

# State of Maine Health Inspection Record of Complaint

## INTAKE

| Complaint # | Date of Intake | Time of Intake | Intake Person | Paper Form               |
|-------------|----------------|----------------|---------------|--------------------------|
| 2911        | 09/13/2017     | 02:22 PM       | KATHRYN OAK   | <input type="checkbox"/> |

## ESTABLISHMENT/BODY ARTIST CITED

|                                |          |                |                     |                    |
|--------------------------------|----------|----------------|---------------------|--------------------|
| Establishment/Body Artist Name | Est. ID# | Lic. Exp. Date | Telephone           | Lic. Type          |
| GILBERTS CHOWDER HOUSE         | 6827     | 10/16/2018     | 207-871-5636        | MUN - EATING PLACE |
| Street Address                 | City     | ZipCode        | Owner Name          |                    |
| 92 COMMERCIAL ST               | PORTLAND | 04101-4705     | TREBLIG ENTERPRISES |                    |

## COMPLAINT DESCRIPTION

|                         |                                     |                                   |                          |   |                          |
|-------------------------|-------------------------------------|-----------------------------------|--------------------------|---|--------------------------|
| <b>Complaint types:</b> |                                     | <b>Date of occurrence:</b> 9/7/17 |                          | <b>Time of occurrence:</b> NOON                             |                          |
| 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 9/7/17 complainant had fried haddock sandwich & developed diarrhea after.

## 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 09/12/2017                     |

## 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 INSPECTION COMPLETED, FOODBORNE ILLNESS NOT OBSERVED (SEE COMPLAINT INSPECTION DATED 9/12/2017).

**Corrective Actions**

## REFERRALS

|  |             |   |             |  |             |
|--|-------------|---|-------------|--|-------------|
| <b>Referred to:</b>                                    | <b>Date</b> | <b>Referred to:</b>                           | <b>Date</b> | <b>Referred to:</b>                                  | <b>Date</b> |
| <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                       |             |

|                                     |  |
|-------------------------------------|--|
| <b>Person in Charge (Signature)</b> | <b>Date:</b> 9/14/2017   |
|                                     |  |
| <b>Health Inspector (Signature)</b> | <b>Follow-up:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                                     | <b>Follow-up Date:</b>   |