

State of Maine Health Inspection Record of Complaint

INTAKE

| Complaint # | Date of Intake | Time of Intake | Intake Person | Paper Form |
|-------------|----------------|----------------|-----------------------|------------|
| 4697 | 07/30/2020 | 12:25 PM | MICHELLE MASON-WEBBER | |

ESTABLISHMENT/BODY ARTIST CITED

| Establishment/Body Artist Name | Est. ID# | Lic. Exp. Date | Telephone | Lic. Type |
|--------------------------------|----------|----------------|--------------|--------------------|
| MAIZ | 20659 | 3/29/2021 | 207-400-2881 | MUN - EATING PLACE |
| Street Address | City | ZipCode | Owner Name | |
| 621 FOREST AVE FL 1 | PORTLAND | 04103 | MAIZ LLC | |

COMPLAINT DESCRIPTION

| Complaint types: | | Date of occurrence: 7/28/2020 | | Time of occurrence: 6:30 pm | |
|----------------------|-------------------------------------|-------------------------------|--------------------------|---|--------------------------|
| 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 checked="" 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> | |

On 7/28/20 ~6:30 pm, complainant and companion ate the arepa sandwich and lots of hair found in sandwich. This was only common food both ate within previous 48 hours. Both complainant and companion had the same symptoms of diarrhea, nausea and dizziness that evening (7/28/20) and following day (7/29/20).

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 | 10/29/2019 |

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 checked="" 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

Unable to determine cause of illness. The sauce on some of the sandwiches has ingredient (cilantro) that may look like hair. No other complaints were received. Spoke with the owner Martha Leonard.

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: 8/12/2020 |
| |
| Health Inspector (Signature) |
| |