

ESTABLISHMENT NAME: Romulus CSD Feeding Site OPERATOR'S NAME: Vickie Shields
Address: T/V/C @ Romulus CSD County: Seneca Zip Code: _____

FACILITY CODE: TIME BEGAN: TIME END:

Office Code: Operation ID: Date of Service: Month Day Year Capacity:

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

<input type="radio"/> 1A	<input type="radio"/> 1B	<input type="radio"/> 1C	<input type="radio"/> 1D	<input type="radio"/> 1E	<input type="radio"/> 1F	<input type="radio"/> 1G	<input type="radio"/> 1H	<input type="radio"/> 2A	<input type="radio"/> 2B	<input type="radio"/> 2C	<input type="radio"/> 2D	<input type="radio"/> 2E	<input type="radio"/> 3A	<input type="radio"/> 3B	<input type="radio"/> 3C	<input type="radio"/> 4A	<input type="radio"/> 4B	<input type="radio"/> 4C
<input type="radio"/> 5A	<input type="radio"/> 5B	<input type="radio"/> 5C	<input type="radio"/> 5D	<input type="radio"/> 5E	<input type="radio"/> 6A	<input type="radio"/> 6B	<input type="radio"/> 7A	<input type="radio"/> 7B	<input type="radio"/> 7C	<input type="radio"/> 7D	<input type="radio"/> 7E	<input type="radio"/> 7F	<input type="radio"/> 7G	<input type="radio"/> 7H				
<input type="radio"/> 8A	<input type="radio"/> 8B	<input type="radio"/> 8C	<input type="radio"/> 8D	<input type="radio"/> 8E	<input type="radio"/> 8F	<input type="radio"/> 8G	<input type="radio"/> 9A	<input type="radio"/> 9B	<input type="radio"/> 9C	<input type="radio"/> 9D	<input type="radio"/> 10A	<input type="radio"/> 10B	<input type="radio"/> 11A	<input type="radio"/> 11B	<input type="radio"/> 11C	<input type="radio"/> 11D		
<input type="radio"/> 12A	<input type="radio"/> 12B	<input type="radio"/> 12C	<input type="radio"/> 12D	<input type="radio"/> 12E	<input type="radio"/> 13A	<input type="radio"/> 13B	<input type="radio"/> 14A	<input type="radio"/> 14B	<input type="radio"/> 14C	<input type="radio"/> 15A	<input type="radio"/> 15B	<input type="radio"/> 15C	<input type="radio"/> 15D	<input type="radio"/> 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
	HOT FOODS @ 140°F DURING HOT HOLDING + SERVICE GLOVES + UTENSILS USED DURING TIMES OF SERVICE HAIR RESTRAINED
	REQUEST FOR COOLER "MAGNETS" WITH REQUIREMENTS ON THEM. MB vshields@rcs.k12.ny.us

SIGNATURE OF INSPECTOR: Melissa Paul RECEIVED BY (SIGNATURE): [Signature]

