

264-4001

City of Portland Health Inspection Report

Page 1 of 2

Establishment Name Robeway Inn	No. of Risk Factor/Intervention Violations	3	Date	7/26/07
	No. of Repeat Risk Factor/Intervention Violations		Time In	
License/Est. ID# ME 2006 INC License 851	Address 1150 1571 Brighton Ave	City/State POR.	Zip Code 04101	Telephone
License Posted [] Yes [] No	Owner Name Portland Inn Inc.	Purpose of Inspection	Est. Type Hotel-	Risk Category

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item Mark "X" in appropriate box for COS and/or R
 IN= in compliance OUT=not in compliance N/O=not observed N/A=not applicable COS=corrected on-site during inspection R=repeat violation

Compliance Status	COS	R	Supervision
5 1 IN <input checked="" type="radio"/>			PIC present, demonstrates knowledge, and performs duties
Employee Health			
5 2 IN <input checked="" type="radio"/>			Management awareness; policy present
5 3 IN <input checked="" type="radio"/>			Proper use of reporting, restriction & Exclusion
Good Hygienic Practices			
5 4 <input checked="" type="radio"/> OUT N/O			Proper eating, tasting, drinking, or tobacco use
5 5 <input checked="" type="radio"/> OUT N/O			No discharge from eyes, nose, and mouth
Preventing Contamination by Hands			
5 16 IN <input checked="" type="radio"/> OUT N/O			Hands clean & properly washed
2 7 IN <input checked="" type="radio"/> OUT N/A N/O			No bare hand contact with RTE foods or approved alternate method properly followed
5 8 <input checked="" type="radio"/> IN <input checked="" type="radio"/> OUT			Adequate handwashing facilities supplied & accessible
Approved Source			
5 9 <input checked="" type="radio"/> IN <input checked="" type="radio"/> OUT			Food obtained from approved source
5 10 IN <input checked="" type="radio"/> OUT N/A N/O			Food received at proper temperature
5 11 <input checked="" type="radio"/> IN <input checked="" type="radio"/> OUT			Food in good condition, safe, & unadulterated
1 12 IN <input checked="" type="radio"/> OUT N/A N/O			Required records available: shellstock tags, parasite destruction
Protection from Contamination			
2 13 <input checked="" type="radio"/> IN <input checked="" type="radio"/> OUT N/A			Food separated & protected
2 14 <input checked="" type="radio"/> IN <input checked="" type="radio"/> OUT N/A			Food-contact surfaces: cleaned & sanitized
5 15 IN <input checked="" type="radio"/> OUT			Proper disposition of returned, previously served, reconditioned, & unsafe food

Compliance Status	COS	R	Potentially Hazardous Food Time/Temperature
5 16 IN <input checked="" type="radio"/> OUT N/A N/O			Proper cooking time & temperatures
5 17 IN <input checked="" type="radio"/> OUT N/A N/O			Proper reheating procedures for hot holding
5 18 IN <input checked="" type="radio"/> OUT N/A N/O			Proper cooling time & temperature
5 19 IN <input checked="" type="radio"/> OUT N/A N/O			Proper hot holding temperatures
5 20 IN <input checked="" type="radio"/> OUT N/A			Proper cold holding temperatures
5 21 IN <input checked="" type="radio"/> OUT N/A N/O			Proper date marking & disposition
5 22 IN <input checked="" type="radio"/> OUT N/A N/O			Time as a public health control: procedures & record
Consumer Advisory			
5 23 IN <input checked="" type="radio"/> OUT N/A			Consumer advisory provided for raw or undercooked foods
Highly Susceptible Populations			
5 24 IN <input checked="" type="radio"/> OUT N/A			Pasteurized foods used; prohibited foods not offered
Chemical			
5 25 IN <input checked="" type="radio"/> OUT N/A			Food additives: approved & properly used
5 26 IN <input checked="" type="radio"/> OUT			Toxic substances properly identified, stored, & used
Conformance with Approved Procedures			
5 27 IN <input checked="" type="radio"/> OUT N/A			Compliance with variance, specialized process, & HACCP plan

Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health Interventions are control measures to prevent foodborne illness or injury.

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods. Mark "X" in box if numbered item is not in compliance Mark "X" in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation

Compliance Status	COS	R	Safe Food and Water
5 28 <input checked="" type="radio"/>			Pasteurized eggs used where required
5 29 <input checked="" type="radio"/>			Water & ice from approved source
30 <input checked="" type="radio"/>			Variance obtained for specialized processing
Food Temperature Control			
5 31 <input checked="" type="radio"/> <input checked="" type="radio"/>			Proper cooling methods used; adequate equipment for temp temperature control - Frozen food not prepared
5 32 <input checked="" type="radio"/>			Plant food properly cooked for hot holding
5 33 <input checked="" type="radio"/>			Approved thawing methods used
1 34 <input checked="" type="radio"/> <input checked="" type="radio"/>			Thermometers provided & accurate
Food Identification			
1 35 <input checked="" type="radio"/>			Food properly labeled; original container
Prevention of Food Contamination			
4 36 <input checked="" type="radio"/>			Insects, rodents, & animals not present
2 37 <input checked="" type="radio"/> <input checked="" type="radio"/>			Contamination prevented during food preparation, storage & display
5 38 <input checked="" type="radio"/>			Personal cleanliness
1 39 <input checked="" type="radio"/>			Wiping cloths: properly used & stored
1 40 <input checked="" type="radio"/>			Washing fruits & vegetables

Compliance Status	COS	R	Proper Use of Utensils
2 41 <input checked="" type="radio"/>			In-use utensils: properly stored
2 42 <input checked="" type="radio"/>			Utensils, equipment & linens: properly stored, dried & handled
2 43 <input checked="" type="radio"/> <input checked="" type="radio"/>			Single-use & single-service articles: properly stored & used
2 44 <input checked="" type="radio"/>			Gloves used properly
Utensil, Equipment and Vending			
2 45 <input checked="" type="radio"/>			Food & non-food contact surfaces cleanable, properly designed, constructed, & used
1 46 <input checked="" type="radio"/> <input checked="" type="radio"/>			Warewashing facilities: installed, maintained, & used; test strips
1 47 <input checked="" type="radio"/>			Non-food contact surfaces clean
Physical Facilities			
4 48 <input checked="" type="radio"/>			Hot & cold water available; adequate pressure
5 49 <input checked="" type="radio"/> <input checked="" type="radio"/>			Plumbing installed; proper backflow devices
5 50 <input checked="" type="radio"/>			Sewage & waste water properly disposed
2 51 <input checked="" type="radio"/>			Toilet facilities: properly constructed, supplied, & cleaned
2 52 <input checked="" type="radio"/>			Garbage & refuse properly disposed; facilities maintained
1 53 <input checked="" type="radio"/>			Physical facilities installed, maintained, & clean
1 54 <input checked="" type="radio"/>			Adequate ventilation & lighting; designated areas used

Person in Charge (Signature) *Cynthia Northrup* Date: 7-26-07

Health Inspector (Signature) *Suz Ann*

Follow-up: YES NO (circle one) Follow-up Date:

City of Portland Health Inspection Report

Establishment Name Roadway Inn		As Authorized by 22 MRSA § 2496		Date 7/26/07	
License/EST. ID #	Address 1044	City/State Portland ME	Zip Code 04101	Telephone 774-5891	

Sheila
Kamp
Quaker
Inn

TEMPERATURE OBSERVATIONS					
Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
REFRIGERATOR	40°				
		NO D.W SINK			
		NO SANITATION PROCESS			
		NO HANDWASH SINK			

OBSERVATIONS AND CORRECTIVE ACTIONS

Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 and 8-406.11 of the Food Code.

Item Number	Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 and 8-406.11 of the Food Code.
49	no sink available within food service — single sink in living apartment being use
37	utensils stored in properly in cereal containers
34	no thermometer in refrigerator
14	no sanitation process for washing utensils
43	single use utensils stored improperly -
31	Frozen juices being stored in 40° refrigerator
8	no handwash facility avail in F.S. area
13	Food [cereal boxes] being stored in a non specific food storage area. [3.305]
46	separate food storage for office use.
46	NO TEST STRIPS FOR SANITATION PROCESS
	— SINK REQUIRED IN F. SERVICE ESTABLISHMENT
	— A SANITATION system for cleaning all food service utensils.

Person in Charge (Signature) Cynthia Northrup	Date 7-26-07
Health Inspector (Signature) Sei Ann	Date 7-26-07

Proposed Corrective Action Plan for Rodeway Inn

1. Immediate Closure due to violations of State Lodging regulations, Food Code risk factor violations, life safety code violations with Fire Marshal Office, and code violations including plumbing, and electrical with Portland Code Enforcement Office.
2. All plumbing and electrical must be brought up to code and approved by proper authorities.
3. Environmental specialist to be consulted to safely, and legally abate all environmental hazards including but not limited to mold, possible friable asbestos, and certify the air quality in this establishment is safe and does not pose a health risk.
4. The HVAC system should be inspected for proper ventilation as it does not appear to be effective.
5. Structural engineer to be consulted to determine safety of buildings due to structural damage from insects, vermin, water leakage, rot, deterioration etc.
6. Pool must be drained by a legal method and made environmentally safe. Structural engineer to determine safety of pool remaining intact.
7. Pest extermination of all buildings to rid the entire establishment of all vermin to include but not limited to: roaches, carpenter ants, pigeons, bats, fleas, ticks, mice, and rats. Pest management contract must be with a licensed professional exterminator.
8. Thorough inspection to be completed to seal up all openings, holes, open door jambs, etc. to ensure the entry of pests and vermin is eradicated.
9. Dumpster maintenance and servicing plan.
10. #1 through #9 needs to be accomplished prior to reopening.

Rodeway Inn 1150 Brighton Ave. Portland, Maine
Complaint Inspection on 7/27/07

Lodging Rules Critical Violations:

1. Per (M.R.S.A. Title 22, Sec. 2492) License required: no person, corporation, firm or co-partnership may conduct, control, manage or operate, for compensation, directly or indirectly, any eating establishment, eating and lodging place, lodging place, recreational camp or camping area, unless the same shall be licensed by the Department." This establishment does not have an eating place license to provide food. Butter was temped at 81.6 degrees. This is a violation of the Maine Food Code 3-501.16(B).
2. 2-A (12) Guest Rooms: Coffee pot not sanitized after customer leaves.
3. 4-A (1) Life Safety Codes: Smoke detector in office disabled. Auditors room had bare wires protruding from wall, electrical switch bare (uncovered). Suspected asbestos pipes exposed over furnace in main building. Emergency light leaking what may be battery acid down wall near room 306. Room 545 smoke detector is hanging from ceiling. Laundry room: Dryer vent not attached and heater coil behind dryer needs to be cleaned (dirt etc.) Hallway ice machine hose is leaking on floor, and electrical wire. Bedroom that auditor used is an unapproved sleeping room per lodging rules. **Repeat Violation 7/16/06.**
4. 9-A (5) Storage: Toilet brush stored in cart with coffee and cups, reused plastic gloves stored on clean towels.
5. 11-A (1) Insect and Rodent Control: evidence of insects in light shades, roaches in office alive and dead, live roaches in room 206, the following rooms had dead roaches: 509, 517, 545 and common areas. Common bathroom off the office had rodent feces in the cabinet. Hallway ice machine hose appears to have been chewed, leaking on floor, and electrical wire, and moldy.
6. 11-A (4) Insect and Rodent Control: Laundry room had no screen door. Dryer vent openings were not screened. Torn screen in room 206. Holes in ceilings throughout all buildings in common areas and guest rooms. Outside doors not closing tightly. Outside openings direct to the attic due to missing siding caused by rot and/or removal. Open storm drains to the crawl space under the building. Exposed sub structure throughout building. Concrete and structural crack openings in foundation. **Repeat Violation 7/16/06.**
7. 12-C Backflow: Building 200 outside faucet no backflow preventor.

Rodeway Inn 1150 Brighton Ave. Portland, Maine
Complaint Inspection on 7/27/07

Lodging Rules Non Critical Violations:

1. Per (M.R.S.A. Title 22, Sec. 2492) License required: no person, corporation, firm or co-partnership may conduct, control, manage or operate, for compensation, directly or indirectly, any eating establishment, eating and lodging place, lodging place, recreational camp or camping area, unless the same shall be licensed by the Department." This establishment does not have an eating place license to provide food. There were no thermometers in refrigerators. This is a violation of the Maine Food Code
2. 2-A (3) Guest Rooms: Outside openings not adequately screened.
3. 2-A (4) Guest Rooms: Air conditioners dirty and filters could not be removed for cleaning.
4. 2-A (6) Guest Rooms: Curtains were dusty and not in clean condition.
5. 2-A (9) Guest Room, **Repeat Violation 7/16/06**, 2-B (1-3) Common Areas Associated with Sleeping Rooms, **Repeat Violation 7/16/06**. 2-C (1) Toilet and Bathrooms: Dirty towels, Mold was visibly observed in all inspected sleeping rooms, bathrooms, common areas, and exterior. Room 517 deodorizer used to mask scent over musty odor, leak in ceiling, and peeling wallpaper. Room 545 floor not cleaned behind door.
6. 2-A (10) Guest Rooms: Carpeting not cleaned in 509, 517, and 545. Room 517 tub had hair stuck to it.
7. 2-B (1) Common Areas Associated with Sleeping Rooms: ceiling vents not cleaned. Floors, walls and ceilings not cleaned and properly maintained. **Repeat Violation 7/16/06**.
8. 2-C (7) Toilets and Bathrooms: Room 517 shower curtain moldy and not properly maintained. Common bathrooms not ventilated properly.
9. 5-A (6) Ice bucket not clean and lined.
10. 11-A (6) Insect and Rodent Control: Picture on wall had dead roach on matting. Clerk stated she has been using a pesticide to rid office and lobby of roaches.
11. 12-D Plumbing: Common bathroom by auditor's room had no shower head. **Repeat Violation 7/16/06**.
12. 12-E Water Recreation Facilities: Pool was too dirty to test. Stagnate water that contained filth, live insects, and floating debris. Virtually no clarity. Bottom of pool not visible. Owner was asked to close and secure the pool with padlock. This was done at time of inspection. Owner has stated that Blue Rock blasting has made the pool shift and crack.



STATE OF MAINE DEPARTMENT OF HEALTH & HUMAN SERVICES
BUREAU OF HEALTH
LODGING ESTABLISHMENT INSPECTION REPORT

ESTABLISHMENT NAME <i>Rodeau</i>				OWNER NAME <i>K. PAIEN</i>								
MAILING ADDRESS				ZIP CODE	ESTABLISHMENT LOCATION <i>Brown Ave. Port</i>							
MCD#	ESTAB#	SANI#	Rms/Cottage	DATE YR. MO. DAY <i>07 07 26</i>			PURPOSE	REFERRAL	VIOLATIONS			
	<i>8157</i>	<i>35</i>	<i>120</i>				REGULAR 1 FOLLOW-UP 2 COMPLAINT 3 INVESTIGATION 4 NEW 5 OTHER 6	Fire Marshal Electrical Inspector Epidemiology Waste water Drinking water Other	<i>3</i>	Critical	Noncritical	Repeat
EST. TYPE				TO BE FOUND IN SUBSTANTIAL COMPLIANCE WITH THE RULES RELATING TO LODGING ESTABLISHMENTS INSPECTION FINDINGS SHALL HAVE NO MORE THAN 3 CRITICAL VIOLATIONS, NO MORE THAN 15 TOTAL VIOLATIONS AND NO UNCORRECTED CRITICAL VIOLATIONS ON FOLLOW-UP.				Follow-up within _____ Days		Letter requested <input type="checkbox"/>		

Rooms	Rule Provision	Room R(#); Cottage C(#); Common area (CA)	Ice	Rule Provision	
1	Inadequate lighting	2A1; 2A4		42 Ice scoop improperly stored	
2	Inadequate ventilation	2A1; 2A3; 2A4; 2A5		43 Ice produced and sold without license	
3	Inadequate screening	2A3; 11A2; 11A3		44 Ice not from approved source	
4	Room not clean	2A2; 2A6; 2A9; 2A10; 2A14		45 Ice not protected from contamination	
5	Room not properly maintained	2A2; 2A6; 2A9; 2A10		46 Ice equipment not clean	
6	Bedding not clean	2A7		47 Unsafe water handling	
7	Bedding not properly maintained	2A8		48 Current water analysis not available	
8	Drinking glasses, not sanitized/protected	2A13		49 Water test unsatisfactory	
9	Tableware not sanitized/protected	2A12		50 Free chlorine less than 0.25 ppm/1.0 ppm (total)	
10	Appliances not maintained/cleaned	2A14		51 Insufficient surface water records	
11	Carpeting not clean	2A10		52 Hot & cold water under pressure not provided	
12	Carpeting not properly maintained	2A10		53 Non-potable system not properly installed/identified	
13	Common areas not clean	2B1; 2B2; 2B3		54 Unacceptable wastewater disposal system	
14	Common areas not properly maintained	2B1; 2B2		55 Rubbish area(s) not properly designed	
Bathrooms				56 Insufficient insect/rodent control	
15	Room not clean	2C1; 2C7; 2E2; 2E4		57 Rubbish area(s) not clean	
16	Room not maintained	2C1; 2C7		58 Trash container(s) washing/storage inadequate	
17	Not provided with tissue	2C8		59 Rubbish container(s) inadequate	
18	Lavatory/bath/toilet not properly located	2C4; 2E1		60 Rubbish container(s) not covered	
19	Lavatory/toilet not clean	2C7; 2E2		61 Rubbish area(s) of questionable safety	
20	Lavatory/toilet not maintained	2C7		Laundry & Storage Facilities	
21	Hot/cold water not provided to shower/bath/tub	2E3		62 Laundry/storage area(s) inadequate	
22	Shower/bath/tub not clean	2A10; 2E2; 2E4		63 Cross contamination of linen	
23	Shower/bath/tub not maintained	2C7		64 Housekeeping cart(s) not clean	
24	Hand cleanser not adequate	2C3		65 Lighting not shielded	
25	Towel/hand drying device not adequate	2C8		66 Toxic materials improperly stored	
26	Common towel(s)/drinking cup(s)	2C8		67 Toxic materials improperly labeled	
27	Inadequate ventilation	2C7		Records	
28	Carpeting in toilet facility/bathroom	2C2		68 Uncensored establishment	
29	Waste receptacle not provided	2C8		69 License not posted	
30	Waste receptacle not maintained / covered	2C8		70 Guest register not being kept	
Gas Appliances				71 Guest register not complete	
31	Gas appliance not effectively vented	3A1		72 Employee hand wash signs not posted	
32	Gas appliance without automatic pilot	3A1		73 Material Safety Data Sheet not available	
33	Gas appliance without automatic control valve	3A1		Plumbing	
34	Prohibited appliance in sleeping room	3A2		74 Cross connection	
Life Safety Code				75 Backflow prevention device not installed	
35	Not verified compliance/state fire marshals office	A1		76 Employee toilet not conveniently located	
36	Life Safety Code violations	4A		77 Improperly maintained or installed	
Vermin and Animal Control				78 Water recreational facility not maintained	
37	Evidence of vermin present	2A11		Other	
38	Insufficient vermin control measures	11A1		79 Violation as described	
39	Harborage not prevented	11A5		80 Excessive non-critical violations	
40	Unprotected outside openings	11A4			
41	Uncontrolled animals present	11B1; 11B2			

NOTE: CRITICAL VIOLATIONS IN RED NONCRITICAL VIOLATIONS IN BLACK

517 - Bacon deodorizer used to make SCENT OVER MUSTY odor
LEAK in ceiling - MOLD, INSECTS (small paper feeding)
515 Floor behind bar room door, FURNITURE, AC Filter, SMOKE, ALARM HORNING
FROM ceiling
LOCK POOL - MICE EXTERMINATION

This establishment was found to be in substantial compliance with the Rules relating to Lodging. Needs follow up inspection.

Public Health Sanitarian: *David R. Lobb*

Establishment Representative: *[Signature]*

STATE COPY HHE-160-1/03

DEPARTMENT OF HUMAN SERVICES
DIVISION OF HEALTH ENGINEERING
SUPPLEMENTAL INSPECTION REPORT

Date 7/27/07
Sanitarian AA, DH, JR (PORTLAND)

Location (City, Town or Township) Kamiah Parked # 857
Name of Place Blodway inn

Post Office Address (Street or RFD, Town) CYNTHIA Northrup
Zip Code

REMARKS (U)
 BUTTER - Room temp (816)
 Lights in lobby - BUGS, Ceiling VENTS NOT CLEAN
 Roach in office, ONLY LICENSED EXTERMINATOR MAY USE PESTICIDES
 Smoke detector in office disabled
 Bare wire
 Unopened sleeping room
 Rodent feces in bathroom] IN Auditor's sleeping room
 Electrical switch Bare
 Shower no head - mold in corners - NOT sealed around CURTAIN
 Walls falling down
 Suspected Asbestos pipes Exposed over Furnaces in main Building
 Pools of Beer in open area to public
 no screen on laundry door
 Toilet brush stored in CART with coffee & cups
 Re-using PLASTIC GLOVES - dirty ones stored w/ clean towels
 ice machine hose - chawd. leaking on floor & messy
 Guest Laundry - VENT NOT ATTACHED, dirty towels, dirt behind, dryer
 heater coil to be cleaned.
 White guest room very dirty
 206 - insects in bathroom, torn screen, AC dirty can't remove filter for CLEAN
 Ice bucket not lined
 202 - mold Bathroom Ceiling
 Coffee pot 150F - ANTITIZED AFTER CUSTOMER LEAVES
 bed 200. open Arch - out side to attic - FAUCET NO BACKFLOW PREVENTER
 pool open - DIRTY - NOT SAFE
 201 - Emergency Light Leaking toward wall by Room 206
 511.595, 502-509, INSECTS mold, Carpet Dirty, Shower CURTAIN MOLD
 545.517 - AC FILTER



STATE OF MAINE DEPARTMENT OF HUMAN SERVICES
BUREAU OF HEALTH
SWIMMING POOL & SPA INSPECTION FORM

Pool/Spa Name <i>Rode way</i>		Contact Person & Telephone Number <i>VIPANESH PATEL</i>	
Licensee/Owner		Establishment Name	
Mailing Address <i>1150 Kenilworth Ave</i>		Zip Code	Location <i>Portland</i>
MCD #	EST ID #	San #	Date
			Yr Mo Day
			Regular Purpose 1 2 3 4 5

TYPE OF POOL/SPA:
 Swimming pool
 Wading pool
 Spa

WATER TEMPERATURE:

TOO DIRTY TO TEST
AT HOTEL

TYPE OF FACILITY WHERE POOL/SPA LOCATED: *AT HOTEL*

DISINFECTION/pH:	Auto/Mannual	Residual/result	Test kit	Daily Records
Pools: Chlorine	_____	ppm(1-3ppm)	_____	_____
Bromine	_____	ppm(2-4ppm)	_____	_____
pH	_____	(7.2-7.8)	_____	_____
Spas: Chlorine	_____	ppm(2-10ppm)	_____	_____
Bromine	_____	ppm(2-10ppm)	_____	_____
pH	_____	(7.2-7.8)	_____	_____

OTHER CHEMICALS:	Name	Purpose	Freq. of use
_____	_____	_____	_____

WATER APPEARANCE: Surface _____ Bottom _____
 Side _____ Aprons _____

CROSS CONNECTIONS: Water _____ Wastewater _____

ACCESS TO: poolside _____ rented rooms _____ other _____
 Showers _____
 Restrooms _____

FENCING: Adequate? *NO* Self-closing gate? _____

SAFETY DEVICES: *Skim pool must be closed*

Remarks: *not secured - has been prohibited*

Inspector: *David Kelly* Person interviewed: _____

NOTES/COMMENTS:

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Health Inspection Report

11 State House Station Augusta, Me 04333-0011

07/31/2006

RODEWAY INN
1150 BRIGHTON AVENUE
PORTLAND

Purpose: Complaint Inspection
Inspection Rules: LODGING, SWIMMING_POOLS
Establishment ID: 851
Inspector: ANDERSON, ANITA
Inspector ID: 23
Owner Name: PORTLAND INN INC.

Lodging Code - Health Risk Factor Violation

There are life safety code violations.

Critical Violation citation: 4-A
Sanitarians Comment:

Lodging Code - Health Risk Factor Violation

There are openings to the outside that are not effectively protected against the entrance of rodents. (Critical Violation)

Critical Violation citation: 11-A.(4)
Sanitarians Comment:

Lodging Code - Health Risk Factor Violation

The condition of the premises does not prevent the harborage or feeding of vermin.

Critical Violation citation: 11-A.(5)
Sanitarians Comment:

Lodging Code - Poor Practice Violation

Plumbing is unacceptable.

Non-Critical Violation citation: 12-D
Sanitarians Comment:

Lodging Code - Poor Practice Violation

Life safety violations.

Non-Critical Violation citation: 4-B
Sanitarians Comment:

Lodging Code - Poor Practice Violation

Non-Critical Violation citation: 8-A.(2)
Sanitarians Comment:

Lodging Code - Poor Practice Violation

Properly designed and installed facilities are not provided for the care of trash containers, and cleaning equipment.

Non-Critical Violation citation: 8-A.(3)
Sanitarians Comment:

Lodging Code - Poor Practice Violation

Garbage and trash storage containers are unacceptable.

Non-Critical Violation citation: 8-A.(1)
Sanitarians Comment:

Lodging Code - Poor Practice Violation

The floors, walls, and ceilings of bedrooms, closets, and storage areas are not clean and properly maintained.

Non-Critical Violation citation: 2-A.(9)
Sanitarians Comment: strong mold odor

Where natural ventilation only is provided, outside openings are not adequately screened.

Non-Critical Violation citation: 2-A.(3)
Sanitarians Comment:

Windows and glass doors are not clean and properly maintained

Non-Critical Violation citation: 2-A.(2)
Sanitarians Comment:

Furniture, fixtures, carpets and other accessories are not clean and properly maintained.

Non-Critical Violation citation: 2-A.(10)
Sanitarians Comment:

Lodging Code - Poor Practice Violation

The Furniture, fixtures, draperies, and other accessories in common areas associated with sleeping rooms are not clean and properly maintained

Non-Critical Violation citation: 2-B.(2)
Sanitarians Comment:

The Floors, walls, ceilings, windows and ventilation in common areas associated with sleeping rooms are not clean and properly maintained.

Non-Critical Violation citation: 2-B.(1)
Sanitarians Comment:

Lodging Code - Poor Practice Violation

Non-Critical Violation
Sanitarians Comment:

citation: 2-B.(3)

Summary of Findings

Has been renamed Rodeway Inn

There are a total of 15 violations.

There are a total of 3 critical violations.

**Compliance with the State of Maine Food Code
will ensure renewal of your license**

Person in Charge:

I, _____ have read and understand this report.

print

_____ signature

Sanitarian:

ANDERSON, ANITA _____ Date: _____

signature

Health Inspection Report

11 State House Station Augusta, Me 04333-0011

07/31/2006

RODEWAY INN
1150 BRIGHTON AVENUE
PORTLAND

Purpose: Complaint Inspection
Inspection Rules: SWIMMING_POOLS
Establishment ID: 851
Inspector: ANDERSON, ANITA
Inspector ID: 23
Owner Name: PORTLAND INN INC.

Swimming Pool Code - Poor Practice Violation

Water system not protected against backflow and back-siphonage.

Critical Violation citation: 8.1.B
Sanitarians Comment:

Swimming Pool Code - Poor Practice Violation

No test kits available.

Non-Critical Violation citation: 3.5.B
Sanitarians Comment:

Swimming Pool Code - Poor Practice Violation

Facility rules not posted in a conspicuous place.

Non-Critical Violation citation: 6.6.A
Sanitarians Comment:

Summary of Findings

There are a total of 3 violations.

There are a total of 1 critical violations.

**Compliance with the State of Maine Food Code
will ensure renewal of your license**

Person in Charge:

I, _____ have read and understand this report.
print

signature

Sanitarian:

ANDERSON, ANITA _____ Date: _____
signature

Aug 3, 07



ECOCARE Service Agreement

Service Address		Billing Address	
Client: <u>Residence Inn</u>	Client: _____	Street: <u>1500 Bridgeway Ave</u>	Street: <u>same</u>
City: <u>Portland</u> St: <u>NE</u> Zip: <u>97232</u>	City: _____ St: _____ Zip: _____	Phone: <u>503-507-1117</u> Fax: <u>503-774-9489</u>	Phone: _____ Fax: _____
Contact Name: <u>Mr. Patel</u>	Contact Name: _____	Email: _____	Email: _____

Multiple Locations: attach location listing

Program	Service Scope	Service Frequency	Service Restrictions
<input type="checkbox"/> ECOCARE Platinum	<input type="checkbox"/> Crawling Insects & Rodents*	<input checked="" type="checkbox"/> Monthly	Days: _____ Time: _____
<input checked="" type="checkbox"/> ECOCARE Gold	<input type="checkbox"/> Drain Force	<input type="checkbox"/> Twice per month	_____
<input type="checkbox"/> ECOCARE Silver	<input type="checkbox"/> Insect Light Traps	<input type="checkbox"/> Weekly	_____
<input type="checkbox"/> ECOCARE Academic	<input type="checkbox"/> _____	<input type="checkbox"/> Twice per week	_____

* EXCLUDED PESTS ON REVERSE SIDE OF AGREEMENT

Exterior Treatments		Initial Equipment		
<input type="checkbox"/> Spring	<u>20</u>	TYPE	NUMBER	FEE
<input type="checkbox"/> Summer	<u>30</u>	_____	_____	_____
<input type="checkbox"/> Autumn	_____	_____	_____	_____
Total		Total \$ <u>130.20</u>		

Service Fee		Method of Payment	
Initial Pest Service: (ONE TIME CHARGE)	<u>1300.00</u>	<input type="checkbox"/> Credit Card	<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMERICAN EXPRESS
Initial Equipment (FROM ABOVE):	<u>130.20</u>	Exp: _____ Card # _____	Card Holder Signature: _____
Pest Management Service: (x _____)	\$ <u>150.00</u> *	<input type="checkbox"/> 5% Discount for Year in Advance	<input type="checkbox"/> Cash Payment <input type="checkbox"/> Check Payment # _____
Service Duration: _____		<input type="checkbox"/> EFT From Bank Account:	Bank Account #: _____
ILT Service: _____		Routing #: _____	<input type="checkbox"/> Monthly Invoice - NEW CLIENTS MUST COMPLETE CREDIT APPLICATION
Drain Force Service: _____			<input type="checkbox"/> Monthly Invoice - Current Client Account #: _____
Exterior Treatments (FROM ABOVE):	<u>4000.00</u>		
Total	\$ <u>3430.20</u>		
Amount Paid With Agreement:	_____		

Service Guarantee

If an emergency problem arises from the pest(s) covered under this agreement, additional service will be provided without charge during normal working hours, 5 a.m. to 5 p.m. Monday through Friday. A current balance, maximum 30 days, must be maintained and all scheduled service visits must be performed or charged for Modern's Money Back and Service Guarantees to remain in effect.

Terms of Agreement

This agreement will be in effect for an original period of one (1) year, and shall renew itself on a month-to-month basis thereafter until written notice is given by either party 60 days notice of cancellation. Terms transfer to all successors and assigns. If service is discontinued before expiration date; the client agrees to a cancellation fee of one-half the regular services remaining under this agreement. Modern is not responsible for insect or rodent damage to products or contents at the premises.

* If Modern determines additional regular service time is required, Modern may increase service fee by providing 15 days written notice to client.

Modern Authorization		Client Acceptance	
Printed Name: <u>Mr. Patel</u>	Title: _____	Printed Name: <u>Mr. Patel</u>	Title: _____
Modern Signature: _____	Date: _____	Client Signature: _____	Date: <u>7/30/07</u>



TERMS AND CONDITIONS

1. MATERIALS.

A. The materials used in pest management services will comply with federal, state and local laws and shall be acceptable to you.

B. All pest management services shall be performed in accordance with the most effective scientific pest management procedures.

2. YOUR COOPERATION.

A. Your cooperation is important to ensure the most effective results from **Modern's** service. Whenever conditions conducive to the breeding and harborage of pests covered by this contract are reported in writing by Modern and are not corrected by you, Modern cannot assure satisfactory service.

B. If the conditions noted by **Modern** are not corrected as required, all guarantees in this agreement shall automatically terminate and be cancelled. Further, additional treatments in areas of such conditions that are not corrected as required shall be paid for by the client as an extra charge.

3. **INSURANCE.** **Modern** will furnish a Certificate of Insurance upon request.

4. **NOTICE OF CLAIMS.** Any claim under the terms of this agreement must be made immediately in writing, to a **Modern** Service Center

5. **DISCLAIMER.** **Modern's** liability under this agreement will be terminated if **Modern** is prevented from fulfilling its responsibilities under the terms of this agreement by reason of delays in transportation, shortages of fuel and/or materials, strikes, embargoes, fire, floods, quarantine restrictions, earthquakes, hurricanes or any other act of God or circumstances or cause beyond the control of **Modern**.

This agreement does not cover and **Modern** will not be responsible for:

A. Any present or future insect and/or rodent damage to the structure(s) or contents, or provide for the compensation or repair of same.

B. This agreement does not provide for control of termites, other wood destroying organisms, bedbugs or any other pest not specified on the front of this agreement.

C. Damage or loss of personal property resulting from lack of security or acts of third parties.

D. Damage or loss of personal property due to The Client(s) and/or Occupants(s) failure to comply with the specific instructions outlined in Modern's Pest Management Reports

E. **Modern** disclaims any liability for special incidental or consequential damages. The Guarantee stated in this agreement is given in lieu of any other guarantee or warranties express or implied, including any warranty of merchantability or Fitness for a particular purpose.

6. **CHANGE IN LAW.** **Modern** performs its services in accordance with requirements of federal, state and local law. In the event of a change in existing law as it pertains to the services promised herein, **Modern** reserves the right to revise the service fees or terminate this agreement.

7. **NON-PAYMENT, DEFAULT.** In case of non-payment or default by the Purchaser, **Modern** has the right to terminate this agreement; reasonable attorney's fees and costs or collection shall be paid by the Purchaser.

8. **AGREEMENT.** This agreement constitutes the entire agreement between the parties and no other representations or statements will be binding upon the parties.

9. **SEVERABILITY.** If any part of this agreement is held to be invalid or unenforceable for any reason: the remaining terms and conditions of this agreement will remain in full force and effect.

10. **EXCLUDED PESTS.** Crawling insects include general structural insects excluding wood destroying insects such as carpenter ants, termites, powder post beetles, and wood infesting beetles. Molds are excluded. Flies such as house flies, fruit flies, drain flies and others are excluded. Stinging insects such as bees, wasps, yellow jackets, and hornets are excluded. Bed bugs, fleas, and fire ants are also excluded.

Remit To:
 100 Pleasant Street
 Brunswick, ME 04011



Service
 1-800-323-PEST (7378)
 Billing
 1-800-894-8800

INVOICE #	WORK DATE	TIME	DAY	ASSOCIATE	LICENSE	ACCOUNT
450569	8/2/07	1:03 PM	Thursday	Michael Burns		132949

ROADWAY INN
 1150 BRIGHTON AVE
 PORTLAND, ME 04102-1029

207-807-1127

COMMENTS

THANK YOU FOR CHOOSING MODERN PEST SERVICES. TODAY WE INSPECTED AND TREATED THE EXTERIOR OF YOUR ESTABLISHMENT.

TARGET PEST	MATERIAL	EPA REG. #	CON. %	AREA	AMOUNT	METHOD	EQUIPMENT
MICE	DITRAC BLOX	12455-80	0.005	Crawlspace Exterior	8 Ounce	Rodenticide Place	Rodent Station
CARPENTER ANTS SPIDERS	MASTERLINE BIFENTHR	3748-7	0.06	Exterior	10 Gallon	Broadcast	Solo (manual)
SPIDERS	SUSPEND SC .06	432-763	0.06	Bedrooms Office Areas	160 Ounce	Crack and Crevice	B&G Compressed Air
CARPENTER ANTS SMALL ANTS SPIDERS	TERMIDOR SC	7969-210	0.06	Exterior	3 Gallon	Broadcast	Solo (manual)

SERVICES	DESCRIPTION	QTY	AMOUNT
EE GENERAL PEST	SPIDERS/CA	1	\$2000.00
ES NEWSTART	EcoCare New Start	1	\$1300.00

Tax \$0.00
 Total \$3300.00

Client Signature

Associate Signature

8/2/2007

Date



Service
1-800-323-PEST (7378)
Billing
1-800-894-8800

Pest Management Report

SERVICE REPORT		SERVICE PROPERTY AT		SERVICE AREAS (I) Inspected (T) Treated (B) Both					
NAME	ROPEWAY INN	B	All Rooms 100		Dining Room	B	Offices		
STREET	1150 BRIGHTON AVE		Attic		Display Area		Patient Rooms		
CITY, STATE	PORTLAND ME		Bakery Area		Exterior		Produce Area		
Date	5/21/10		Bar		Garage		Production		
Time In	103		Basement		Kitchen		Restrooms		
Time Out	610		Boiler Room	B	Laundry		Storage Areas		
<input checked="" type="checkbox"/> Initial Visit	<input type="checkbox"/> Scheduled Visit	<input type="checkbox"/> Special Visit	Break Room				Warehouse		
Service For		Pest Activity & Location		Service For		Pest Activity & Location			
Ants	<input type="checkbox"/>		Rats/Mice	<input checked="" type="checkbox"/>	MICE				
Birds	<input type="checkbox"/>		Termites	<input type="checkbox"/>					
Cockroaches	<input type="checkbox"/>		Other	<input checked="" type="checkbox"/>	SPIDERS + CARPENTER ANTS				
MATERIAL	EPA REG #	Con. %	AI	AMOUNT	MATERIAL	EPA REG #	Con. %	AI	AMOUNT
388B Advance	499-492	5.4	Borax		Maxforce FC Select	432-1259	.01	Fipronil	
Bell Conrac Blox	12455-79	0.005	Bromadiolone		Talstar EZ	279-3168	.2	Bifenthrin	
Bell Ditrac Blox	12455-80	0.005	Diphacinone	8oz	Tempo Ultra WP	432-1304	.025/.05	Cyfluthrin	
Generation	7173-211	0.0025	Difethialone		Tri-Die	499-429	51	Pyrethrins, Piperonyl Butoxide, Silica	
Gentrol	2724-351	0.12	Hydroprene		NIC - Pro Organic	Exempt	2.0	Mint / Rosemary	
Suspend SC	432-763	.03/.06	Deltamethrin	160oz	Valueline Bifenthrin TC	279-3206-73748	.02/.06	Bifenthrin	10 GAL
Terminor SC	7969-210	.006	Fipronil	3 GAL	MaxForce Carpenter Ant Gel	432-1264	.001	Fipronil	
Additional Equipment		Quantity		Additional Equipment		Quantity			

SANITATION REPORT											
General		Yes	No	B. Display Areas		Yes	No	C. Food Preparation		Yes	No
1. Are Walls Free of Insect or Rodent Harborage		X		1. Are Gondolas Clean				1. Is Equipment Clean			
2. Are Pipe Openings or Holes Sealed From Rodent Access		X		2. Is Produce Area Clean				2. Are Floors Clean			
3. Are Doors and Windows Rodent/Bird Proof		X		3. Is Candy and Nut Area Free of Spillage and Pests				3. Is Delicatessen Area Clean			
4. Are Doors and Windows Kept Closed		X		4. Is Pet Food Area Free of Spillage and Pests				4. Is Bakery Clean			
5. Are Electronic Fly Traps Clean and Operating		N/A		5. Is Flour and Cereal Area Free of Spillage and Pests				5. Meat Preparation Area Clean			
D. Storage Areas		Yes	No	E. Public and Employee Areas		Yes	No	F. Exterior		Yes	No
1. Are Floors Clean and Free of Spillage		X		1. Are Rest Rooms Clean				1. Is Dumpster Area Clean		X	
2. Are All Areas Accessible For Cleaning		X		2. Are Locker Rooms Clean				2. Lot Free of Rodent Harborage			X
3. Are Floor Drains Harborage Free		X		3. Are Employee Lounges Clean				3. Lot Free of Trash and Weeds			X
4. Is Wall Space Accessible		X						4. Is Loading Dock Clean		N/A	
5. Bottle Return and Storage Area Clean		X									

Explain Deficiencies:

(2000F+2) (10,000)

(1) Treated exterior with Terminor (BASE) and mastroline (EYES TOUGH) (10,000)

(2) Treated 1st floor rooms 101-118 per manager with Suspend SC for spiders - AND OFFICE BUILDING

(3) installed 2 mouse masters (A) OFFICE UNDER COFFEE counter (B) HOTEL LAUNDRY ROOM (behind wall)

(4) installed 4 bait stations (A) WEST OUTSIDE WALL OFFICE (B) GREEN FENCED AREA NEAR LAUNDRY

(5) CRAWLSPACE IN GUEST LAUNDRY - PANEL IN FLOOR (6) CLOSET NEXT TO 118 - CRAWLSPACE

(6) installed 2 monitors - OFFICE - UNDER COMPUTER DESK NEAR RIBBINGE - BEHIND SMALL FRIDGE NEAR COFFEE counter

Recommendations: (1) TRIM BUSH'S BACK 18" FROM BUILDING

(2) REMOVE ALL GRASS + BUSH CLIPPINGS PILED ON WEST SIDE OF BUILDINGS IN ALLEY WAY

Deficiencies previously recorded may not appear on this report.

Michael Bus

Associate Signature

[Signature]

Client Signature

INVOICE

Remit to:
100 Pleasant St.
Brunswick, ME 04011



Service
1-800-323-PEST (7378)
Billing
1-800-894-8800

RETURN YELLOW COPY WITH
RETAIN PINK COPY FOR YOU

450569

WORK DATE	TIME	DAY	ASSOCIATE	LICENSE	ACCOUNT
		132904			
ROADWAY INN 1150 BRIGHTON AVE PORTLAND, ME 04102-1029 207-807-1127			DIRECTIONS		

SERVICE/PRODUCT DESCRIPTION	QUANTITY	AMOUNT
EcoCare New Start	1	1,300.00
SPIDERS/CA	1	2,000.00
Tax:		0.00
Subtotal:		3,300.00

OTHER		
CHECK OR CREDIT CARD #	EXP. DATE	\$ AMOUNT PAID
TAX		

SERVICE REPORT See Pest Management Report. **TOTAL DUE** ▶ 31

invoice - materialson pmr

SERVICE FOR (Target Pest) (A) Activity (P) Preventive							
Ants	Flies	Termites	Cluster Flies	Rats			
Cockroaches	Spiders	Carpenter Ants	Mice	Wasps			

ACTIVITY LOCATION									
AREAS SERVICED (I) Inspected (T) Treated (B) Both									
Attic	Display Areas	Produce Area	Boiler Room	Living Rooms	Deli				
Bakery Area	Exterior	Production	Break Rooms	Restrooms	Seafood				
Bar	Garage	Basement	Kitchen	Storage Areas					
Dining Room	Offices	Bedrooms	Laundry	Warehouse					

MATERIAL	EPA REG #	Con. %	AI	Equip.	Method	AMOUNT	MATERIAL	EPA REG #	Con. %	AI	Equip.	Method
388B Advance	499-492	5.4	Borax				Advance Compressed Termite Bait	499-488	.25	Diflubenzuron		
Bell Contrac Blox	12455.79	0.005	Bromadiolone				Maxforce FC Select	432-1259	.01	Fipronil		
Bell Ditrac Blox	12455.80	0.005	Diphacinone				Talstar EZ	279-3168	.2	Bifenthrin		
Suspend SC	432-763	.03/.06	Deltamethrin				Talstar One	279-3206	.02, .06	Bifenthrin		
Tri-Die	499-429	51	Silica/Pyrethrins				Tempo Ultra WP	3125-390	.025, .5	Cyfluthrin		
Generation	7173-211	0.0025	Difethialone				Tempo 1% Dust	3125-569	1	Cyfluthrin		
Genrol	2724-351	0.12	Hydroprene									

BROADCAST APPLICATION	KEY			OUTDOOR APPLICATIONS		
(Outside Foundations, Fleas)	Equip. = EQUIPMENT USED (Indicate Equipment Used Per Application)			WIND WIND VEL. AIR TEMP.		
Liquid	METHOD OF APPLICATION			DIRECTION (mph) (Fahrenheit)		
Granular	A = Aerosol Can	P = Paint Brush	B = Broadcast	SW	3	85
VOLUMETRIC APPLICATIONS	B = B&G Compressed Air Sprayer	R = Rodent Station	C = Crack & Crevice	SKY CONDITIONS		
(ULV, Space Treatments)	D = Bulb Duster	SP = Hand Spreader	R = Rodenticide	Sunny	Partly Cloudy	Overcast
	F = Fogger	S = Solo (manual)	S = Spot			
		U = Space ULV	U = Space ULV			

8 12 01 101 610
Date Time In Time Out
Associate Signature/Lic # Client Signature

124466M
01110
CREATIVE MEDIA
MUSSEY ROAD • SCARBOROUGH, ME 04074
(207) 883-2999

INVOICE
450970

Remit to:
100 Pleasant St.
Brunswick, ME 04011



Service
1-800-323-PEST (7378)
Billing
1-800-894-8800

RETURN YELLOW COPY WITH PAYMENT,
RETAIN PINK COPY FOR YOUR RECORDS

WORK DATE	TIME	DAY	ASSOCIATE	LICENSE	ACCOUNT
ROADWAY INN 1150 BRIGHTON AVE PORTLAND, ME 04102-1029 207-807-1127			D I R E C T I O N S		

SERVICE/PRODUCT DESCRIPTION	QUANTITY	AMOUNT
Mouse Master	2	36.00
Bell Protecta LP ERS Exterior Use	2	40.00
Bell Protecta Pest Monitor	3	18.00
Interior Rodent Station	2	30.00
Tax:		6.20
Subtotal:		130.20

OTHER	TAX

CHECK OR CREDIT CARD # _____ EXP. DATE _____ \$ _____ AMOUNT PAID _____

See Pest Management Report.

SERVICE REPORT

TOTAL DUE ▶

in voice, materials on pme

SERVICE FOR (Target Pest)		(A) Activity		(P) Preventive	
Ants	Flies	Termites	Cluster Flies	Rats	
Cockroaches	Spiders	Carpenter Ants	Mice	Wasps	

ACTIVITY LOCATION		AREAS SERVICED (I) Inspected (T) Treated (B) Both	
Attic	Display Areas	Produce Area	Boiler Room
Bakery Area	Exterior	Production	Break Rooms
Bar	Garage	Basement	Kitchen
Dining Room	Offices	Bedrooms	Laundry
			Warehouse
			Living Rooms
			Restrooms
			Seafood
			Storage Areas
			Deli

MATERIAL	EPA REG #	Con. %	AI	Equip.	Method	AMOUNT	MATERIAL	EPA REG #	Con. %	AI	Equip.	Method	AMOUNT
388B Advance	499-492	5.4	Borax				Advance Compressed Termite Bait	499-488	.25	Diflubenzuron			
Bell Contrac Blox	12455.79	0.005	Bromadiolone				Maxforce FC Select	432-1259	.01	Fipronil			
Bell Ditrac Blox	12455.80	0.005	Diphacinone				Talstar EZ	279-3168	.2	Bifenthrin			
Suspend SC	432-763	.03/.06	Deltamethrin				Talstar One	279-3206	.02, .06	Bifenthrin			
Tri-Die	499-429	51	Silica/Pyrethrins				Tempo Ultra WP	3125-390	.025, .5	Cyfluthrin			
Generation	7173-211	0.0025	Difethialone				Tempo 1% Dust	3125-569	1	Cyfluthrin			
Genrol	2724-351	0.12	Hydroprene										

BROADCAST APPLICATION		KEY		OUTDOOR APPLICATIONS		
(Outside Foundations, Fleas)	Equip. = EQUIPMENT USED (Indicate Equipment Used Per Application)	METHOD OF APPLICATION	WIND	WIND VEL.	AIR TEMP.	
Liquid			DIRECTION	(mph)	(Fahrenheit)	
Granular						
sq. ft.	A = Aerosol Can P = Paint Brush B = Broadcast	C = Crack & Crevice R = Rodenticide S = Spot U = Space ULV				
VOLUMETRIC APPLICATIONS	B = B&G Compressed Air Sprayer	R = Rodent Station SP = Hand Spreader	SKY CONDITIONS			
(ULV, Space Treatments)	D = Bulb Duster F = Fogger	S = Solo (manual)	Sunny	Partly Cloudy	Overcast	

8, 2, 07 101 610

Date Time In Time Out

Michael Bug Associate Signature/Lic # Client Signature



ECOCARE Service Agreement

Service Address

Client: Red Swan Inn
 Street: 1150 Bralton Ave
 City: Rockford St: Me Zip: 61102
 Phone: 815-807-1117 Fax: 815-807-1119
 Contact Name: Mr. Patel
 Email: _____

Billing Address

Client: _____
 Street: same
 City: _____ St: _____ Zip: _____
 Phone: _____ Fax: _____
 Contact Name: _____
 Email: _____

Multiple Locations: attach location listing

Program Service Scope Service Frequency Service Restrictions

ECOCARE Platinum Crawling Insects & Rodents*
 ECOCARE Gold Drain Force
 ECOCARE Silver Insect Light Traps
 ECOCARE Academic concrete in Auto
 * EXCLUDED PESTS ON REVERSE SIDE OF AGREEMENT Spiders

Monthly up to 16 DAYS 1st TIME
 Twice per month
 Weekly 1st
 Twice per week

Exterior Treatments

Spring Carpenter Ants 2000.00
 Summer spiders 2000.00
 Autumn _____
 Total \$ 4000.00

Initial Equipment

TYPE	NUMBER	FEE
<u>2" x 1/2" Rodent Plates</u>	<u>2015</u>	<u>30.00</u>
<u>1" x 1/2" Rodent Plates</u>	<u>2020</u>	<u>40.00</u>
<u>mouse traps</u>	<u>20</u>	<u>36.00</u>
<u>insect traps</u>	<u>20</u>	<u>18.00</u>
Total		\$ <u>130.20</u>

Service Fee

Initial Pest Service (ONE TIME CHARGE) 1300.00
 Initial Equipment (FROM ABOVE) 130.20
 Pest Management Service: (x 11) \$ 150.00 *
 Service Duration: hour 25 minutes
 ILT Service: _____
 Drain Force Service: _____
 Exterior Treatments (FROM ABOVE): 4000.00
 Total 10 Start \$ 3430.20
 Amount Paid With Agreement: _____

Method of Payment

Credit Card VISA MASTERCARD AMERICAN EXPRESS
 Exp: _____ Card # _____
 Card Holder Signature: _____
 5% Discount for Year in Advance
 Cash Payment Check Payment # _____
 EFT From Bank Account: _____
 Bank Account #: _____
 Routing #: _____
 Monthly Invoice - NEW CLIENTS MUST COMPLETE CREDIT APPLICATION
 Monthly Invoice - Current Client Account #: _____

Service Guarantee

If an emergency problem arises from the pest(s) covered under this agreement, additional service will be provided without charge during normal working hours, 5 a.m. to 5 p.m. Monday through Friday. A current balance, maximum 30 days, must be maintained and all scheduled service visits must be performed or charged for Modern's Money Back and Service Guarantees to remain in effect.

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This agreement will be in effect for an original period of one (1) year, and shall renew itself on a month-to-month basis thereafter until written notice is given by either party 60 days notice of cancellation. Terms transfer to all successors and assigns. If service is discontinued before expiration date, the client agrees to a cancellation fee of one-half the regular services remaining under this agreement. Modern is not responsible for insect or rodent damage to products or contents at the premises.

* If Modern determines additional regular service time is required, Modern may increase service fee by providing 15 days written notice to client. Initials (KDP)

Modern Authorization

Client Acceptance

Printed Name: Mr. Patel Title: Sales Professional
 Date: 7-30-07
 Modern Signature: _____

Printed Name: Manish Patel Title: _____
 Date: 7/30/07
 Client Signature: _____





Toll Free 1-800-696-3775



ECOCARE Service Agreement

Terri Pabst
Sales Professional

Westbrook 207-772-0012
Biddeford 207-282-5775
Sanford 207-324-4800

34-A Thomas Drive
Westbrook, ME 04092

Cell: 207-607-0722
Fax: 207-773-0880
terripabst@modernpest.com

Billing Address

Client: _____
Street: same
City: _____ St: _____ Zip: _____
Phone: _____ Fax: _____
Contact Name: _____
Email: _____

Multiple Locations: attach location listing

Contact Name: Mr. Pabst
Email: _____

Program	Service Scope	Service Frequency	Service Restrictions
<input type="checkbox"/> ECOCARE Platinum	<input type="checkbox"/> Crawling Insects & Rodents*	<input checked="" type="checkbox"/> Monthly <u>1-16</u> <u>Recent CR 4/1/07</u>	<u>Days</u> _____ <u>TIME</u> _____
<input checked="" type="checkbox"/> ECOCARE Gold	<input type="checkbox"/> Drain Force	<input type="checkbox"/> Twice per month	_____
<input type="checkbox"/> ECOCARE Silver	<input type="checkbox"/> Insect Light Traps	<input checked="" type="checkbox"/> Weekly <u>1/1/07</u>	_____
<input type="checkbox"/> ECOCARE Academic	<input checked="" type="checkbox"/> <u>concentric Ants</u> <u>Spiders</u>	<input type="checkbox"/> Twice per week	_____

* EXCLUDED PESTS ON REVERSE SIDE OF AGREEMENT

Exterior Treatments	Initial Equipment
<input checked="" type="checkbox"/> Spring <u>concentric Ants</u> <u>2000.00</u>	TYPE _____ NUMBER _____ FEE _____
<input checked="" type="checkbox"/> Summer <u>2000.00</u>	<u>initial bed bug treatment</u> <u>2015</u> <u>30.00</u>
<input type="checkbox"/> Autumn _____	<u>to be treated with 5 traps @ 20</u> <u>400.00</u>
Total \$ <u>4000.00</u>	<u>mass market 2 @ 18.00</u> <u>36.00</u>
	<u>monthly 2 @ 16.00</u> <u>32.00</u>
	<u>total</u> <u>130.20</u>
	Total \$ <u>130.20</u>

Service Fee	Method of Payment
Initial Pest Service (ONE-TIME CHARGE): <u>1300.00</u>	<input type="checkbox"/> Credit Card <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> AMERICAN EXPRESS
Initial Equipment (FROM ABOVE): <u>130.20</u>	Exp: _____ Card # _____
Pest Management Service: (x 11) \$ <u>150.00</u> *	Card Holder Signature: _____
Service Duration: <u>base 25 months</u>	<input type="checkbox"/> 5% Discount for Year in Advance
ILT Service: _____	<input type="checkbox"/> Cash Payment <input type="checkbox"/> Check Payment # _____
Drain Force Service: _____	<input type="checkbox"/> EFT From Bank Account:
Exterior Treatments (FROM ABOVE): <u>4000.00</u> <u>now</u>	Bank Account #: _____
Total <u>to start</u> \$ <u>3430.20</u>	Routing #: _____
Amount Paid With Agreement: _____	<input type="checkbox"/> Monthly Invoice - NEW CLIENTS MUST COMPLETE CREDIT APPLICATION
	<input type="checkbox"/> Monthly Invoice - Current Client Account #:

Service Guarantee
If an emergency problem arises from the pest(s) covered under this agreement, additional service will be provided without charge during normal working hours, 5 a.m. to 5 p.m. Monday through Friday. A current balance, maximum 30 days, must be maintained and all scheduled service visits must be performed or charged for Modern's Money Back and Service Guarantees to remain in effect.

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* If Modern determines additional regular service time is required, Modern may increase service fee by providing 15 days written notice to client.

Modern Authorization	Client Acceptance
Printed Name: <u>Terri Pabst - Sales Professional</u>	Printed Name: <u>Deborah Pabst</u>
Modern Signature: _____	Client Signature: _____
Date: <u>7-30-07</u>	Date: <u>7/30/07</u>