

State of Maine Health Inspection Record of Complaint

INTAKE

Complaint #	Date of Intake	Time of Intake	Intake Person	Paper Form
3159	04/23/2018	09:00 AM	REBECCA WALSH	

ESTABLISHMENT/BODY ARTIST CITED

Establishment/Body Artist Name TIMBER	Est. ID# 889	Lic. Exp. Date 5/22/2019	Telephone 646-701-1011	Lic. Type MUN - EATING PLACE
Street Address 106 EXCHANGE ST	City PORTLAND	ZipCode 04101-5003	Owner Name AAA RUE MARCHÉ LLC	

COMPLAINT DESCRIPTION

Complaint types:		Date of occurrence: 4/21/18		Time of occurrence: ~7pm	
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 4/21/18 ~7pm, 3 of a family of 4 had potato au gratin, grilled asparagus, bread/butter and Ribeye steak. ~12 hours later, the 3 developed diarrhea then vomiting within 24 hours. The one who did not eat these items was not ill.

COMPLAINT INVESTIGATION

Investigated <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigated by TOM WILLIAMS	Inspection Done <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date of Last Inspection 04/24/2018
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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

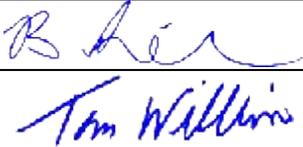
Could not verify cause of illness. Procedures for the above mentioned food items were proper. All items from approved sources. New chef and new employees around this time period. No staff illness. No other complaints from this time period.

Corrective Actions

Ensure no bare hand contact from servers with rolls.

REFERRALS

<u>Referred to:</u>	<u>Date</u>	<u>Referred to:</u>	<u>Date</u>	<u>Referred to:</u>	<u>Date</u>
.. 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: 4/24/2018
	
Health Inspector (Signature)	