

# State of Maine Health Inspection Record of Complaint

## INTAKE

| Complaint # | Date of Intake | Time of Intake | Intake Person | Paper Form |
|-------------|----------------|----------------|---------------|------------|
| 3412        | 08/23/2018     | 08:22 AM       | REBECCA WALSH |            |

## ESTABLISHMENT/BODY ARTIST CITED

| Establishment/Body Artist Name | Est. ID# | Lic. Exp. Date | Telephone            | Lic. Type                 |
|--------------------------------|----------|----------------|----------------------|---------------------------|
| DUCKFAT FRY SHACK              | 17323    | 1/16/2019      | 207-774-8080         | MUN - EATING AND CATERING |
| Street Address                 | City     | ZipCode        | Owner Name           |                           |
| 43 WASHINGTON AVE              | PORTLAND | 04101-2617     | FRITZ AND FRITES LLC |                           |

## COMPLAINT DESCRIPTION

| Complaint types:     |                                     | Date of occurrence: 8/10/18 |                          | 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> |                          |

On 8/10/18 complainant ate chicken liver skewer and duck skewers. After returning home, fell ill & tested positive for campylobacter on 8/12/18.

## COMPLAINT INVESTIGATION

| Investigated  | Investigated by | Inspection Done  | Date of Last Inspection |
|---|-----------------|--|-------------------------|
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | ERIC COBB       | <input type="checkbox"/> Yes <input type="checkbox"/> No | 07/24/2018              |

## 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 | <b>O=Observed</b>     |   |
| 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 | <b>N=Not Observed</b> |   |
| 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> |   |                       |   |

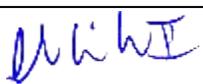
## INSPECTOR COMMENTS

FOODBORNE ILLNESS COMPLAINT INVESTIGATED, NOT OBSERVED. DISCUSSED PREP AND COOKING PROCEDURES.

Corrective Actions

## 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: 8/23/2018 |
| <br> |                 |
| Health Inspector (Signature)   |                 |