

State of Maine Health Inspection Record of Complaint

INTAKE

| Complaint # | Date of Intake | Time of Intake | Intake Person | Paper Form |
|-------------|----------------|----------------|-----------------------|------------|
| 4852 | 09/22/2020 | 08:38 AM | MICHELLE MASON-WEBBER | |

ESTABLISHMENT/BODY ARTIST CITED

| Establishment/Body Artist Name | Est. ID# | Lic. Exp. Date | Telephone | Lic. Type |
|--------------------------------|----------|----------------|--------------|--------------------|
| PUNKYS | 17561 | 5/16/2021 | 207-773-8885 | MUN - EATING PLACE |
| Street Address | City | ZipCode | Owner Name | |
| 186 BRIGHTON AVE | PORTLAND | 04102-2341 | PUNKY'S LLC | |

COMPLAINT DESCRIPTION

| Complaint types: | | Date of occurrence: 9/18/2020 | | Time of occurrence: unknown | |
|----------------------|-------------------------------------|-------------------------------|--------------------------|---|--------------------------|
| 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 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 9/18/2020 food was ordered for a workplace luncheon. Several people developed gastrointestinal issues later that evening, some more severe than others. The common food item between them was the chicken pot pie.

COMPLAINT INVESTIGATION

| Investigated | Investigated by | Inspection Triggered | Date of Last Inspection |
|---|-----------------|---|-------------------------|
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | TOM WILLIAMS | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 12/09/2019 |

COMPLAINT FINDINGS

| | | | | | | | |
|----------------------|--|-------------------|---|--|---|----------------|---|
| Foodborne Illness | <input checked="" 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 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> | | | |

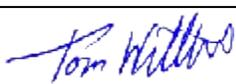
INSPECTOR COMMENTS

Met with the owner Sokthim Nou and discussed the entire process for making chicken pot pie and all other casseroles. Found several issues that are documented on the Complaint Inspection report dated 9/23/20. 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

Corrective Actions
permission.

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>SOKTHIM NOU (PRINTED WITH PERMISSION)</i> | Date: 9/23/2020 |
|  Health Inspector (Signature) | |