

# State of Maine Health Inspection Record of Complaint

## INTAKE

Complaint #	Date of Intake	Time of Intake	Intake Person	Paper Form
1179	01/15/2014	02:25 PM	REBECCA WALSH	<input type="checkbox"/>

## ESTABLISHMENT/BODY ARTIST CITED

Establishment/Body Artist Name	Est. ID#	Lic. Exp. Date	Telephone	Lic. Type
JAN MEE CHINESE RESTAURANT	1024	2/5/2015	207-761-4335	MUN - EATING PLACE
Street Address	City	ZipCode	Owner Name	
280 SAINT JOHN ST	PORTLAND	04101	RED SUN CO INC	

## COMPLAINT DESCRIPTION

Complaint types:		Date of occurrence: 1/10/14		Time of occurrence: 4:30pm	
Foodborne Illness	<input 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 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 stated: 1) The food display looked like it had been out for a long time, some of it was refreshed while we were there; 2) got a plate from the buffet, after cutting into a piece of batter cooked chicken, complainant found a piece of plastic bag cooked in it (had eaten a piece from the other ....

## COMPLAINT INVESTIGATION

Investigated	Investigated by	Inspection Done	Date of Last Inspection
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	TOM WILLIAMS	<input type="checkbox"/> Yes <input type="checkbox"/> No	01/03/2014

## 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 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

1.) Food in cold holding proper temp. Food in hot holding proper temp. 2.) PIC was aware of this incident. Chicken stored properly in food container and covered with plastic wrap. Physical contamination may have occurred while removing chicken from container and dipping in batter before frying. 3.) Inspector did not witness any freezer burn on ice cream during this inspection.

### Corrective Actions

Remove all plastic wrap from container prior to grabbing chicken with tongs to cook.

## 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: 1/16/2014
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 # 1179

## Complaint Description Continued...

er end before the plastic was found). Immediatley stopped eating and gave the chicken and plastic to a male employee of the place. Complainant stated that "a closer look at the food was enough for me to never eat there again, even the ice cream was freezer burned."

Person in Charge (Signature)



Date: 1/16/2014

Health Inspector (Signature)



Follow-up:  Yes  No  
Follow-up Date: