

State of Maine Health Inspection Record of Complaint

INTAKE

Complaint #	Date of Intake	Time of Intake	Intake Person	Paper Form
2816	07/17/2017	02:08 PM	KATHRYN OAK	<input type="checkbox"/>

ESTABLISHMENT/BODY ARTIST CITED

Establishment/Body Artist Name	Est. ID#	Lic. Exp. Date	Telephone	Lic. Type
J'S OYSTER	935	12/28/2017	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: 7/16/17		Time of occurrence: 10pm	
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 7/16/17@10pm complainant and spouse finished eating bucket of steamed clams (which were very sandy) and shared a haddock sandwich. ~12:30 both were 'violently ill' w/vomiting and diarrhea.

COMPLAINT INVESTIGATION

Investigated <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Investigated by TOM WILLIAMS	Inspection Done <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Last Inspection 05/12/2017
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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

NO OTHER COMPLAINTS DURING THIS TIME PERIOD. CLAMS AND HADDOCK FROM APPROVED SOURCE. SHELL TAGS ON HAND. PROPER STORAGE AND PREP PROCEDURES DESCRIBED. RINSE CLAMS IN PREP SINK(OBSERVED) BUT DO NOT PURGE. SERVED IN GALVANIZED BUCKETS THAT ARE NOT NSF APPROVED. SUGGESTED REPLACING WITH APPROVED MATERIAL.

Corrective Actions

NEED TO INSTALL SCREEN DOOR IF LEAVING BACK DOOR OPEN TO PROTECT AGAINST FLIES.

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: 7/18/2017
Health Inspector (Signature) 	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Follow-up Date: