

State of Maine Health Inspection Record of Complaint

INTAKE

Complaint #	Date of Intake	Time of Intake	Intake Person	Paper Form
2442	09/09/2016	04:00 PM	KATHRYN OAK	<input type="checkbox"/>

ESTABLISHMENT/BODY ARTIST CITED

Establishment/Body Artist Name	Est. ID#	Lic. Exp. Date	Telephone	Lic. Type
LANGS EXPRESS	998	11/17/2016	207-871-8055	MUN - EATING PLACE
Street Address	City	ZipCode	Owner Name	
325 SAINT JOHN ST	PORTLAND	04102-3017	LANGS EXPRESS	

COMPLAINT DESCRIPTION

Complaint types:		Date of occurrence: 9/8/16		Time of occurrence: evening	
Foodborne Illness	<input type="checkbox"/>	Smoking	<input type="checkbox"/>	Ants	<input type="checkbox"/>
Hygienic Practices	<input checked="" 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 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 observed employees reaction to a man who had apparently 'passed out' in the restroom and there was blood on the floor. The employee handling complainant's food went to grab a mop to clean it up but complainant expressed concern for complainant's food safety. Complainant was concerned

COMPLAINT INVESTIGATION

Investigated <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigated by TOM WILLIAMS	Inspection Done <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Last Inspection 08/22/2016
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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 checked="" 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 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

PIC stated that 2 young men came into the restaurant and went into the bathroom and then left without ordering any food. They punched a window and kicked the dumpster as they were leaving. Could not determine if there was any blood. PIC stated that an employee mopped the restroom but did not know why. There were no other customers in the restaurant at the time. Unable to determine what happened

Corrective Actions

based on limited info. Reviewed proper cleanup procedures for bodily fluids.

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: 9/12/2016
Health Inspector (Signature) 	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Follow-up Date:

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Complaint # 2442

Complaint Description Continued...

proper procedures for cleaning the restrooms and resuming food handling would not be followed.

Person in Charge (Signature)



Date: 9/12/2016

Health Inspector (Signature)



Follow-up: Yes No
Follow-up Date: