

State of Maine Health Inspection Record of Complaint

INTAKE

Complaint #	Date of Intake	Time of Intake	Intake Person	Paper Form
4036	10/03/2019	02:52 PM	ASHLEY CIRONE	

ESTABLISHMENT/BODY ARTIST CITED

Establishment/Body Artist Name	Est. ID#	Lic. Exp. Date	Telephone	Lic. Type
GILBERTS CHOWDER HOUSE	6827	10/16/2020	207-871-5636	MUN - EATING PLACE
Street Address	City	ZipCode	Owner Name	
92 COMMERCIAL ST	PORTLAND	04101-4705	TREBLIG ENTERPRISES	

COMPLAINT DESCRIPTION

Complaint types:		Date of occurrence: 10/1/2019		Time of occurrence: ~2PM	
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 10/1/19 ~2PM, ordered a lobster roll with iced water; 2) On 10/2/19 ~2AM, developed nausea, headaches, vomiting, and diarrhea lasting until 10/2/19 10AM.

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	05/03/2019

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. REGULAR INSPECTION COMPLETED DURING THE VISIT.

Corrective Actions

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: 10/4/2019
Health Inspector (Signature)	