Interdepartmental Food/Water-borne Complaint Intake Form

Nature of Complaint ☐ Food Related Illness		☐ Water Related Illness	s □ Contaminated	Product	✓ Other
					_ 001
Background					
	7/2005 and Police		arroll ne Phone:		
Food Event					
Date Purchased: Suspected Food(s)/Beverag/Meal: Place of Purchase: Address:			Time (
Water Contact Event					
Date of Exposure: Name of facility/beach/lake: Address:		Water Type: ☐ Po	ool	□ saltwater	☐ hot tub
		1140 BRIGHTON AVE			
Agencies Sent Report: D Division of Disease Co Department of Agricult Maine Emergency Ma	ontrol	DHHS/Eating and Lo		DHHS/Drinkir Department o	ng Water Program of Education
Actions Taken:	Date	Agency	Co		
Call to Facility	Date			ntact Name	
	12/17/2005	City of Portland	John (owner)	ntact Name	
Inspection		,		ntact Name	
Inspection Investigation	12/17/2005	City of Portland	John (owner)	ntact Name	
Inspection	12/17/2005 12/17/2005	City of Portland	John (owner)	ntact Name	
Inspection Investigation Sample Collection Summary Of Findings: MAINE SUPPER BUFFE Rodent disposed of in Du See attached report from	12/17/2005 12/17/2005 12/17/2005 12/17/2005 ETRoof leaking umpster outsidents. It is a second to be been dead in the been de	City of Portland City o	John (owner) Kevin Carroll I dead in catch bucket. 1 ertify status of potential retivity on 12/17/05 and 12	2/17/05 @ 2:30pr codent activity. Fie 2/19/05. Kevin Beli	ld