

State of Maine Health Inspection Record of Complaint

INTAKE

Complaint #	Date of Intake	Time of Intake	Intake Person	Paper Form
4760	08/17/2020	05:09 PM	MICHELLE MASON-WEBBER	

ESTABLISHMENT/BODY ARTIST CITED

Establishment/Body Artist Name	Est. ID#	Lic. Exp. Date	Telephone	Lic. Type
PIZZAIOLO	25847	1/15/2021	207-536-7210	MUN - EATING PLACE
Street Address	City	ZipCode	Owner Name	
360 CUMBERLAND AVE	PORTLAND	04101	PERFECT PIES	

COMPLAINT DESCRIPTION

Complaint types:		Date of occurrence: 8/17/2020		Time of occurrence: 5 pm	
Foodborne Illness	<input 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 checked="" type="checkbox"/>	<i>If Other checked, see notes under Description below:</i>	

Complainant states: 1) none of the staff are wearing masks while working 2) employees will often blow on the pizza crust when it comes out of the ovens

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	09/09/2019

COMPLAINT FINDINGS

Foodborne Illness	<input type="checkbox"/> O <input 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 checked="" type="checkbox"/> O <input type="checkbox"/> N	<i>If Other checked, see Comments below:</i>			

INSPECTOR COMMENTS

1) Staff was not wearing mask upon arrival. Owner thought that they didn't need to in the kitchen. Note that many times the only people in the kitchen are the owner and his girlfriend whom live together. Advised that if delivery drivers or other cooks are present mask must be worn. 2) Discussed this and PIC was not sure what it was about, but did say that they blow under the uncooked pizza dough

Corrective Actions

to release it from the paddle when placing into the oven as is common with NY style pizza. Discussed alternative methods. This inspection was conducted and reviewed on-site. 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 pri

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) <i>PAT SCOWLES (PRINTED WITH PERMISSION)</i>	Date: 8/27/2020
Health Inspector (Signature) <i>Tom Williams</i>	