

State of Maine Health Inspection Record of Complaint

INTAKE

| Complaint # | Date of Intake | Time of Intake | Intake Person | Paper Form |
|-------------|----------------|----------------|---------------|------------|
| 3988 | 09/11/2019 | 12:00 PM | ASHLEY CIRONE | |

ESTABLISHMENT/BODY ARTIST CITED

| Establishment/Body Artist Name | Est. ID# | Lic. Exp. Date | Telephone | Lic. Type |
|--------------------------------|----------|----------------|-----------------------|--------------------|
| DUNKIN DONUTS | 18237 | 12/31/2019 | 207-797-8339 | MUN - EATING PLACE |
| Street Address | City | ZipCode | Owner Name | |
| 1378 WASHINGTON AVE | PORTLAND | 04103-3609 | SATURN ASSOCIATES INC | |

COMPLAINT DESCRIPTION

| Complaint types: | | Date of occurrence: 9/11/19 | | Time of occurrence: ~7:30AM | |
|----------------------|--------------------------|-----------------------------|-------------------------------------|---|--------------------------|
| 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 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 checked="" type="checkbox"/> | <i>If Other checked, see notes under Description below:</i> | |

Complainant stated: 1) On 9/11/19 ~7:30AM, employee handling food items and coffee had a persistent and productive cough; 2) Employee coughed over five times within the 2-3 minutes of handling an order.

COMPLAINT INVESTIGATION

| Investigated | Investigated by | Inspection Triggered | Date of Last Inspection |
|---|-----------------|--|-------------------------|
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | TOM WILLIAMS | <input type="checkbox"/> Yes <input type="checkbox"/> No | 08/07/2018 |

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 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 checked="" type="checkbox"/> O <input type="checkbox"/> N | <i>If Other checked, see Comments below:</i> | | | |

INSPECTOR COMMENTS

DID NOT OBSERVE ANYONE COUGHING AT TIME OF INSPECTION BUT MANAGER STATED IT MAY HAVE BEEN AN EMPLOYEE WITH "SMOKERS COUGH".

Corrective Actions

MANAGER WAS KNOWLEDGEBLE IN REGARDS TO EMPLOYEE ILLNESS POLICY.

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: 9/11/2019 |
| Health Inspector (Signature) | |