

# State of Maine Health Inspection Record of Complaint

## INTAKE

Complaint #	Date of Intake	Time of Intake	Intake Person	Paper Form
2913	09/18/2017	09:56 AM	KATHRYN OAK	<input type="checkbox"/>

## ESTABLISHMENT/BODY ARTIST CITED

<b>Establishment/Body Artist Name</b> KUSHIYA BENKAY	<b>Est. ID#</b> 7865	<b>Lic. Exp. Date</b> 8/14/2018	<b>Telephone</b> 207-756-0431	<b>Lic. Type</b> MUN - EATING PLACE
<b>Street Address</b> 653 CONGRESS ST	<b>City</b> PORTLAND	<b>ZipCode</b> 04101	<b>Owner Name</b> SK FOODS INC	

## COMPLAINT DESCRIPTION

<b>Complaint types:</b>		<b>Date of occurrence:</b> 9/15/17	<b>Time of occurrence:</b> 7pm
<b>Foodborne Illness</b>	<input checked="" type="checkbox"/>	<b>Smoking</b>	<input type="checkbox"/>
<b>Hygienic Practices</b>	<input type="checkbox"/>	<b>Septic</b>	<input type="checkbox"/>
<b>Sanitation Practices</b>	<input type="checkbox"/>	<b>Tattoo</b>	<input type="checkbox"/>
<b>Physical Facilities</b>	<input type="checkbox"/>	<b>Body Piercing</b>	<input type="checkbox"/>
<b>Food injury/safety</b>	<input type="checkbox"/>	<b>Electrology</b>	<input type="checkbox"/>
<b>Waterborne illness</b>	<input type="checkbox"/>	<b>Micropigmentation</b>	<input type="checkbox"/>
<b>Unlicensed</b>	<input type="checkbox"/>	<b>Other</b>	<input type="checkbox"/>

*If Other checked, see notes under Description below:*

**Description:** On 9/15/17 complainant had unagi roll, skewers of mushrooms & asparagus, green tea. Spouse shared veggies but had own unagi roll. Complainant began vomiting ~10:30pm & then diarrhea. Symptoms lasted until ~4am 9/16/17.

## COMPLAINT INVESTIGATION

<b>Investigated</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Investigated by</b> TOM WILLIAMS	<b>Inspection Done</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Date of Last Inspection</b> 09/18/2017
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## COMPLAINT FINDINGS

<b>Foodborne Illness</b>	<input checked="" type="checkbox"/> O <input type="checkbox"/> N	<b>Smoking</b>	<input type="checkbox"/> O <input 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 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	<b>O=Observed</b>	
<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	<b>N=Not Observed</b>	
<b>Unlicensed</b>	<input type="checkbox"/> O <input type="checkbox"/> N	<b>Other</b>	<input type="checkbox"/> O <input type="checkbox"/> N	<i>If Other checked, see Comments below:</i>			

## INSPECTOR COMMENTS

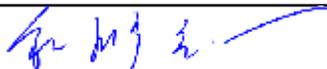
Eel in Unagi Roll comes in fully cooked, frozen, cryovac pack from approved vendor. Found sushi rice, wrapped in plastic, cooled from previous night at 52F in walkin. Suggested cooling unwrapped. Mushrooms from approved source. Wood bowl used so acidifying rice has a deep crack in it and needs replacing.

Corrective Actions

## REFERRALS

<b>Referred to:</b>	<b>Date</b>	<b>Referred to:</b>	<b>Date</b>	<b>Referred to:</b>	<b>Date</b>
<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: 9/18/2017

Health Inspector (Signature)



Follow-up:  Yes  No  
Follow-up Date: