

# State of Maine Health Inspection Record of Complaint

## INTAKE

Complaint #	Date of Intake	Time of Intake	Intake Person	Paper Form
2181	03/28/2016	10:14 AM	REBECCA WALSH	<input type="checkbox"/>

## ESTABLISHMENT/BODY ARTIST CITED

Establishment/Body Artist Name	Est. ID#	Lic. Exp. Date	Telephone	Lic. Type
EAST ENDER	987	2/20/2017	207-671-8495	MUN - EATING PLACE
Street Address	City	ZipCode	Owner Name	
47 MIDDLE ST	PORTLAND	04106-2409	SMALL AXE LLC	

## COMPLAINT DESCRIPTION

<b>Complaint types:</b>		<b>Date of occurrence:</b> 3/25/16		<b>Time of occurrence:</b> 6:30pm	
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 3/25/16 ~6:30pm, complainant had hake with escarole & fingerling potatoes in a sauce, & glass of wine; may have had ice water. Spouse had thai curry bowl & glass of wine. Complainant developed vomiting & diarrhea ~12:30am that lasted for ~4-5 hrs. Spouse developed stomach pain & diarrhea on 3/ ....

## COMPLAINT INVESTIGATION

<b>Investigated</b>	<b>Investigated by</b>	<b>Inspection Done</b>	<b>Date of Last Inspection</b>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	ERIC COBB	<input type="checkbox"/> Yes <input type="checkbox"/> No	03/15/2016

## 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

FOODBORNE ILLNESS COMPLAINT INVESTIGATED, NOTHING FOUND TO SUPPORT COMPLAINT.

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: 3/28/2016
 	Follow-up: <input type="checkbox"/> Yes <input type="checkbox"/> No
Health Inspector (Signature)	Follow-up Date:

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Complaint # 2181

Complaint Description Continued...

2/26/16. Both are not 100% now, but are improving.

Person in Charge (Signature)



Date: 3/28/2016

Health Inspector (Signature)



Follow-up:  Yes  No  
Follow-up Date: