

## DIVISION OF ENVIRONMENTAL HEALTH MASTER COMPLAINT RECORD

### INTAKE

COMPLAINT #: 11-251 ESTABLISHMENT CITED IN COMPLAINT: Burger King ID#: 1027

DATE/TIME OF OCCURRENCE throughout employment (last 3+ weeks)

INTAKE DATE/TIME OF COMPLAINT: 9/6/11 9:37 a.m.

LOCATION OF ESTABLISHMENT: Burger King, Forest Ave., Portland

COMPLAINT DESCRIPTION: According to complainant, referred to us from court offices. Says witnessed food dropped onto the floor and picked up to be served to customer, when she tried to order a new meal, manager that dropped it told them not to and to serve. Says observed that a couple more times after. Says the back floors are coated with grease, very dangerous, and they'd fallen, as a result. Says that there is a night employee, named Wiggins, and he sleeps in the back room, even on nights not working, and also does drugs out back, by dumpster area (believes it is crack that is being smoked). Complainant also says that management has been informed. Told covering manager (believes his name is Steve ... bald/tall) and was told that had to tell other Manager, Al, when he returned from vacation. Says she did tell Al and nothing was done.

NATURE OF COMPLAINT: ILLNESS/HEALTH RELATED  SANITATION/ENVIRONMENT

HYGENIC PRACTICES  FOOD/INJURY SAFETY  OTHER

RECEIVED BY: D. Michele Sturgeon

### INVESTIGATION

PERSON (S) INTERVIEWED: Al McAlpine POSITION(S): Manager

INSPECTION RESULTS: O  N   F INSPECTION REPORT: Y  N

CORRECTIVE ACTION: See Below

HEALTH INSPECTOR COMMENTS: Mgr. aware of only food on flr. part. He did not witness, nor get a confirmation. Will look into other claims, as he wasn't aware of them.

SIGNATURE OF HEALTH INSPECTOR: D. Michele Sturgeon DATE: 9/7/11

SIGNATURE OF PERSON IN CHARGE: Al McAlpine

### REFERRALS

	DATE/INITIAL		DATE/INITIAL
<input type="checkbox"/> DEPARTMENT OF AGRICULTURE	_____	<input type="checkbox"/> DISEASE CONTROL	_____
<input type="checkbox"/> DRINKING WATER PROGRAM	_____	<input type="checkbox"/> MUNICIPALITIES	_____
<input type="checkbox"/> WASTE WATER PROGRAM	_____	<input type="checkbox"/> DEPARTMENT OF EDUCATION	_____
<input type="checkbox"/> MARINE RESOURCES	_____	<input type="checkbox"/> INLAND FISHERIES AND WILDLIFE	_____
<input type="checkbox"/> FIRE MARSHAL	_____	<input type="checkbox"/> STATE POLICE	_____
<input type="checkbox"/> LIQUOR LICENSING	_____	<input type="checkbox"/> BOARD OF PESTICIDE CONTROL	_____
<input type="checkbox"/> TOBACCO ENFORCEMENT	_____	<input type="checkbox"/> OTHER	_____
BBB	_____		_____