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

Food Service Establishment Inspection Report

SUBPART 14-1

ESTABLISHMENT NAME: Blawin Smoke
OPERATOR'S NAME: Trevor Kenyon
Address: T/V/C 6975 first st Ovid
County: Seneca
Zip Code: 14521

FACILITY CODE	TIME BEGAN	TIME END
	11:00am	12:05pm

Office Code: 49
Operation ID: 896968
Date of Service: Month 06 Day 07 Year 15
Capacity:

Service Type:
INSPECTION ○ PRE-OPERATIONAL ○ COMPLAINT ○ FIELD VISIT ○
REINSPECTION ○ HACCP ONLY ○ INCIDENT ○ ILLNESS ○

● LHD/HIN ○ NYSDOH
HCS ID: AJS49
Time spent conducting service: 1 hr 06 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-
	Reviewed: Proper Glove use
	Sick Worker Policy
	Cooking temperatures
	Hot and Cold Holding temps

SIGNATURE OF INSPECTOR
RECEIVED BY (SIGNATURE)