

# State of Maine Health Inspection Record of Complaint

## INTAKE

Complaint #	Date of Intake	Time of Intake	Intake Person	Paper Form
4834	09/11/2020	03:44 PM	MICHELLE MASON-WEBBER	

## ESTABLISHMENT/BODY ARTIST CITED

Establishment/Body Artist Name	Est. ID#	Lic. Exp. Date	Telephone	Lic. Type
VERANDA NOODLE BAR	5489	10/6/2020	207-749-6715	MUN - EATING PLACE
Street Address	City	ZipCode	Owner Name	
14 VERANDA ST	PORTLAND	04103	PHAM, HAI XUAN	

## COMPLAINT DESCRIPTION

Complaint types:		Date of occurrence: Ongoing		Time of occurrence: n/a	
Foodborne Illness	<input 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 checked="" 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 checked="" type="checkbox"/>	<i>If Other checked, see notes under Description below:</i>	

Complainant states: 1) flies everywhere 2) not social distancing 3) staff are not wearing masks 4) bottles are being passed between tables without being cleaned 5) using dirty rags to wipe down tables

## COMPLAINT INVESTIGATION

Investigated	Investigated by	Inspection Triggered	Date of Last Inspection
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	TOM WILLIAMS	<input type="checkbox"/> Yes <input type="checkbox"/> No	03/05/2020

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

## INSPECTOR COMMENTS

Met with Sonka Nuygen. 1) not observed 2) not observed (no guest at time of inspection) 3) observed- staff not wearing mask. 4) not observed-discussed proper procedure. 5) not observed- discussed. 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

### Corrective Actions

This inspection was conducted and reviewed on-site. The report was entered in remote format and finalized off-site. The name permission obtained from the PIC. The PIC's actual signature was not obtained. A copy of this report has been provided to the PIC via email.

## 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)	SONKA NUYGEN (PRINTED WITH PERMISSION)	Date: 9/16/2020
Health Inspector (Signature)		