

State of Maine Health Inspection Record of Complaint

INTAKE

Complaint #	Date of Intake	Time of Intake	Intake Person	Paper Form
1751	05/04/2015	12:09 PM	REBECCA WALSH	<input type="checkbox"/>

ESTABLISHMENT/BODY ARTIST CITED

Establishment/Body Artist Name LANGS EXPRESS	Est. ID# 998	Lic. Exp. Date 11/17/2015	Telephone 207-871-8055	Lic. Type MUN - EATING PLACE
Street Address 325 SAINT JOHN ST	City PORTLAND	ZipCode 04102-3017	Owner Name LANGS EXPRESS	

COMPLAINT DESCRIPTION

Complaint types:		Date of occurrence: 5/3/15	Time of occurrence: 4:17pm
Foodborne Illness	<input checked="" 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 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: On 5/3/15 ~4:17 pm complainant got teriyake steak, 2 egg rolls, & crab rangoons delivered (~45 min-1 hr after order called in). ~1-2 hours later, complainant vomited a couple times. Complainant stated that this has occurred on previous orders over the past two months (one order a month; usually ge

COMPLAINT INVESTIGATION

Investigated <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigated by TOM WILLIAMS	Inspection Done <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date of Last Inspection 04/15/2015
--	--	---	--

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

COULD NOT VERIFY BASED ON INFORMATION PROVIDED. SEE COMPLAINT INSPECTION FORM FOR MORE INFORMATION.

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) <div style="text-align: center; font-size: 2em; color: blue;">X T.W.</div>	Date: 5/4/2015
Health Inspector (Signature)	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Follow-up Date:

State of Maine Health Inspection Record of Complaint

Complaint # 1751

Complaint Description Continued...

ets the same items).

Person in Charge (Signature)

X
T.W.

Date: 5/4/2015

Health Inspector (Signature)

Follow-up: Yes No
Follow-up Date: