

State of Maine Health Inspection Record of Complaint

INTAKE

Complaint #	Date of Intake	Time of Intake	Intake Person	Paper Form
792	05/10/2013	11:04 AM	REBECCA WALSH	<input type="checkbox"/>

ESTABLISHMENT/BODY ARTIST CITED

Establishment/Body Artist Name BURGER KING #5678	Est. ID# 1027	Lic. Exp. Date 12/16/2013	Telephone 207-773-3650	Lic. Type MUN - EATING PLACE
Street Address 449 FOREST AVE	City PORTLAND	ZipCode 04101	Owner Name MASTORAN RESTAURANTS INC	

COMPLAINT DESCRIPTION

Complaint types:		Date of occurrence: 5/10/13	Time of occurrence: 11am
Foodborne Illness	<input 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 checked="" type="checkbox"/>	Electrology	<input type="checkbox"/>
Waterborne illness	<input type="checkbox"/>	Micropigmentation	<input type="checkbox"/>
Unlicensed	<input type="checkbox"/>	Other	<input type="checkbox"/>

If Other checked, see notes under Description below:

Description: Complainant stated that tomatoes were cut then left out at room temperature for 7.5 hours. Store manager was asked what to do with these since they were past the 4 hour mark, and store manager said to use them since they would be "used up so quick it won't matter".

COMPLAINT INVESTIGATION

Investigated <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigated by MICHAEL RUSSELL	Inspection Done <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date of Last Inspection 12/03/2012
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COMPLAINT FINDINGS

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

INSPECTOR COMMENTS

Observed only cut tomatoes with 4 hour throw out time.

Corrective Actions

No corrective action needed. Reminded manager about importance of throwing out food that exceeds 4 hour time limit.

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: 6/18/2013
Health Inspector (Signature) 	Follow-up: <input type="checkbox"/> Yes <input type="checkbox"/> No Follow-up Date: