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

# Food Service Establishment Inspection Report

SUBPART 14-1

ESTABLISHMENT NAME: Quality Café
OPERATOR'S NAME: Besner Beverly
Address: T/V/C 655 Rt 318
County: Seneca
Zip Code: 13165

| FACILITY CODE | TIME BEGAN | TIME END |
|---|---|---|
| 49-0292 | | |

Office Code: 49
Operation ID: 834380
Date of Service: Month 5 Day 6 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: 0
Total Red Violations Not Corrected: 0
Number of Blue Violations Found: 0
Reinspection Required ○ Yes ○ No

| Item Number | Corrections/Violations |
|---|---|
| | NO RED VIOLATIONS<br>NO BLUE VIOLATIONS<br><br>HOT HOLDING @ 170° F during inspection<br>Cold Holding @ 45°F during inspection<br>Reminder :)<br>Gloves/Utensils to be used with all ready to eat foods (food that has already been cooked or will not be cooked)<br><br>Any questions please call!<br>315 539 1945 |

SIGNATURE OF INSPECTOR: Melissa [signature]
RECEIVED BY (SIGNATURE): Marmuda Rahman

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DOH-192 (01/13)