

State of Maine Health Inspection Record of Complaint

INTAKE

Complaint #	Date of Intake	Time of Intake	Intake Person	Paper Form
4851	09/21/2020	09:27 PM	MICHELLE MASON-WEBBER	

ESTABLISHMENT/BODY ARTIST CITED

Establishment/Body Artist Name THE GREAT LOST BEAR	Est. ID# 894	Lic. Exp. Date 12/28/2020	Telephone 207-772-0300	Lic. Type MUN - EATING PLACE
Street Address 540 FOREST AVE	City PORTLAND	ZipCode 04103	Owner Name GRIZZLY BEAR INC	

COMPLAINT DESCRIPTION

Complaint types:		Date of occurrence: 9/15/2020	Time of occurrence: 8 pm
Foodborne Illness	<input type="checkbox"/>	Smoking	<input type="checkbox"/>
Hygienic Practices	<input checked="" type="checkbox"/>	Septic	<input type="checkbox"/>
Sanitation Practices	<input type="checkbox"/>	Tattoo	<input type="checkbox"/>
Physical Facilities	<input type="checkbox"/>	Body Piercing	<input type="checkbox"/>
Food injury/safety	<input checked="" type="checkbox"/>	Electrology	<input type="checkbox"/>
Waterborne illness	<input type="checkbox"/>	Micropigmentation	<input type="checkbox"/>
Unlicensed	<input type="checkbox"/>	Other	<input checked="" type="checkbox"/>

If Other checked, see notes under Description below:

Complainant states: 1) observed several unmasked employees in the kitchen having mini food fight and throwing lettuce at each other. They did not wash hands 2) employees sharing drinks unmasked and other employees still working sitting with them, lowering their masks to chat and then going back to work to handle food in the kitchen without washing their hands

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 03/05/2020
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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 checked="" 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 checked="" 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 checked="" type="checkbox"/> N	<i>If Other checked, see Comments below:</i>			

INSPECTOR COMMENTS

Spoke with the owner Mike. Unable to confirm. Camera footage in kitchen area was review and none of these activities took place around the timeframe given. 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 prior permission obtained from the PIC.

Corrective Actions

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	

Person in Charge (Signature)

MIKE (PRINTED WITH PERMISSION)

Date: 9/23/2020

Health Inspector (Signature)

Tom Williams