BUCKETS OF BEEF STOCK AT 49F MADE YESTERDAY. DISCARDED 1 - 5 GALLON BUCKET OF CHICKEN STOCK 47F MADE YESTERDAY. ALL IMPROPERLY COOLED. DISCARDED 20# OF BEEF FLANK THAT WAS BEING PRESSED AT ROOM TEMP. NOT COOLED PROPE...

**Corrective Actions**  
...RLY. INTERNAL TEMPERATURE OF 79F.

## REFERRALS

Referred to:	Date	Referred to:	Date	Referred to:	Date
<input type="checkbox"/> Attorney General's Office		<input type="checkbox"/> Fire Marshal		<input type="checkbox"/> Department of Education	
<input type="checkbox"/> Department of Agriculture		<input type="checkbox"/> Liquor Licensing		<input type="checkbox"/> Inland Fisheries & Wildlife	
<input type="checkbox"/> Subsurface Wastewater Program		<input type="checkbox"/> State Police		<input type="checkbox"/> Tobacco Enforcement	
<input type="checkbox"/> Drinking Water Program		<input type="checkbox"/> Disease Control		<input type="checkbox"/> Board of Pesticide Control	
<input type="checkbox"/> Marine Resources		<input type="checkbox"/> Municipality CEO/LPI		<input type="checkbox"/> Other	

Person in Charge (Signature)	Date: 3/12/2014
Health Inspector (Signature)	Follow-up: <input type="checkbox"/> Yes <input type="checkbox"/> No Follow-up Date:

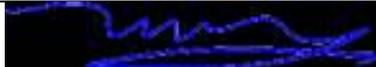
# State of Maine Health Inspection Record of Complaint

Complaint # 1259

Complaint Description Continued...

A AND DEHYDRATION LASTING 3 DAYS. ALSO NO SOAP AVAILABLE IN GUEST RESTROOM. NO DOCTOR VISIT OR STOOL SAMPLES TAKEN.

Person in Charge (Signature)



Date: 3/12/2014

Health Inspector (Signature)



Follow-up:  Yes  No  
Follow-up Date: