

State of Maine Health Inspection Record of Complaint

INTAKE

| Complaint # | Date of Intake | Time of Intake | Intake Person | Paper Form |
|-------------|----------------|----------------|---------------|--------------------------|
| 1741 | 04/22/2015 | 12:00 PM | REBECCA WALSH | <input type="checkbox"/> |

ESTABLISHMENT/BODY ARTIST CITED

| Establishment/Body Artist Name | Est. ID# | Lic. Exp. Date | Telephone | Lic. Type |
|--------------------------------|----------|----------------|--------------------------|--------------------|
| BURGER KING #5678 | 1027 | 12/16/2015 | 207-773-3650 | MUN - EATING PLACE |
| Street Address | City | ZipCode | Owner Name | |
| 449 FOREST AVE | PORTLAND | 04101 | MASTORAN RESTAURANTS INC | |

COMPLAINT DESCRIPTION

| Complaint types: | | Date of occurrence: 4/20/15 | | Time of occurrence: 1:18am | |
|----------------------|-------------------------------------|-----------------------------|--------------------------|-------------------------------------------------------------|--------------------------|
| 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: On 4/20/15 ~1am, individual had a original chicken sandwich with a vanilla shake. ~9am, individual woke up ill with diarrhea, vomiting, & abdominal pain, then developed a fever; started to improve on 4/21 in the evening.

COMPLAINT INVESTIGATION

| Investigated | Investigated by | Inspection Done | Date of Last Inspection |
|---------------------------------------------------------------------|-----------------|---------------------------------------------------------------------|-------------------------|
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | ERIC COBB | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 05/29/2014 |

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 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 | 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

FULL INSPECTION COMPLETED, NOTHING FOUND TO SUPPORT COMPLAINT.

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: 4/23/2015 |
| Health Inspector (Signature) | Follow-up: <input type="checkbox"/> Yes <input type="checkbox"/> No Follow-up Date: |