

# State of Maine Health Inspection Record of Complaint

## INTAKE

Complaint #	Date of Intake	Time of Intake	Intake Person	Paper Form
1362	05/28/2014	04:34 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	12/16/2014	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: 5/26/14		Time of occurrence: 12am-2am	
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 had the double bacon barbeque cheeseburger (special) with fries and a coke (w/ ice); also had a couple bites of friend's cheeseburgers. ~1-2 hours later, developed shivering, shaking, sweating, nausea, then vomiting followed by diarrhea, which continued all night. Took 48 hours to feel ....

## COMPLAINT INVESTIGATION

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

Conducted inspection focused on chem. poisoning, B. cerus or Staph based on symptoms and onset times. Proper chemical storage, handwashing, glove use observed. No infections observed. Cheked all equipment for backflow prevention devices. Bacon stored at room temp for 48 hours. Checked with R.M. for variance, will confirm.

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)

at M...  
Tom Williams

Date: 5/29/2014

Health Inspector (Signature)

Follow-up:  Yes  No  
Follow-up Date:

# State of Maine Health Inspection Record of Complaint

Complaint # 1362

Complaint Description Continued...

I better. Friend had 2 cheeseburgers, fries, a coke and did not get ill.

Person in Charge (Signature)

*AT McQueen*

Date: 5/29/2014

Health Inspector (Signature)

*Tom White*

Follow-up:  Yes  No  
Follow-up Date: