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

Food Service Establishment Inspection Report

SUBPART 14-1

ESTABLISHMENT NAME: Ace Atomatic BBQ @ St. Marys OPERATOR'S NAME:

Address: T/V/C County: Zip Code:

FACILITY CODE | TIME BEGAN | TIME END

Office Code: | Operation ID: | Date of Service: Month 07 Day 23 Year 15 | Capacity

Service Type:

INSPECTION ● PRE-OPERATIONAL ○ COMPLAINT ○ FIELD VISIT ○ ● LHD/HIN ○ NYSDOH

REINSPECTION ○ HACCP ONLY ○ INCIDENT ○ ILLNESS ○

HCS ID: UGB49

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
	No Red violations No Blue VIOLATIONS Chicken @ 45°F upon arrival Cook to 165°F or greater Wear gloves or use utensils w/ Ready to eat foods

SIGNATURE OF INSPECTOR: Melissa | RECEIVED BY (SIGNATURE):

60555