

# State of Maine Health Inspection Record of Complaint

## INTAKE

| Complaint # | Date of Intake | Time of Intake | Intake Person | Paper Form |
|-------------|----------------|----------------|---------------|------------|
| 3362        | 08/10/2018     | 08:38 AM       | LISA SILVA    |            |

## ESTABLISHMENT/BODY ARTIST CITED

| Establishment/Body Artist Name | Est. ID# | Lic. Exp. Date | Telephone         | Lic. Type          |
|--------------------------------|----------|----------------|-------------------|--------------------|
| DENNYS # 6355                  | 994      | 10/27/2018     | 207-774-1886      | MUN - EATING PLACE |
| Street Address                 | City     | ZipCode        | Owner Name        |                    |
| 1101 CONGRESS ST               | PORTLAND | 04102          | GILLS CNGRESS INC |                    |

## COMPLAINT DESCRIPTION

| Complaint types:     |    | Date of occurrence: ? |    | Time of occurrence: ?                                       |    |
|----------------------|----|-----------------------|----|---|----|
| Foodborne Illness    | .. | Smoking               | .. | Ants  | po |
| Hygienic Practices   | .. | Septic                | .. | Bats  | .. |
| Sanitation Practices | .. | Tattoo                | .. | Bedbugs   | .. |
| Physical Facilities  | .. | Body Piercing         | .. | Cockroaches   | .. |
| Food injury/safety   | .. | Electrology           | .. | Mice  | .. |
| Waterborne illness   | .. | Micropigmentation     | .. | Rats  | .. |
| Unlicensed           | .. | Other                 | .. | <i>If Other checked, see notes under Description below:</i> |    |

Flies and ants observed in the dining room.

## COMPLAINT INVESTIGATION

| Investigated | Investigated by | Inspection Done | Date of Last Inspection |
|--------------|-----------------|-----------------|-------------------------|
| po Yes .. No | ERIC COBB       | .. Yes .. No    | 06/05/2018              |

## COMPLAINT FINDINGS

|                      |           |                   |           |  |           |                |           |
|----------------------|-----------|-------------------|-----------|--|-----------|----------------|-----------|
| Foodborne Illness    | .. O .. N | Smoking           | .. O .. N | Ants   | .. O po N | Dogs           | .. O .. N |
| Hygienic Practices   | .. O .. N | Septic            | .. O .. N | Bats   | .. O .. N | Cats           | .. O .. N |
| Sanitation Practices | .. O .. N | Tattoo            | .. O .. N | Bedbugs                                      | .. O .. N | Flies          | po .. N   |
| Physical Facilities  | .. O .. N | Body Piercing     | .. O .. N | Cockroaches                                  | .. O .. N |                |           |
| Food injury/safety   | .. O .. N | Electrology       | .. O .. N | Mice   | .. O .. N | O=Observed     |           |
| Waterborne illness   | .. O .. N | Micropigmentation | .. O .. N | Rats   | .. O .. N | N=Not Observed |           |
| Unlicensed           | .. O .. N | Other             | .. O .. N | <i>If Other checked, see Comments below:</i> |           |                |           |

## INSPECTOR COMMENTS

COMPLAINT INVESTIGATED. 1) ANTS NOT OBSERVED. 2) FLIES OBSERVED IN THE DINING ROOM, APPROX. 10 FLIES OBSERVED.

### Corrective Actions

CONTINUE TO WORK WITH ECO PEST FOR ANY PEST ISSUES AS DISCUSSED.

## 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) | Date: 8/10/2018 |
| Health Inspector (Signature) |                 |