

# State of Maine Health Inspection Record of Complaint

## INTAKE

Complaint #	Date of Intake	Time of Intake	Intake Person	Paper Form
1129	11/07/2013	01:52 PM	REBECCA WALSH	<input type="checkbox"/>

## ESTABLISHMENT/BODY ARTIST CITED

<b>Establishment/Body Artist Name</b> VERANDA THAI CUISINE	<b>Est. ID#</b> 900	<b>Lic. Exp. Date</b> 4/28/2014	<b>Telephone</b> 207-874-0045	<b>Lic. Type</b> MUN - EATING PLACE
<b>Street Address</b> 5 VERANDA ST	<b>City</b> PORTLAND	<b>ZipCode</b>	<b>Owner Name</b> PHAM, HAI X	

## COMPLAINT DESCRIPTION

<b>Complaint types:</b>		<b>Date of occurrence:</b> 11/5/13	<b>Time of occurrence:</b> 6pm
<b>Foodborne Illness</b>	<input checked="" type="checkbox"/>	<b>Smoking</b>	<input type="checkbox"/>
<b>Hygienic Practices</b>	<input type="checkbox"/>	<b>Septic</b>	<input type="checkbox"/>
<b>Sanitation Practices</b>	<input type="checkbox"/>	<b>Tattoo</b>	<input type="checkbox"/>
<b>Physical Facilities</b>	<input type="checkbox"/>	<b>Body Piercing</b>	<input type="checkbox"/>
<b>Food injury/safety</b>	<input type="checkbox"/>	<b>Electrology</b>	<input type="checkbox"/>
<b>Waterborne illness</b>	<input type="checkbox"/>	<b>Micropigmentation</b>	<input type="checkbox"/>
<b>Unlicensed</b>	<input type="checkbox"/>	<b>Other</b>	<input type="checkbox"/>

*If Other checked, see notes under Description below:*

**Description:** Complainant had tom-ghar-gai soup, veggie spring rolls, and dumplings (ground shrimp and chicken with a wrapping), and ice water. Noticed that the 3rd spring roll didn't taste right, so did not finish. Approx. 1AM, complainant developed abdominal cramping, diarrhea, nausea, and dizziness that last ....

## COMPLAINT INVESTIGATION

<b>Investigated</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Investigated by</b> TOM WILLIAMS	<b>Inspection Done</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Date of Last Inspection</b> 11/08/2013
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## COMPLAINT FINDINGS

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

## INSPECTOR COMMENTS

Could not determine cause of illness. Noted findings on inspection report. Several possible methods of contamination, including improper cooling methods, cross contamination, contamination from equipment and improper food holding temperatures.

### Corrective Actions

See inspection report. Actions include: Cleaning food and non-food contact surfaces, proper cooling, storing items properly, cleaning utensils with proper frequency and practicing good personal hygiene.

## 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	

<b>Person in Charge (Signature)</b> 	<b>Date:</b> 11/8/2013
<b>Health Inspector (Signature)</b> 	<b>Follow-up:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Follow-up Date:</b>

# State of Maine Health Inspection Record of Complaint

Complaint # 1129

Complaint Description Continued...

ted for several hours. Better next day, though still had some minor symptoms.

Person in Charge (Signature)



Date: 11/8/2013

Health Inspector (Signature)



Follow-up:  Yes  No  
Follow-up Date: