

# State of Maine Health Inspection Record of Complaint

## INTAKE

| Complaint # | Date of Intake | Time of Intake | Intake Person | Paper Form               |
|-------------|----------------|----------------|---------------|--------------------------|
| 2536        | 11/23/2016     | 12:43 PM       | REBECCA WALSH | <input type="checkbox"/> |

## ESTABLISHMENT/BODY ARTIST CITED

| Establishment/Body Artist Name | Est. ID# | Lic. Exp. Date | Telephone       | Lic. Type          |
|--------------------------------|----------|----------------|-----------------|--------------------|
| CAIOLAS                        | 17983    | 7/11/2017      | 347-581-8794    | MUN - EATING PLACE |
| Street Address                 | City     | ZipCode        | Owner Name      |                    |
| 58 PINE ST                     | PORTLAND | 04102-3855     | BELLA MAINE LLC |                    |

## COMPLAINT DESCRIPTION

| Complaint types:     |                                     | Date of occurrence: 11/17/16 |                          | Time of occurrence: 7:30pm                                  |                          |
|----------------------|-------------------------------------|------------------------------|--------------------------|---|--------------------------|
| Foodborne Illness    | <input checked="" 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 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:** On 11/17/16 at 7:30pm person who dined with coworkers had hake fish and became ill at 11:00pm that night with diarrhea, abdominal pain, chills, sweats and shakes; person was hospitalized for 3 days; tested positive for campylobacter. A coworker that dined with person also had the same dish and bec ....

## 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 | 06/29/2016              |

## COMPLAINT FINDINGS

|                      |  |                   |   |  |   |                |   |
|----------------------|--|-------------------|---|--|---|----------------|---|
| Foodborne Illness    | <input type="checkbox"/> O <input checked="" 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 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

HAKE IS FROM APPROVED SOURCE. SERVED FULLY COOKED. ALL REFRIGERATION TEMPS ARE WITHIN RANGE. NO OTHER COMPLAINTS RECEIVED DURING THIS TIME. UNABLE TO DETERMINE CAUSE BASED ON INFORMATION GIVEN.

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: 11/23/2016  |
| <br>Health Inspector (Signature) | Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Follow-up Date: |

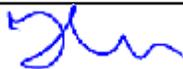
# State of Maine Health Inspection Record of Complaint

Complaint # 2536

Complaint Description Continued...

came ill, but not nearly as bad.

Person in Charge (Signature)



Date: 11/23/2016

Health Inspector (Signature)



Follow-up:  Yes  No  
Follow-up Date: