

# State of Maine Health Inspection Record of Complaint

## INTAKE

Complaint #	Date of Intake	Time of Intake	Intake Person	Paper Form
1403	07/07/2014	10:00 AM	REBECCA WALSH	<input type="checkbox"/>

## ESTABLISHMENT/BODY ARTIST CITED

Establishment/Body Artist Name BLACK TIE TAKE OUT BISTRO	Est. ID# 19424	Lic. Exp. Date 5/15/2015	Telephone	Lic. Type MUN - EATING PLACE
Street Address 1 UNION WHARF	City PORTLAND	ZipCode 04101-4607	Owner Name BLACK TIE INC	

## COMPLAINT DESCRIPTION

<b>Complaint types:</b>		<b>Date of occurrence:</b> 7/2/14		<b>Time of occurrence:</b> no info	
Foodborne Illness	<input 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 checked="" 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 checked="" 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 stated that food employee put on gloves then touched the scale to calibrate it with gloves on. Used same gloved hand to scoop portion of chicken salad into container for complainant.

## COMPLAINT INVESTIGATION

<b>Investigated</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Investigated by</b> TOM WILLIAMS	<b>Inspection Done</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Date of Last Inspection</b> 07/08/2014
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## COMPLAINT FINDINGS

Foodborne Illness	<input type="checkbox"/> O <input 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 checked="" 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 checked="" 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

DISCUSSED USING SPOONS OR TONGS TO SERVE THE FOOD.

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	

<b>Person in Charge (Signature)</b> 	<b>Date:</b> 7/8/2014
<b>Health Inspector (Signature)</b> Tom Williams	<b>Follow-up:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Follow-up Date:</b>