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

Food Service Establishment Inspection Report

SUBPART 14-1

ESTABLISHMENT NAME: Simply Elegant
OPERATOR'S NAME: MARIA FRANK SCHMITTEK
Address: T/V/C 3112 NOBLE RD
County: SENECA
Zip Code:

FACILITY CODE	TIME BEGAN	TIME END
49-AD15		

COMMISSARY

Office Code: 49
Operation ID: 896961 308520
Date of Service: Month 06 Day 05 Year 15
Capacity:

Service Type:
INSPECTION ● PRE-OPERATIONAL ○ COMPLAINT ○ FIELD VISIT ○ ○ LHD/HIN ○ NYSDOH
REINSPECTION ○ HACCP ONLY ○ INCIDENT ○ ILLNESS ○

HCS ID
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
	NO RED VIOLATIONS NO BLUE VIOLATIONS
	THERMOMETERS PRESENT 3BAY SINK ONSITE SEPARATE COMMISSARY TEMPERATURE ≤ 45°F of P.R.

SIGNATURE OF INSPECTOR

RECEIVED BY (SIGNATURE) Maria Schmittek

60555

DOH-192 (01/13)