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

# Food Service Establishment Inspection Report

SUBPART 14-1

ESTABLISHMENT NAME: St. Marys Church OPERATOR'S NAME: Rev. James Fennessy

Address: T/V/C County: Zip Code: 13165

| FACILITY CODE | TIME BEGAN | TIME END |
|---|---|---|
| GOD | | |

Office Code: 49 Operation ID: 901751

Date of Service: Month 7 Day 24 Year 15

Capacity:

**Service Type:**

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

REINSPECTION ○ HACCP ONLY ○ INCIDENT ○ ILLNESS ○

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: Total Red Violations Not Corrected: Number of Blue Violations Found: Reinspection Required ○ Yes ○ No

| Item Number | Corrections/Violations |
|---|---|
| | NO RED VIOLATIONS<br>NO BLUE VIOLATIONS<br><br>Reviewed:<br>Cook Foods to 165°F<br>Hot hold @ 140°F or greater<br>Wear gloves or use utensils with all Ready to eat Foods (Foods that have already been cooked OR will not be cooked) |

SIGNATURE OF INSPECTOR: Melissa Paul

RECEIVED BY (SIGNATURE): J. Fennessy

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DOH-192 (01/13)