

# State of Maine Health Inspection Record of Complaint

## INTAKE

Complaint #	Date of Intake	Time of Intake	Intake Person	Paper Form
2188	04/01/2016	01:51 PM	REBECCA WALSH	<input type="checkbox"/>

## ESTABLISHMENT/BODY ARTIST CITED

Establishment/Body Artist Name CROONERS & COCKTAILS	Est. ID# 25419	Lic. Exp. Date 5/7/2016	Telephone 207-536-0469	Lic. Type MUN - EATING PLACE
Street Address 90 EXCHANGE ST	City PORTLAND	ZipCode 04101	Owner Name THE 103 LLC	

## COMPLAINT DESCRIPTION

<b>Complaint types:</b>		<b>Date of occurrence:</b> 3/30/16		<b>Time of occurrence:</b> 7:30pm	
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 3/30/15 ~7:30pm, complainant had lobster bisque (looked like brown gravy), lemon sole over broccoli cheddar rice, a vodka martini & ice water. Spouse had peach salad, lobster thermador, lobster risotto, a manhattan, & ice water. Couple shared their food. Right after eating, both developed hear ....

## COMPLAINT INVESTIGATION

<b>Investigated</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Investigated by</b> ERIC COBB	<b>Inspection Done</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Date of Last Inspection</b> 03/15/2016
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## 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	<b>O=Observed</b>	
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	<b>N=Not Observed</b>	
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

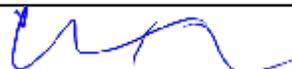
COMPLAINT INSPECTION COMPLETED, NOTHING FOUND TO SUPPORT THE COMPLAINT. NO CURRENT CFPM, NEED TO OBTAIN CERTIFICATE AND FORWARD A COPY TO HEALTH INSPECTOR.

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: 4/5/2016

Health Inspector (Signature)



Follow-up:  Yes  No  
Follow-up Date:

# State of Maine Health Inspection Record of Complaint

Complaint # 2188

Complaint Description Continued...

rtburn; complainant then developed nausea & is still ill; spouse developed nausea & chills.

Person in Charge (Signature)



Date: 4/5/2016

Health Inspector (Signature)



Follow-up:  Yes  No  
Follow-up Date: