

# State of Maine Health Inspection Record of Complaint

## INTAKE

Complaint #	Date of Intake	Time of Intake	Intake Person	Paper Form
3909	07/29/2019	08:45 AM	ASHLEY CIRONE	

## ESTABLISHMENT/BODY ARTIST CITED

Establishment/Body Artist Name	Est. ID#	Lic. Exp. Date	Telephone	Lic. Type
THE GREAT LOST BEAR	894	12/28/2019	207-772-0300	MUN - EATING PLACE
Street Address	City	ZipCode	Owner Name	
540 FOREST AVE	PORTLAND	04103	GRIZZLY BEAR INC	

## COMPLAINT DESCRIPTION

Complaint types:		Date of occurrence: 7/27/2019		Time of occurrence: ~6PM	
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>	

Complainant stated: 1) On 7/29/19 ~6PM, ordered a patty melt with swiss, onion, and mushroom with a small salad and water; 2) Burger came out undercooked and was sent back; 3) Approximately 7:30PM, developed abdominal cramps, nausea, increased heart rate, and diarrhea.

## 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	03/14/2019

## 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

Salad and dressings were 50-51F in reachin. Observed bare hand contact with ready to eat foods. Burger storage was to code. Mushrooms and onions are cooked to order.

### Corrective Actions

Need to monitor cold unit temperatures and take corrective action if refrigeration is running warm. Need to wash mushrooms before slicing. Need to use gloves when handling RTE food.

## 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)	Date: 7/29/2019
Health Inspector (Signature)	