

State of Maine Health Inspection Record of Complaint

INTAKE

Complaint #	Date of Intake	Time of Intake	Intake Person	Paper Form
2475	10/03/2016	10:34 AM	REBECCA WALSH	<input type="checkbox"/>

ESTABLISHMENT/BODY ARTIST CITED

Establishment/Body Artist Name	Est. ID#	Lic. Exp. Date	Telephone	Lic. Type
KING OF THE ROLL RESTAURANT	7420	10/6/2017	207-874-6631	MUN - EATING PLACE
Street Address	City	ZipCode	Owner Name	
675 CONGRESS ST	PORTLAND	04101-3303	SUPER J F INC	

COMPLAINT DESCRIPTION

Complaint types:		Date of occurrence: 10/1/16		Time of occurrence: no info	
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 10/1/16, person had a tuna sushi roll then developed redness around chest, swelling around eyes, facial flushing and headache within 10 minutes. Two other friends who ate salmon and chicken dishes were fine.

COMPLAINT INVESTIGATION

Investigated <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigated by ERIC COBB	Inspection Done <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date of Last Inspection 05/24/2016
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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

FOODBORNE ILLNESS COMPLAINT INSPECTION COMPLETED, NOTHING FOUND TO SUPPORT THE COMPLAINT. FOODBORNE ILLNESS NOT OBSERVED.

Corrective Actions

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: 10/3/2016

Health Inspector (Signature)

Follow-up: Yes No
Follow-up Date: