

ESTABLISHMENT NAME: Saranac Jr/SRHS OPERATOR'S NAME: Mary LaDalle  
Address: T/V/C \_\_\_\_\_ County: Clinton Zip Code: \_\_\_\_\_

FACILITY CODE: SARANAC MIDDLE TIME BEGAN: 11:30 TIME END: 12:15  
Office Code: 09 Operation ID: SCHOOL Date of Service: Month 10 Day 07 Year 14 Capacity: \_\_\_\_\_

Service Type: INSPECTION  PRE-OPERATIONAL  COMPLAINT  FIELD VISIT  LHD/HIN  NYSDOH   
REINSPECTION  HACCP ONLY  INCIDENT  ILLNESS  HCS ID: JAROB3 Time spent conducting service: 45 min

1A <input type="radio"/>	1B <input type="radio"/>	1C <input type="radio"/>	1D <input type="radio"/>	1E <input type="radio"/>	1F <input type="radio"/>	1G <input type="radio"/>	1H <input type="radio"/>	2A <input type="radio"/>	2B <input type="radio"/>	2C <input type="radio"/>	2D <input type="radio"/>	2E <input type="radio"/>	3A <input type="radio"/>	3B <input type="radio"/>	3C <input type="radio"/>	4A <input type="radio"/>	4B <input type="radio"/>	4C <input type="radio"/>
5A <input type="radio"/>	5B <input type="radio"/>	5C <input type="radio"/>	5D <input type="radio"/>	5E <input type="radio"/>	6A <input type="radio"/>	6B <input type="radio"/>	7A <input type="radio"/>	7B <input type="radio"/>	7C <input type="radio"/>	7D <input type="radio"/>	7E <input type="radio"/>	7F <input type="radio"/>	7G <input type="radio"/>	7H <input type="radio"/>				
8A <input type="radio"/>	8B <input type="radio"/>	8C <input type="radio"/>	8D <input checked="" type="radio"/>	8E <input type="radio"/>	8F <input type="radio"/>	8G <input type="radio"/>	9A <input type="radio"/>	9B <input type="radio"/>	9C <input type="radio"/>	9D <input type="radio"/>	10A <input type="radio"/>	10B <input type="radio"/>	11A <input type="radio"/>	11B <input type="radio"/>	11C <input type="radio"/>	11D <input type="radio"/>		
12A <input type="radio"/>	12B <input type="radio"/>	12C <input type="radio"/>	12D <input type="radio"/>	12E <input type="radio"/>	13A <input type="radio"/>	13B <input type="radio"/>	14A <input type="radio"/>	14B <input type="radio"/>	14C <input type="radio"/>	15A <input checked="" type="radio"/>	15B <input checked="" type="radio"/>	15C <input type="radio"/>	15D <input type="radio"/>	16 <input checked="" type="radio"/>				

Number of Red Violations Found: 00 Total Red Violations Not Corrected: 00 Number of Blue Violations Found: 04 Reinspection Required:  Yes  No

Item Number	Corrections/Violations
16	Permit not conspicuously posted (posted in back office for kitchen)
15B	Freezer #19 in basement lighting < 20ft candles @ 30 inches <i>is extremely clean</i>
8D	Single service utensils dispensed such that food-end can be contaminated by hands.
15A	Walk-in cooler #21 floor rusted, pitted, flaking - is kept <del>extremely</del> clean.

NOTES:  
 ① Dishwasher being repaired; - using single service items; wash, rinse, sanitize by hand fromychetes  
 ② Free chlorine residual at kwat 0.5 mg/L

SIGNATURE OF INSPECTOR: [Signature] RECEIVED BY (SIGNATURE): Mary LaDalle

