

Interdepartmental Food/Water-borne Complaint Intake Form

Nature of Complaint

Food Related Illness

Water Related Illness

Contaminated Product

Other

Background

Intake Date: 12/19/2005 Interviewer: Mike Nugent

Caller's Name: Shirley Verrill Home Phone: 829-2727 Work Phone: _____

Caller's Address: _____

Food Event

Date Purchased: 12/18/2005 Date Consumed: 12/18/2005 Time Consumed: _____

Suspected Food(s)/Beverag/Meal: Ate scallops Sunday at the Village Cafe between 1 & 2 - 9 in party only two had scallops both got sick belly cramps and diareha, vomiting. Complaintant - Shirley Verrill 829-2727 - other lady Elaine McCallum 284-8110

Place of Purchase: _____

Address: 113 NEWBURY ST

Water Contact Event

Date of Exposure: _____ Water Type: Pool freshwater saltwater hot tub

Name of facility/beach/lake: _____

Address: _____

Exposures and Illness History

Interdepartmental Communications Fax Numbers: DDC-287-8188; DHHS/EL-287-3165; DHHS/DWP-287-4172;
DOA-207-5576; DMR-633-9554; DOE-624-6700; MEMA-287-3178

Agencies Sent Report: Date: _____

Division of Disease Control DHHS/Eating and Lodging Program DHHS/Drinking Water Program
 Department of Agriculture Department of Marine Resources Department of Education
 Maine Emergency Management Agency

Actions Taken:	Date	Agency	Contact Name
Call to Facility	12/20/2005	City of Portland	
Inspection		City of Portland	
Investigation		City of Portland	
Sample Collection		City of Portland	

Summary Of Findings:

Complainant ate scallops on 12/18/05 became ill (SEVERE diherea) several hours later (5 am this morning). 2 people became ill out of a party of 9. Only these two ate the scallops

See attached report from: _____

Recommendations: Follow-up Inspection

Perform full health inspection, check chain of food protection for seafood including sourcing.

Agency

Contact

Date