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

Food Service Establishment Inspection Report

SUBPART 14-1

ESTABLISHMENT NAME: New Dragon Cuisine OPERATOR'S NAME: Charley Huang

Address: T/V/C 7190 South Main St. County: Seneca Zip Code:

FACILITY CODE	TIME BEGAN	TIME END
49-3342		

Office Code:	Operation ID:	Date of Service	Month	Day	Year	Capacity
49	911013		11	10	15	

Service Type:

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

REINSPECTION ○ HACCP ONLY ○ INCIDENT ○ ILLNESS ○

HCS ID: MAB49

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: 1

Reinspection Required: ○ Yes ○ No

Item Number	Corrections/Violations
8A	Containers stacked on top of brocolli in cooler. Placed sheet pan under items on top of brocolli.
	Hot Holding @ 140°F or Greater
	Cold Holding @ 45°F or Less

SIGNATURE OF INSPECTOR: [signature]

RECEIVED BY (SIGNATURE): [signature]

60555

DOH-192 (01/13)