NEW YORK STATE DEPARTMENT OF HEALTH

SUBPART 14-1

Food Service Establishment Inspection Report

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INSPECTION TYPE:

- ☐ ROUTINE
- ☐ REINSPECTION
- ☐ PRE-OPERATIONAL
- ☐ COMPLAINT
- ☐ HACCP ONLY
- ☐ INCIDENT/ILLNESS

RISK CLASSIFICATION: ☐ HIGH ☐ MEDIUM ☐ LOW

NUMBER OF SEATS		
WATER	☐ COMMUNITY	☐ NON-COMMUNITY
PUBLIC SEWER	☐ YES	☐ NO
VALID PERMIT	☐ YES	☐ NO

COUNTY	DIST.	EST. NO.	MONTH	DAY	YEAR	INSP. BEGAN	INSP. END
						AM PM	AM PM

ESTABLISHMENT NAME:_____ OPERATOR'S NAME:_____

ADDRESS: T/V/C_____ COUNTY_____ ZIP CODE_____

PART 1: RED – CRITICAL ITEMS

These items relate directly to factors which lead to foodborne illness. These items MUST RECEIVE IMMEDIATE ATTENTION.

ITEM	DESCRIPTION OF VIOLATION

PART 2: BLUE ITEMS – ESTABLISHMENT SANITATION, DESIGN AND MAINTENANCE

These items relate to maintenance of food service operations and cleanliness.
These items are to be corrected by the next regular inspection or as otherwise stated.

ITEM	DESCRIPTION OF VIOLATION

COMMENTS

REINSPECTION DATE

SIGNATURE OF INSPECTOR

SIGNATURE OF PERSON IN CHARGE

DOH - 192 (2/98)

SAMPLE