

State of Maine Health Inspection Record of Complaint

INTAKE

Complaint #	Date of Intake	Time of Intake	Intake Person	Paper Form
4723	08/07/2020	01:02 AM	MICHELLE MASON-WEBBER	

ESTABLISHMENT/BODY ARTIST CITED

Establishment/Body Artist Name BOONES FISH HOUSE & OYSTER ROOM	Est. ID# 904	Lic. Exp. Date 8/2/2021	Telephone 207-774-5725	Lic. Type MUN - EATING PLACE
Street Address 6 CUSTOM HOUSE WHARF	City PORTLAND	ZipCode 04101-4708	Owner Name FISH SHACK LLC	

COMPLAINT DESCRIPTION

Complaint types:		Date of occurrence: 8/6/2020		Time of occurrence: 10 am	
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 checked="" 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 checked="" type="checkbox"/>	<i>If Other checked, see notes under Description below:</i>	

Complainant states: 1) Menus are not cleaned and sanitized 2) owner had no mask on and was taking temperature or every plate leaving the kitchen by using bare hands to touch every dish 3) Sugar caddies are not sanitized 4) hosts are not collecting contact tracing information 5) issues with social distancing protocols: not following the 6 foot rule: tables not spread apart far enough: patrons sitting at the bar with nothing in between the guest and bartender, and they are not ...

COMPLAINT INVESTIGATION

Investigated <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigated by TOM WILLIAMS	Inspection Triggered <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Last Inspection 10/09/2019
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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 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 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 checked="" type="checkbox"/> O <input type="checkbox"/> N	<i>If Other checked, see Comments below:</i>			

INSPECTOR COMMENTS

1) Manager stated that menus are wiped after each table. 2) No staff was wearing mask upon arrival. 3) Sugar caddies not in use, sugar packets given to each guest with coffee. 4) Host leave information card to be filled out with each table. 5) A couple tables need to be adjusted but most are separated. plenty of signage up about social distancing.

Corrective Actions

REFERRALS

<u>Referred to:</u>	<u>Date</u>	<u>Referred to:</u>	<u>Date</u>	<u>Referred to:</u>	<u>Date</u>
<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) <i>BARCY PAIGE SMITH (PR W/ THE PERM. I.S.S.I.O.N.)</i>	Date: 8/10/2020
Health Inspector (Signature) <i>Tom Williams</i>	

Complaint # 4723

Complaint Description Continued...

following the 6 foot rule.

Person in Charge (Signature) *GARCY PAIGE SMITH (CPR W/TEP WITH PERMISSION)*

Date: 8/10/2020

Health Inspector (Signature) *Tom Hill*