

# State of Maine Health Inspection Record of Complaint

## INTAKE

Complaint #	Date of Intake	Time of Intake	Intake Person	Paper Form
2195	04/06/2016	05:40 PM	REBECCA WALSH	<input type="checkbox"/>

## ESTABLISHMENT/BODY ARTIST CITED

Establishment/Body Artist Name	Est. ID#	Lic. Exp. Date	Telephone	Lic. Type
VERAND NOODLE HOUSE	20820	11/18/2016	207-749-6715	MUN - EATING PLACE
Street Address	City	ZipCode	Owner Name	
245 COMMERCIAL ST	PORTLAND	04101	VERANDA GROUP LLC	

## COMPLAINT DESCRIPTION

Complaint types:		Date of occurrence: 4/1/16		Time of occurrence: 12:30pm	
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>	

**Description:** On 4/1/16 12:30pm, complainant had Nam prik Pao Sauce with chicken with glass of water, (ice & lemon) and some tea. ~6 or 7pm complainant developed nausea and vomiting. Ate w/ 3 friends, they had different dishes: 1) Drunken Noodles with chicken; 2) Pho (rice noodle soup) with minced meat; 3) cant ....

## COMPLAINT INVESTIGATION

Investigated	Investigated by	Inspection Done	Date of Last Inspection
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	TOM WILLIAMS	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	04/07/2016

## COMPLAINT FINDINGS

Foodborne Illness	<input type="checkbox"/> O <input checked="" 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

Nam prik Pao sauce is commercial product. Bottle states "refrigerate after opening", but sauce was stored on counter @ 75F. Bottle last 1-2 days. Chicken is stored online (was 40F) and fried to order in wok with cut veg (carrots, onion, bamboo, red pepper) and sauce. Served w/rice. Rice cooked daily hot held at 140F, chicken is sliced semi frozen and stored in walkin (40F). BHC observed when

### Corrective Actions

garnishing water glass with lemon. Inspector suggested refrigerating sauce after opening, using tongs/gloves to handle lemon, pulling small batches of chicken from cooler when slicing and storing chicken on bottom shelf of cooler.

## 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: 4/7/2016

Health Inspector (Signature)

Follow-up:  Yes  No  
Follow-up Date:

# State of Maine Health Inspection Record of Complaint

Complaint # 2195

Complaint Description Continued...

recall.

Person in Charge (Signature)



Date: 4/7/2016

Health Inspector (Signature)



Follow-up:  Yes  No  
Follow-up Date: