

State of Maine Health Inspection Record of Complaint

INTAKE

Complaint #	Date of Intake	Time of Intake	Intake Person	Paper Form
3215	05/30/2018	08:06 AM	REBECCA WALSH	

ESTABLISHMENT/BODY ARTIST CITED

Establishment/Body Artist Name WENDYS OLD FASHIONED HAMBURGERS	Est. ID# 10366	Lic. Exp. Date 11/6/2018	Telephone 603-736-4854	Lic. Type MUN - EATING PLACE
Street Address 617 WARREN AVE	City PORTLAND	ZipCode 04103	Owner Name WENDCO OF MAINE LLC	

COMPLAINT DESCRIPTION

Complaint types:		Date of occurrence: on-going		Time of occurrence: NA	
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 checked="" type="checkbox"/>	Tattoo	<input type="checkbox"/>	Bedbugs	<input type="checkbox"/>
Physical Facilities	<input checked="" type="checkbox"/>	Body Piercing	<input type="checkbox"/>	Cockroaches	<input type="checkbox"/>
Food injury/safety	<input checked="" 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>	

Complainant stated: 1) ceiling leaks thru light fixtures, at soda machine area, drive-thru, over fryers; 2) leak at entrance past drive-thru near downspout (curled wall paper wet wood) creating a mold issue; 3) floor separating from building near drive-thru (structural issue).

COMPLAINT INVESTIGATION

Investigated <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigated by ERIC COBB	Inspection Done <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Date of Last Inspection 12/04/2017
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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 checked="" 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 checked="" 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 checked="" 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 type="checkbox"/> N	<i>If Other checked, see Comments below:</i>			

INSPECTOR COMMENTS

INVESTIGATION COMPLETED. 1) SANITATION PRACTICES NOT OBSERVED. 2) PHYSICAL FACILITIES OBSERVED, WATER STAINED CEILING TILES OBSERVED NEAR THE ICE MACHINE, FLOOR SEPERATING NEAR THE DRIVE-THRU, PEELING WALLPAPER. 3) FOOD INJURY/ SAFETY NOT OBSERVED. THE PIC STATED THAT THE ISSUES WILL BE ADDRESSED.

Corrective Actions

NEED TO REPLACE STAINED AND DAMAGED CEILING TILES, ALSO NEED TO FILL GAP WHERE THE FLOOR IS SEPERATING FROM THE WALL WITH A SILICONE SEALANT AS DISCUSSED.

REFERRALS

<u>Referred to:</u>	<u>Date</u>	<u>Referred to:</u>	<u>Date</u>	<u>Referred to:</u>	<u>Date</u>
<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: 6/1/2018
Health Inspector (Signature)	