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

Food Service Establishment Inspection Report

SUBPART 14-1

ESTABLISHMENT NAME: Waterloo Fire Dept OPERATOR'S NAME:

Address: T/V/C 39 East Water Street County: Seneca Zip Code: 13165

FACILITY CODE	TIME BEGAN	TIME END
49-AB20	11:00am	12:00pm

Office Code:	Operation ID:	Date of Service	Month	Day	Year	Capacity
49	308405		6	6	15	

Service Type:

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

REINSPECTION ○ HACCP ONLY ○ INCIDENT ○ ILLNESS ○

HCS ID: AJS09

Time spent conducting service: 1 hr 00 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 Violations
	Hot holds at 140°F, Cold hold less than 45°F.
	Proper Glove use in place.

SIGNATURE OF INSPECTOR: [signature]

RECEIVED BY (SIGNATURE): J Moratto

60555

DOH-192 (01/13)