

State of Maine Health Inspection Record of Complaint

INTAKE

Complaint #	Date of Intake	Time of Intake	Intake Person	Paper Form
4686	07/29/2020	06:35 AM	REBECCA WALSH	

ESTABLISHMENT/BODY ARTIST CITED

Establishment/Body Artist Name	Est. ID#	Lic. Exp. Date	Telephone	Lic. Type
BIG SKY BREAD CO/PIE IN THE SKY PIZZA	19005	9/28/2020	207-831-9846	MUN - EATING PLACE
Street Address	City	ZipCode	Owner Name	
28 MONUMENT SQ	PORTLAND	04101	MILLER BAKER & COOPER COMPANY	

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 checked="" type="checkbox"/>	Septic	<input type="checkbox"/>	Bats	<input type="checkbox"/>
Sanitation Practices	<input checked="" type="checkbox"/>	Tattoo	<input type="checkbox"/>	Bedbugs	<input type="checkbox"/>
Physical Facilities	<input checked="" type="checkbox"/>	Body Piercing	<input type="checkbox"/>	Cockroaches	<input checked="" 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 checked="" type="checkbox"/>	If Other checked, see notes under Description below:	

Complainant stated: 1) floor is about to give out; 2) unclean in shop & downstairs basement prep area; 3) roach & bug problems; 4) mold issues; 5) plumbing issues; 6) questionable health practices; 7) lack of handwashing; 8) gloves not used.

COMPLAINT INVESTIGATION

Investigated	Investigated by	Inspection Triggered	Date of Last Inspection
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	ERIC COBB	<input type="checkbox"/> Yes <input type="checkbox"/> No	11/18/2019

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 checked="" 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 checked="" 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 checked="" type="checkbox"/> O <input type="checkbox"/> N	Body Piercing	<input type="checkbox"/> O <input type="checkbox"/> N	Cockroaches	<input type="checkbox"/> O <input checked="" 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 checked="" type="checkbox"/> N	If Other checked, see Comments below:			

INSPECTOR COMMENTS

COMPLAINT WAS INVESTIGATED. 1) PHYSICAL FACILITIES OBSERVED, NEED TO REPLACE MISSING FLOOR TILES IN THE SERVICE AREA. 2) SANITATION PRACTICES NOT OBSERVED. 3) ROACH AND BUG PROBLEMS NOT OBSERVED. 4) MOLD ISSUES NOT OBSERVED. 5) PLUMBING ISSUES NOT OBSERVED. 6) QUESTIONABLE HEALTH PRACTICES NOT OBSERVED. 7) LACK OF HANDWASHING NOT OBSERVED. 8) GLOVES NOT USED NOT OBSERVED. PIC- Shannon Peterson

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)	Date: 7/30/2020
<div style="text-align: center;"> </div>	
Health Inspector (Signature)	
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