

State of Maine Health Inspection Record of Complaint

INTAKE

| Complaint # | Date of Intake | Time of Intake | Intake Person | Paper Form |
|-------------|----------------|----------------|---------------|--------------------------|
| 2499 | 10/18/2016 | 01:03 PM | KATHRYN OAK | <input type="checkbox"/> |

ESTABLISHMENT/BODY ARTIST CITED

| | | | | |
|------------------------------------|----------|----------------|-----------------------|--------------------|
| Establishment/Body Artist Name | Est. ID# | Lic. Exp. Date | Telephone | Lic. Type |
| APPLEBEES NEIGHBORHOOD GRILL & BAR | 8766 | 9/12/2017 | 207-791-2810 | MUN - EATING PLACE |
| Street Address | City | ZipCode | Owner Name | |
| 1072 BRIGHTON AVE | PORTLAND | 04102-1030 | APPLE NEW ENGLAND LLC | |

COMPLAINT DESCRIPTION

| | | | |
|-------------------------|-------------------------------------|-------------------------------------|--------------------------------|
| Complaint types: | | Date of occurrence: 10/16/16 | Time of occurrence: 7pm |
| Foodborne Illness | <input checked="" type="checkbox"/> | Smoking | <input type="checkbox"/> |
| Hygienic Practices | <input type="checkbox"/> | Septic | <input type="checkbox"/> |
| Sanitation Practices | <input type="checkbox"/> | Tattoo | <input type="checkbox"/> |
| Physical Facilities | <input type="checkbox"/> | Body Piercing | <input type="checkbox"/> |
| Food injury/safety | <input type="checkbox"/> | Electrology | <input type="checkbox"/> |
| Waterborne illness | <input type="checkbox"/> | Micropigmentation | <input type="checkbox"/> |
| Unlicensed | <input type="checkbox"/> | Other | <input type="checkbox"/> |

Description: On 10/16/16 @ 7pm complainant had bourbon st. chix & shrimp, mushrooms, onions, ff, H2O w/ice. Was there w/ 2 others. One had steak & shrimp, ff, h2o w/ice. Other had fried shrimp, ff, h2o w/ice. Only complainant became ill. Complainant had abdominal discomfort ~3hours later followed by vomiting &

COMPLAINT INVESTIGATION

| | | | |
|--|--|--|--|
| Investigated <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Investigated by TOM WILLIAMS | Inspection Done <input type="checkbox"/> Yes <input type="checkbox"/> No | Date of Last Inspection 10/06/2016 |
|--|--|--|--|

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 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 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 | | |
| 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 | | |
| 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

Focused on process steps for menu items. All procedures were correct. Chicken online was 36F, Shrimp online was 36F, Steak online was 36F. Chicken breast are cooked to min 165F and it is common practice to check temp with thermometer. Chicken in walkin was 40F. Mushrooms and onions are cooked to order. No other illness complaints received during this time period.

Corrective Actions

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: 10/19/2016

Health Inspector (Signature)



Follow-up: Yes No
Follow-up Date:

State of Maine Health Inspection Record of Complaint

Complaint # 2499

Complaint Description Continued...

diarrhea ~midnight. Vomiting & diarrhea lasted until ~9am 10/17/16.

Person in Charge (Signature)



Date: 10/19/2016

Health Inspector (Signature)



Follow-up: Yes No
Follow-up Date: