

**DIVISION OF ENVIRONMENTAL HEALTH
MASTER COMPLAINT RECORD**

INTAKE

COMPLAINT #: 07-163 ESTABLISHMENT CITED IN COMPLAINT & ID#: Margarita's ID# 7575

DATE/TIME OF OCCURRENCE: 5/28/07 evening

INTAKE DATE/TIME OF COMPLAINT: 5/30/07 11am

LOCATION OF ESTABLISHMENT: Brown Street, Portland, Maine

37-1-7
*File w/
Brown St
Margaritas*

MARGE MARGARITAS

COMPLAINT DESCRIPTION:
Dr. Ali received a call from Mercy Hospital that 5 individuals in the same party (3 sisters, a friend and a boyfriend) became ill after eating at this restaurant. The next morning 5/29, 3 of the individuals became ill with nausea, vomiting, and diarrhea, and sought medical attention. The other 2 did not seek medical attention. Foods eaten were: chicken chimmy chungas, chicken faghices, baby chicken chimis, cheese, tomato, guacamole, onions, peppers, rice, re-fried beans, margaritas, vegetable barridas, chicken burrida, beef taco, and cheese enchilida. The chicken faghices were shared by the two sisters that sought medical attention.

According to Dr. Ali, the dishwasher employee at Margarita's, tested positive for salmonella typhi on 5/24/07. Dr. Ali called the restaurant manager, Sean on 5/25/07 to inform him that the dishwasher must not work at the restaurant until his symptoms clear. Dr. Ali called the restaurant today and found out that the dishwasher is back to work but could not find out when he returned to work.

NATURE OF COMPLAINT: ILLNESS/HEALTH RELATED SANITATION/ENVIRONMENT
 HYGENIC PRACTICES FOOD/INJURY SAFETY OTHER

RECEIVED BY: Dr. Ali EPI/Lisa Brown

INVESTIGATION

PERSON (S) INTERVIEWED: Ken Thomas POSITION(S): GENERAL MANAGER

INSPECTION RESULTS: O N F INSPECTION REPORT: Y N *150 DAY*

CORRECTIVE ACTION: _____

HEALTH INSPECTOR COMMENTS: Dur claimed he was no longer experiencing symptoms.

SIGNATURE OF HEALTH INSPECTOR: [Signature] DATE: 5/30/07

SIGNATURE OF PERSON IN CHARGE: [Signature]

REFERRALS

- | | | | |
|--|-------|--|------------|
| <input type="checkbox"/> DEPARTMENT OF AGRICULTURE | _____ | <input type="checkbox"/> DISEASE CONTROL | _____ |
| <input type="checkbox"/> DRINKING WATER PROGRAM | _____ | <input checked="" type="checkbox"/> MUNICIPALITIES | 5/30/07 LB |
| <input type="checkbox"/> WASTE WATER PROGRAM | _____ | <input type="checkbox"/> DEPARTMENT OF EDUCATION | _____ |
| <input type="checkbox"/> MARINE RESOURCES | _____ | <input type="checkbox"/> INLAND FISHERIES AND WILDLIFE | _____ |
| <input type="checkbox"/> FIRE MARSHAL | _____ | <input type="checkbox"/> STATE POLICE | _____ |
| <input type="checkbox"/> LIQUOR LICENSING | _____ | <input type="checkbox"/> BOARD OF PESTICIDE CONTROL | _____ |
| <input type="checkbox"/> TOBACCO ENFORCEMENT | _____ | <input type="checkbox"/> OTHER | _____ |

DOA 287-3841 Marine Resources	624-6550 South Portland Mun.	767-7603 Auburn Mun.	333-6600 SP	800-452-4664
DWP 287-7690 Fire Marshal	626-3880 Portland Mun.	874-8700 DOC	287-2211 BOP	287-2731
WWP 287-5672 Disease Control	287-5195 Lewiston Mun.	784-2951 IF&W	287-2766	