

State of Maine Health Inspection Record of Complaint

INTAKE

Complaint #	Date of Intake	Time of Intake	Intake Person	Paper Form
4225	03/06/2020	09:10 AM	REBECCA WALSH	

ESTABLISHMENT/BODY ARTIST CITED

Establishment/Body Artist Name SHAYS GRILL PUB	Est. ID# 6446	Lic. Exp. Date 11/13/2020	Telephone 207-772-2626	Lic. Type MUN - EATING PLACE
Street Address 18 MONUMENT SQ	City PORTLAND	ZipCode 04101	Owner Name HARRY AND MARIES LLC	

COMPLAINT DESCRIPTION

Complaint types:		Date of occurrence: 2/27/20		Time of occurrence: no info	
Foodborne Illness	Smoking	Ants	Dogs		
Hygienic Practices	Septic	Bats	Cats		
Sanitation Practices	Tattoo	Bedbugs	Flies		
Physical Facilities	Body Piercing	Cockroaches			
Food injury/safety	Electrology	Mice			
Waterborne illness	Micropigmentation	Rats			
Unlicensed	Other	<i>If Other checked, see notes under Description below:</i>			

On 2/27/20, complainant & child ate here then developed vomiting and diarrhea; no testing was done.

COMPLAINT INVESTIGATION

Investigated <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigated by TOM WILLIAMS	Inspection Triggered <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Last Inspection 01/24/2020
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COMPLAINT FINDINGS

Foodborne Illness	Smoking	Ants	Dogs		
Hygienic Practices	Septic	Bats	Cats		
Sanitation Practices	Tattoo	Bedbugs	Flies		
Physical Facilities	Body Piercing	Cockroaches			
Food injury/safety	Electrology	Mice			
Waterborne illness	Micropigmentation	Rats			
Unlicensed	Other	<i>If Other checked, see Comments below:</i>			

INSPECTOR COMMENTS

MANAGER WAS NOT AWARE OF ANY COMPLAINTS. NO ILL EMPLOYEES RECENTLY. UNABLE TO CONFIRM COMPLAINT BASED ON THE INFORMATION GIVEN. PIC: RYAN

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: 3/9/2020
Health Inspector (Signature) 	