

# State of Maine Health Inspection Record of Complaint

## INTAKE

Complaint #	Date of Intake	Time of Intake	Intake Person	Paper Form
3797	05/28/2019	08:02 AM	REBECCA WALSH	

## ESTABLISHMENT/BODY ARTIST CITED

<b>Establishment/Body Artist Name</b> PT'S SHOWCLUB	Est. ID# 6236	Lic. Exp. Date 11/16/2019	Telephone 207-772-8033	Lic. Type MUN - EATING PLACE
<b>Street Address</b> 200 RIVERSIDE ST	<b>City</b> PORTLAND	<b>ZipCode</b> 04101	<b>Owner Name</b> KEN KEV II INC	

## COMPLAINT DESCRIPTION

<b>Complaint types:</b>		<b>Date of occurrence:</b> 5/21/19	<b>Time of occurrence:</b> NA
<b>Foodborne Illness</b>	<input 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 checked="" type="checkbox"/>	<b>Tattoo</b>	<input type="checkbox"/>
<b>Physical Facilities</b>	<input checked="" type="checkbox"/>	<b>Body Piercing</b>	<input type="checkbox"/>
<b>Food injury/safety</b>	<input checked="" 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"/>

On 5/21/19, floor drain in kitchen backed up; still preparing & serving food. Has the issue been addressed & area properly cleaned/sanitized?

## COMPLAINT INVESTIGATION

<b>Investigated</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Investigated by</b> TOM WILLIAMS	<b>Inspection Triggered</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Date of Last Inspection</b> 03/25/2019
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## COMPLAINT FINDINGS

<b>Foodborne Illness</b>	<input 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 checked="" 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 checked="" 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 checked="" 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

PIC stated that at approx. 2 am a floor drain in the kitchen backed up due to a blockage from paper towels that were flushed down the toilet. The kitchen was closed for the night and cleaned with bleach. Called plumber to clear the drain on 5/23/19. The floor was cleaned again with bleach on 5/23/19.

### Corrective Actions

Need to have the kitchen cleaned by professional cleaning company.

## REFERRALS

<u>Referred to:</u>	<u>Date</u>	<u>Referred to:</u>	<u>Date</u>	<u>Referred to:</u>	<u>Date</u>
<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	

<b>Person in Charge (Signature)</b> 	<b>Date:</b> 5/28/2019
<b>Health Inspector (Signature)</b> 	