

# State of Maine Health Inspection Record of Complaint

## INTAKE

| Complaint # | Date of Intake | Time of Intake | Intake Person | Paper Form               |
|-------------|----------------|----------------|---------------|--------------------------|
| 2074        | 12/14/2015     | 08:20 AM       | REBECCA WALSH | <input type="checkbox"/> |

## ESTABLISHMENT/BODY ARTIST CITED

| Establishment/Body Artist Name  | Est. ID# | Lic. Exp. Date | Telephone           | Lic. Type          |
|---------------------------------|----------|----------------|---------------------|--------------------|
| WENDYS OLD FASHIONED HAMBURGERS | 10366    | 11/6/2016      | 603-736-4854        | MUN - EATING PLACE |
| Street Address                  | City     | ZipCode        | Owner Name          |                    |
| 617 WARREN AVE                  | PORTLAND | 04103          | WENDCO OF MAINE LLC |                    |

## COMPLAINT DESCRIPTION

| Complaint types:     |                                     | Date of occurrence: 12/9/15 |                          | Time of occurrence: no info                                 |                          |
|----------------------|-------------------------------------|-----------------------------|--------------------------|---|--------------------------|
| 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 12/9/15, complainant ate a double stack burger and fries with cheese and bacon, companion ate nuggets & fries. Complainant then developed vomiting that lasted for 2 days.

## 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 | 12/18/2015              |

## 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

Could not determine a cause of illness. Observed proper hand washing and food handling. Manager was unaware of complaint and has not received any other complaints recently.

**Corrective Actions**

Store chemical spray bottle away from food.

## 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)<br> | Date: 12/18/2015  |
| Health Inspector (Signature)<br> | Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Follow-up Date: |