

# State of Maine Health Inspection Record of Complaint

## INTAKE

| Complaint # | Date of Intake | Time of Intake | Intake Person | Paper Form |
|-------------|----------------|----------------|---------------|------------|
| 3398        | 08/20/2018     | 01:19 PM       | REBECCA WALSH |            |

## ESTABLISHMENT/BODY ARTIST CITED

|                                       |             |                |                   |                    |
|---------------------------------------|-------------|----------------|-------------------|--------------------|
| <b>Establishment/Body Artist Name</b> | Est. ID#    | Lic. Exp. Date | Telephone         | Lic. Type          |
| HUGOS & EVENTIDE OYSTER CO, THE HON   | 5083        | 4/9/2019       | 207-774-8538      | MUN - EATING PLACE |
| <b>Street Address</b>                 | <b>City</b> | <b>ZipCode</b> | <b>Owner Name</b> |                    |
| 88 MIDDLE ST                          | PORTLAND    | 04101-4232     | AMA LLC           |                    |

## COMPLAINT DESCRIPTION

|                             |    |                                    |    |   |    |
|-----------------------------|----|------------------------------------|----|---|----|
| <b>Complaint types:</b>     |    | <b>Date of occurrence:</b> 8/10/18 |    | <b>Time of occurrence:</b> ~10pm                            |    |
| <b>Foodborne Illness</b>    | p  | <b>Smoking</b>                     | .. | <b>Ants</b>   | .. |
| <b>Hygienic Practices</b>   | .. | <b>Septic</b>                      | .. | <b>Bats</b>   | .. |
| <b>Sanitation Practices</b> | .. | <b>Tattoo</b>                      | .. | <b>Bedbugs</b>  | .. |
| <b>Physical Facilities</b>  | .. | <b>Body Piercing</b>               | .. | <b>Cockroaches</b>  | .. |
| <b>Food injury/safety</b>   | .. | <b>Electrology</b>                 | .. | <b>Mice</b>   | .. |
| <b>Waterborne illness</b>   | .. | <b>Micropigmentation</b>           | .. | <b>Rats</b>   | .. |
| <b>Unlicensed</b>           | .. | <b>Other</b>                       | .. | <i>If Other checked, see notes under Description below:</i> |    |

On 8/10/18 ~10pm, complainant had raw oysters from the oyster bar, a lobster roll & water. On 8/12/18 ~10pm, complainant developed diarrhea, chills, abdominal cramps & fatigue: symptoms last ~2 days.

## COMPLAINT INVESTIGATION

|                     |                        |                        |                                |
|---------------------|------------------------|------------------------|--------------------------------|
| <b>Investigated</b> | <b>Investigated by</b> | <b>Inspection Done</b> | <b>Date of Last Inspection</b> |
| pYes .. No          | TOM WILLIAMS           | .. Yes .. No           | 06/27/2018                     |

## COMPLAINT FINDINGS

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

## INSPECTOR COMMENTS

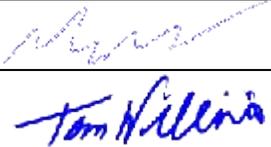
NO OTHER COMPLAINTS RECEIVED. OYSTERS FROM APPROVED SOURCE/TAGS ON HAND. OYSTER REACHIN WAS 40F.

**Corrective Actions**

UNABLE TO DETERMINE THE CAUSE OF ILLNESS.

## REFERRALS

|                                  |             |                         |             |                                |             |
|----------------------------------|-------------|-------------------------|-------------|--------------------------------|-------------|
| <b>Referred to:</b>              | <b>Date</b> | <b>Referred to:</b>     | <b>Date</b> | <b>Referred to:</b>            | <b>Date</b> |
| .. 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                       |             |

|   |                        |
|---|------------------------|
| <b>Person in Charge (Signature)</b>   | <b>Date:</b> 8/21/2018 |
|  |                        |
| <b>Health Inspector (Signature)</b>   |                        |
|  |                        |