

State of Maine Health Inspection Record of Complaint

INTAKE

Complaint #	Date of Intake	Time of Intake	Intake Person	Paper Form
2733	06/05/2017	12:25 PM	KATHRYN OAK	<input type="checkbox"/>

ESTABLISHMENT/BODY ARTIST CITED

Establishment/Body Artist Name PORTHOLE RESTAURANT & PUB	Est. ID# 881	Lic. Exp. Date 4/10/2018	Telephone 207-773-4653	Lic. Type MUN - EATING PLACE
Street Address 20 CUSTOM HOUSE WHARF	City PORTLAND	ZipCode 04101-4708	Owner Name PORTHOLE RESTAURANT & PUB LLC	

COMPLAINT DESCRIPTION

Complaint types:		Date of occurrence: Ongoing		Time of occurrence: na	
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 checked="" 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: Complainant observed: 1)unsanitary bathrooms; 2)dirty 3-bay sink; 3)black mold; 4)trash strewn about dumpster area; 5)standing H2O on kitchen floor; 6)trash, food, water on back floors; 7)sanitizer bucket w/o sanitizer; 8)sanitized rags not used to wipe down food prep surfaces; 9)unsanitary conditio

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 11/22/2016
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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 checked="" 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

COMPLAINT INSPECTION COMPLETED, SEE COMPLAINT INSPECTION DATED 6/7/2017. 1) NOT OBSERVED. 2) NOT OBSERVED. 3) NOT OBSERVED. 4)NOT OBSERVED. 5) NOT OBSERVED. 6) OBSERVED, FLOOR UNDER LINE EQUIPMENT AND DISH ROOM WALLS NEED CLEANING. 7) NOT OBSERVED. 8) NOT OBSERVED. 9) 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: 6/7/2017

Health Inspector (Signature)



Follow-up: Yes No
Follow-up Date:

State of Maine Health Inspection Record of Complaint

Complaint # 2733

Complaint Description Continued...

ons behind cook lines.

Person in Charge (Signature)



Date: 6/7/2017

Health Inspector (Signature)



Follow-up: Yes No
Follow-up Date: