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

Food Service Establishment Inspection Report

SUBPART 14-1

ESTABLISHMENT NAME: Dutchmans Commissary OPERATOR'S NAME: Linda Jaycox

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

FACILITY CODE | TIME BEGAN | TIME END

Office Code: 49 Operation ID: Date of Service Month 05 Day 14 Year 15 Capacity

Service Type:

INSPECTION ● PRE-OPERATIONAL ○ COMPLAINT ○ FIELD VISIT ○ ● LHD/HIN ○ NYSDOH HCS ID MGB49

REINSPECTION ○ HACCP ONLY ○ INCIDENT ○ ILLNESS ○

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
15C	Equipment not used for everyday food preparation stored in kitchen. Compliance schedule to be put into place for facility. · Organization · Removal of un-needed / un-used equipment • Reviewed - Hot Holding -> @ 140°F or greater - Cook to 165°F or greater - Cold Holding -> @ or BELOW 45°F - Glove use - Use of utensils in place of gloves - Sick workers to be excluded ~~for~~ from food preparation + service.

SIGNATURE OF INSPECTOR: Melissa Burnel

RECEIVED BY (SIGNATURE)

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