

# State of Maine Health Inspection Record of Complaint

## INTAKE

Complaint #	Date of Intake	Time of Intake	Intake Person	Paper Form
4527	06/23/2020	01:07 PM	SCOTT DAVIS	

## ESTABLISHMENT/BODY ARTIST CITED

Establishment/Body Artist Name	Est. ID#	Lic. Exp. Date	Telephone	Lic. Type
J'S OYSTER	935	12/28/2020	207-772-4828	MUN - EATING PLACE
Street Address	City	ZipCode	Owner Name	
5 PORTLAND PIER	PORTLAND	04101-4713	J'S OYSTER INC	

## COMPLAINT DESCRIPTION

Complaint types:		Date of occurrence: 6-22-2020		Time of occurrence: 8:26 PM<	
Foodborne Illness	<input type="checkbox"/>	Smoking	<input checked="" 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>	

1. Outdoor dining, two tables of 11 people total, (Covid-19)
2. Tables not spaced properly, (Covid-19)
3. Smoking allowed,
4. Condiments provided in multi-use container. (Covid-19)

## 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	01/23/2020

## COMPLAINT FINDINGS

Foodborne Illness	<input type="checkbox"/> O <input type="checkbox"/> N	Smoking	<input checked="" 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

Spoke with Mgr. Lisa Reynolds. 1) Regular guest were sitting together at tables outside. Will limit to parties of 8 ppl. 2) Spaced out tables to remain 6ft apart when chairs are pulled out. Will apply for additional seating area. 3) Smoking outside next to back door, advised that must be 25ft away from all doors. 4) All condiments are now in single service package and given out by servers.

### Corrective Actions

Last week single service containers were out of stock.  
 \*\*Staff must wear mask at all times\*\*

## 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) <i>LISA REYNOLDS (PRINTED WITH PERMISSION)</i>	Date: 6/24/2020
Health Inspector (Signature) <i>Tom Williams</i>	