

State of Maine Health Inspection Record of Complaint

INTAKE

Complaint #	Date of Intake	Time of Intake	Intake Person	Paper Form
1162	12/23/2013	10:45 AM	REBECCA WALSH	<input type="checkbox"/>

ESTABLISHMENT/BODY ARTIST CITED

Establishment/Body Artist Name THE FRONT ROOM	Est. ID# 18616	Lic. Exp. Date 5/15/2014	Telephone 207-773-3366	Lic. Type MUN - EATING PLACE
Street Address 73 CONGRESS ST	City PORTLAND	ZipCode 04101-3661	Owner Name SMITH, HARDING	

COMPLAINT DESCRIPTION

Complaint types:		Date of occurrence: on-going		Time of occurrence: NA	
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 checked="" type="checkbox"/>
Unlicensed	<input type="checkbox"/>	Other	<input type="checkbox"/>	<i>If Other checked, see notes under Description below:</i>	

Description: Complaint: 1) rats coming from The Front Room restaurant; 2) food is being stored on the floor in the basement (is there a basement storage area?); 3). Witnessed rats coming from the trash area.

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 06/24/2013
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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 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 checked="" 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

Investigated establishment and did not find any rats. Did not find any food stored on floor in basement. Did not see any evidence of rodents, checked all around walls in basement. Food stored on shelves was in good condition. Pest traps in use.

Corrective Actions

Asked PIC to call Orkin and ask them to look into issue as well.

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 Tw</div>	Date: 12/23/2013
Health Inspector (Signature)	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Follow-up Date: