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

Food Service Establishment Inspection Report

SUBPART 14-1

ESTABLISHMENT NAME: South Seneca CSD Feeding Site OPERATOR'S NAME:

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

FACILITY CODE	TIME BEGAN	TIME END

Office Code: 49 Operation ID: Date of Service Month 7 Day 27 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 NO BLUE VIOLATIONS HOT FOODS @ 140°F DURING SERVICE GLOVES USED DURING SERVICE.

SIGNATURE OF INSPECTOR Melissa [illegible] RECEIVED BY (SIGNATURE) Christian Williams

60555

DOH-192 (01/13)