

State of Maine Health Inspection Record of Complaint

INTAKE

Complaint #	Date of Intake	Time of Intake	Intake Person	Paper Form
3883	07/19/2019	09:48 AM	ASHLEY CIRONE	

ESTABLISHMENT/BODY ARTIST CITED

Establishment/Body Artist Name	Est. ID#	Lic. Exp. Date	Telephone	Lic. Type
DENNYS # 6355	994	10/27/2019	207-774-1886	MUN - EATING PLACE
Street Address	City	ZipCode	Owner Name	
1101 CONGRESS ST	PORTLAND	04102	GILLS CONGRESS INC	

COMPLAINT DESCRIPTION

Complaint types:		Date of occurrence: 7/14/2019		Time of occurrence: ~10PM	
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>	

Complainant stated: 1) On 7/14 ~ 10PM, ordered a vegetable omelet with gravy hash browns, buttered white toast, and chocolate milk; 2) Around 1:30 AM on 7/15, developed diarrhea, nausea, and a fever lasting until 10AM 7/15.

COMPLAINT INVESTIGATION

Investigated	Investigated by	Inspection Triggered	Date of Last Inspection
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	ERIC COBB	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	03/01/2019

COMPLAINT FINDINGS

Foodborne Illness	<input checked="" 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 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

FOODBORNE ILLNESS COMPLAINT INVESTIGATED, FOODBORNE ILLNESS NOT OBSERVED. POSSIBLE CONTRIBUTING FACTORS FOUND DURING THE INSPECTION WERE 1) SHELL EGGS STORED AT ROOM TEMP., 2) COLD UNIT WITH PHF OPERATING AT 51F (SEE REGULAR INSPECTION REPORT DATED 7/19/2019).

Corrective Actions

PIC DISCARDED SHELL EGGS FOUND STORED AT ROOM TEMP. ALSO DISCARDED PHF IN COLD UNIT OPERATING AT 51F.

REFERRALS

Referred to:	Date	Referred to:	Date	Referred to:	Date
Attorney General's Office		Fire Marshal		Department of Education	
Department of Agriculture		Liquor Licensing		Inland Fisheries & Wildlife	
Subsurface Wastewater Program		State Police		Tobacco Enforcement	
Drinking Water Program		Disease Control		Board of Pesticide Control	
Marine Resources		Municipality CEO/LPI		Other	

Person in Charge (Signature)	Date: 7/19/2019
Health Inspector (Signature)	