

State of Maine Health Inspection Record of Complaint

INTAKE

Complaint #	Date of Intake	Time of Intake	Intake Person	Paper Form
4612	07/10/2020	03:25 PM	MICHELLE MASON-WEBBER	

ESTABLISHMENT/BODY ARTIST CITED

Establishment/Body Artist Name	Est. ID#	Lic. Exp. Date	Telephone	Lic. Type
MCDONALDS	892	12/15/2020	207-582-0855	MUN - EATING PLACE
Street Address	City	ZipCode	Owner Name	
332 ST JOHN ST	PORTLAND	04106-2409	RC MANAGEMENT LLC	

COMPLAINT DESCRIPTION

Complaint types:		Date of occurrence: 7/9/2020		Time of occurrence: 3 pm	
Foodborne Illness	..	Smoking	..	Ants	..
Hygienic Practices	p	Septic	..	Bats	..
Sanitation Practices	..	Tattoo	..	Bedbugs	..
Physical Facilities	..	Body Piercing	..	Cockroaches	..
Food injury/safety	..	Electrology	..	Mice	..
Waterborne illness	..	Micropigmentation	..	Rats	..
Unlicensed	..	Other	p	<i>If Other checked, see notes under Description below:</i>	

Complainant states: 1) Eating while taking our money for our order. 2)not wearing a mask or gloves.

COMPLAINT INVESTIGATION

Investigated	Investigated by	Inspection Triggered	Date of Last Inspection
p Yes .. No	TOM WILLIAMS	.. Yes .. No	12/16/2019

COMPLAINT FINDINGS

Foodborne Illness	.. O .. N	Smoking	.. O .. N	Ants	.. O .. N	Dogs	.. O .. N
Hygienic Practices	.. O pN	Septic	.. O .. N	Bats	.. O .. N	Cats	.. O .. N
Sanitation Practices	.. O .. N	Tattoo	.. O .. N	Bedbugs	.. O .. N	Flies	.. O .. N
Physical Facilities	.. O .. N	Body Piercing	.. O .. N	Cockroaches	.. O .. N		
Food injury/safety	.. O .. N	Electrology	.. O .. N	Mice	.. O .. N	O=Observed	
Waterborne illness	.. O .. N	Micropigmentation	.. O .. N	Rats	.. O .. N	N=Not Observed	
Unlicensed	.. O .. N	Other	.. O pN	<i>If Other checked, see Comments below:</i>			

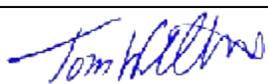
INSPECTOR COMMENTS

Could not confirm. Manager will review cameras and try to see what happened. Spoke to manager Troy Demers. The report was entered in remote format and finalized off-site. The name of the PIC was printed in the signature block by the inspector with prior permission obtained from the PIC. The PIC's actual signature was not obtained. A copy of this report has been provided to the PIC via email.

Corrective Actions

REFERRALS

Referred to:	Date	Referred to:	Date	Referred to:	Date
.. Attorney General's Office		.. Fire Marshal		.. Department of Education	
.. Department of Agriculture		.. Liquor Licensing		.. Inland Fisheries & Wildlife	
.. Subsurface Wastewater Program		.. State Police		.. Tobacco Enforcement	
.. Drinking Water Program		.. Disease Control		.. Board of Pesticide Control	
.. Marine Resources		.. Municipality CEO/LPI		.. Other	

Person in Charge (Signature) <i>TROY DEMERS (PRINTED WITH PERMISSION)</i>	Date: 7/14/2020
	
Health Inspector (Signature)	