NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Community Environmental Health and Food Protection

# Food Service Establishment Inspection Report

SUBPART 14-1

ESTABLISHMENT NAME: Abigails
OPERATOR'S NAME: Jeanne Legott
Address: T/V/C 1978 E. Rt. 5+20
County: Seneca
Zip Code: 13165

FACILITY CODE | TIME BEGAN | TIME END

Office Code: 49
Operation ID:
Date of Service: Month 7 Day 23 Year 15
Capacity

**Service Type:**
INSPECTION ○ PRE-OPERATIONAL ○ COMPLAINT ● FIELD VISIT ○
REINSPECTION ○ HACCP ONLY ○ INCIDENT ○ ILLNESS ○
● LHD/HIN ○ NYSDOH
HCS ID: MGB49
Time spent conducting service: hr hr min min

| | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1A ○ | 1B ○ | 1C ○ | 1D ○ | 1E ○ | 1F ○ | 1G ○ | 1H ○ | 2A ○ | 2B ○ | 2C ○ | 2D ○ | 2E ○ | 3A ○ | 3B ○ | 3C ○ | 4A ○ | 4B ○ | 4C ○ |
| 5A ○ | 5B ○ | 5C ○ | 5D ○ | 5E ○ | 6A ○ | 6B ○ | 7A ○ | 7B ○ | 7C ○ | 7D ○ | 7E ○ | 7F ○ | 7G ○ | 7H ○ | | | | |
| 8A ○ | 8B ○ | 8C ○ | 8D ○ | 8E ○ | 8F ○ | 8G ○ | 9A ○ | 9B ○ | 9C ○ | 9D ○ | 10A ○ | 10B ○ | 11A ○ | 11B ○ | 11C ○ | 11D ○ | | |
| 12A ○ | 12B ○ | 12C ○ | 12D ○ | 12E ○ | 13A ○ | 13B ○ | 14A ○ | 14B ○ | 14C ○ | 15A ○ | 15B ○ | 15C ○ | 15D ○ | 16 ○ | | | | |

Number of Red Violations Found: /
Total Red Violations Not Corrected: /
Number of Blue Violations Found: /
Reinspection Required: ○ Yes ○ No

| Item Number | Corrections/Violations |
|---|---|
| | Complaint indicated that the foods on the lunch buffet were not being held hot during service (Complaint called in @ 2:45pm on 7/22/15) Complaint investigation conducted on 7/23/15 Arrived @ facility @ 2:30pm. Lunch Service had ended. Spoke to staff who indicated that foods on the buffet line were discarded at the end of lunch service. Time as a Public Health Control to be developed and implimented. |

SIGNATURE OF INSPECTOR: Nelson [signature]
RECEIVED BY (SIGNATURE)

60555

DOH-192 (01/13)