

# State of Maine Health Inspection Record of Complaint

## INTAKE

Complaint #	Date of Intake	Time of Intake	Intake Person	Paper Form
4580	07/01/2020	02:28 PM	REBECCA WALSH	

## ESTABLISHMENT/BODY ARTIST CITED

<b>Establishment/Body Artist Name</b> INDIA PALACE	Est. ID# 6276	Lic. Exp. Date 6/4/2021	Telephone 207-773-1444	Lic. Type MUN - EATING PLACE
<b>Street Address</b> 565 CONGRESS ST	<b>City</b> PORTLAND	<b>ZipCode</b> 04101-3308	<b>Owner Name</b> INDIAN PALACE	

## COMPLAINT DESCRIPTION

<b>Complaint types:</b>		<b>Date of occurrence:</b> on-going		<b>Time of occurrence:</b> NA	
<b>Foodborne Illness</b>	<input type="checkbox"/>	<b>Smoking</b>	<input checked="" type="checkbox"/>	<b>Ants</b>	<input type="checkbox"/>
<b>Hygienic Practices</b>	<input type="checkbox"/>	<b>Septic</b>	<input type="checkbox"/>	<b>Bats</b>	<input type="checkbox"/>
<b>Sanitation Practices</b>	<input type="checkbox"/>	<b>Tattoo</b>	<input type="checkbox"/>	<b>Bedbugs</b>	<input type="checkbox"/>
<b>Physical Facilities</b>	<input type="checkbox"/>	<b>Body Piercing</b>	<input type="checkbox"/>	<b>Cockroaches</b>	<input type="checkbox"/>
<b>Food injury/safety</b>	<input checked="" type="checkbox"/>	<b>Electrology</b>	<input type="checkbox"/>	<b>Mice</b>	<input type="checkbox"/>
<b>Waterborne illness</b>	<input type="checkbox"/>	<b>Micropigmentation</b>	<input type="checkbox"/>	<b>Rats</b>	<input type="checkbox"/>
<b>Unlicensed</b>	<input type="checkbox"/>	<b>Other</b>	<input checked="" type="checkbox"/>	<i>If Other checked, see notes under Description below:</i>	

Complainant stated: 1) not a single member of the staff (let alone customers) have on masks or gloves when handling food; 2) 2 children, about a 9 year old girl and 5 year old boy, running around the restaurant; 3) obvious Smell of cigarette smoke coming from the back of house.

## COMPLAINT INVESTIGATION

<b>Investigated</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Investigated by</b> TOM WILLIAMS	<b>Inspection Triggered</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Date of Last Inspection</b> 10/21/2019
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## COMPLAINT FINDINGS

<b>Foodborne Illness</b>	<input type="checkbox"/> O <input type="checkbox"/> N	<b>Smoking</b>	<input type="checkbox"/> O <input checked="" type="checkbox"/> N	<b>Ants</b>	<input type="checkbox"/> O <input type="checkbox"/> N	<b>Dogs</b>	<input type="checkbox"/> O <input type="checkbox"/> N
<b>Hygienic Practices</b>	<input type="checkbox"/> O <input type="checkbox"/> N	<b>Septic</b>	<input type="checkbox"/> O <input type="checkbox"/> N	<b>Bats</b>	<input type="checkbox"/> O <input type="checkbox"/> N	<b>Cats</b>	<input type="checkbox"/> O <input type="checkbox"/> N
<b>Sanitation Practices</b>	<input type="checkbox"/> O <input type="checkbox"/> N	<b>Tattoo</b>	<input type="checkbox"/> O <input type="checkbox"/> N	<b>Bedbugs</b>	<input type="checkbox"/> O <input type="checkbox"/> N	<b>Flies</b>	<input type="checkbox"/> O <input type="checkbox"/> N
<b>Physical Facilities</b>	<input type="checkbox"/> O <input type="checkbox"/> N	<b>Body Piercing</b>	<input type="checkbox"/> O <input type="checkbox"/> N	<b>Cockroaches</b>	<input type="checkbox"/> O <input type="checkbox"/> N		
<b>Food injury/safety</b>	<input checked="" type="checkbox"/> O <input type="checkbox"/> N	<b>Electrology</b>	<input type="checkbox"/> O <input type="checkbox"/> N	<b>Mice</b>	<input type="checkbox"/> O <input type="checkbox"/> N	O=Observed	
<b>Waterborne illness</b>	<input type="checkbox"/> O <input type="checkbox"/> N	<b>Micropigmentation</b>	<input type="checkbox"/> O <input type="checkbox"/> N	<b>Rats</b>	<input type="checkbox"/> O <input type="checkbox"/> N	N=Not Observed	
<b>Unlicensed</b>	<input type="checkbox"/> O <input type="checkbox"/> N	<b>Other</b>	<input type="checkbox"/> O <input checked="" type="checkbox"/> N	<i>If Other checked, see Comments below:</i>			

## INSPECTOR COMMENTS

Manager Rakesha stated that the kitchen staff did not wear mask when in the dining room. No one smokes but they burn incense in the kitchen for religious offering.

### Corrective Actions

Staff need to wear mask at all times.

This inspection was conducted and reviewed on-site. The report was entered in remote format and finalized off-site. The name of the PIC was printed in the signature block by the inspector with prior permission obtained from the PIC. The PIC's actual

## REFERRALS

<u>Referred to:</u>	<u>Date</u>	<u>Referred to:</u>	<u>Date</u>	<u>Referred to:</u>	<u>Date</u>
<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> <i>RAKESHA (PRINTED WITH PERMISSION)</i>	<b>Date:</b> 7/8/2020
<b>Health Inspector (Signature)</b> <i>Tom Williams</i>	