

# State of Maine Health Inspection Record of Complaint

## INTAKE

Complaint #	Date of Intake	Time of Intake	Intake Person	Paper Form
3587	12/20/2018	08:37 AM	ASHLEY CIRONE	

## ESTABLISHMENT/BODY ARTIST CITED

<b>Establishment/Body Artist Name</b> SHIPYARD RESTAURANT @ PWM	<b>Est. ID#</b> 903	<b>Lic. Exp. Date</b> 2/26/2019	<b>Telephone</b> 207-774-6371	<b>Lic. Type</b> MUN - EATING PLACE
<b>Street Address</b> 1001 WESTBROOK ST	<b>City</b> PORTLAND	<b>ZipCode</b> 04101	<b>Owner Name</b> HOST INTERNATIONAL	

## COMPLAINT DESCRIPTION

<b>Complaint types:</b>		<b>Date of occurrence:</b> on-going		<b>Time of occurrence:</b> on-going	
<b>Foodborne Illness</b>	..	<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>	

Complainant stated: 1)Construction blocking off all access to the bathrooms; 2) Particle board and plastic put up is cutting off circulation or air/ vents; 3)Construction dust all over the place, fear of food contamination.

## COMPLAINT INVESTIGATION

<b>Investigated</b> ⓅYes .. No	<b>Investigated by</b> TOM WILLIAMS	<b>Inspection Done</b> .. Yes .. No	<b>Date of Last Inspection</b> 10/12/2018
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## COMPLAINT FINDINGS

<b>Foodborne Illness</b>	.. O .. 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

1) The closest restrooms are blocked but there are other restrooms located a short walk away. 2) the construction area is blocked off with temporary walls. 3). No dust found in bar or kitchen area. Dining room was clean as well.

### Corrective Actions

PUT UP SIGNS THAT INFORM PUBLIC OF DETOUR TO RESTROOMS.

## REFERRALS

<u>Referred to:</u>	<u>Date</u>	<u>Referred to:</u>	<u>Date</u>	<u>Referred to:</u>	<u>Date</u>
.. 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> 12/21/2018
	
<b>Health Inspector (Signature)</b>	
	