

# State of Maine Health Inspection Record of Complaint

## INTAKE

| Complaint # | Date of Intake | Time of Intake | Intake Person | Paper Form |
|-------------|----------------|----------------|---------------|------------|
| 3627        | 01/25/2019     | 10:28 AM       | ASHLEY CIRONE |            |

## ESTABLISHMENT/BODY ARTIST CITED

| Establishment/Body Artist Name | Est. ID# | Lic. Exp. Date | Telephone                | Lic. Type          |
|--------------------------------|----------|----------------|--------------------------|--------------------|
| PAI MEN MIYAKE                 | 22083    | 5/11/2019      | 207-541-9204             | MUN - EATING PLACE |
| Street Address                 | City     | ZipCode        | Owner Name               |                    |
| 188 STATE ST                   | PORTLAND | 04101          | RAMON FACTORY MIYAKE LLC |                    |

## COMPLAINT DESCRIPTION

| Complaint types:     |                          | Date of occurrence: on-going |                                     | Time of occurrence: on-going                                |                          |
|----------------------|--------------------------|------------------------------|-------------------------------------|---|--------------------------|
| Foodborne Illness    | <input 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 checked="" type="checkbox"/> | <i>If Other checked, see notes under Description below:</i> |                          |

Complainant stated: 1) Trash cans behind the restaurant are overflowing and attracting pest such as skunks; 2) Trash lids will not shut (they are food waste containers).

## COMPLAINT INVESTIGATION

| Investigated  | Investigated by | Inspection Done  | Date of Last Inspection |
|---|-----------------|--|-------------------------|
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | TOM WILLIAMS    | <input type="checkbox"/> Yes <input type="checkbox"/> No | 09/05/2018              |

## COMPLAINT FINDINGS

|                      |   |                   |  |  |   |                |   |
|----------------------|---|-------------------|--|--|---|----------------|---|
| Foodborne Illness    | <input type="checkbox"/> O <input 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 checked="" type="checkbox"/> N | <i>If Other checked, see Comments below:</i> |   |                |   |

## INSPECTOR COMMENTS

CANS WERE EMPTIED UPON ARRIVAL. MANAGER (SETH PELLETIER) STATED THAT THEY ARE DISCONTINUING COMPOSTING WITH THAT COMPANY DUE TO LACK OF PICKUPS. WILL CLEAN AREA AROUND CANS.

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: 1/25/2019 |
| Health Inspector (Signature) |  |                 |