

Westchester County Department of Health: Food Service Establishment Inspection Report Page 1 of 1



Food Service Establishment Inspection Report
Department of Health
Bureau of Public Health Protection

Table with 3 columns: Category (Seating Capacity, PUBLIC, WATER, PUBLIC, SEWER), Count, and Status (YES/NO).

PAGE 01 OF 01 PAGES

Table with 10 columns: Type, Est. No., Yr., Mo., Day, Sanit. Code, PURPOSE (Regular, Follow-up, Complaint, Investigation, Other, HACCP, Red Item), Regular, Transit Time, Inspec. Time.

Owner Name/Establishment: RYE CITY SCHOOL DISTRICT / MIDLAND SCHOOL
Tele. No. (914) 867-6100
Establishment Address: MIDLAND AVE AVENUE RYE
ZIP 10580

Table with 2 columns: FOLLOW-UP (Yes/No) and STATUS (Acceptable/Unacceptable) with counts in boxes.

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 operation and cleanliness.
These items are to be corrected by the next regular inspection or as stated.

ITEM

DESCRIPTION OF VIOLATION

Handwritten note: (11A) - Label 3-bays Wash Rinse Sanitize

Reinspection Date:

COMMENTS

Time In: 08:15 (AM)
Time Out: 09:15 (AM)

SIGNATURE OF PERSON IN CHARGE

Signature box for Person in Charge with 'X' mark.

SIGNATURE OF INSPECTOR

Signature box for Inspector with 'X' mark.

Westchester County Health Department
Bureau of Public Health Protection
New Rochelle Central Office
145 Huguenot Street
New Rochelle, New York 10801
813-5134

Westchester County Health Department
Bureau of Public Health Protection
Mount Kisco District Office
118 North Bedford Road Rm. 100
Mt. Kisco, NY 10549
914-864-7331

Westchester County Health Department
Bureau of Public Health Protection
Yonkers District Office
20 South Broadway
Yonkers, New York 10701
231-2975



Food Service Establishment Inspection Report

Department of Health
Bureau of Public Health Protection

PAGE 1 OF 1 PAGES

SEATING CAPACITY			
PUBLIC	(1)	YES	1
WATER	(2)	NO	
PUBLIC	(1)	YES	1
WATER	(2)	NO	

Type	Est. No.
026	084

Yr.	Mo.	Day
07	03	13

Sanit. Code
951

PURPOSE

- 1 Regular
- 2 Follow-Up
- 3 Complaint
- 4 Investigation
- 5 Other
- 6 HACCP
- 7 Red Item

1

Travel Time
040

Inspec. Time
040

HACCP-10

FOLLOW-UP

Yes -1 2
No -2

STATUS

Acceptable -1 1
Unacceptable -2

Owner Name/Establishment MIDLAND SCHOOL Tele. No. _____
Establishment Address MIDLAND AVENUE, RYE ZIP 10580

PART 1: RED - CRITICAL ITEMS

ITEM	These items relate directly to factors which lead to foodborne illness. These items MUST RECEIVE IMMEDIATE ATTENTION.	
	DESCRIPTION OF VIOLATION	

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

ITEM	These items relate to maintenance of food service operation and cleanliness. These items are to be corrected by the next regular inspection or as stated.	
	DESCRIPTION OF VIOLATION	
8A	Pickles, salad uncovered on front end display table.	
8D	Single service utensils (plastic forks, knives) improperly dispensed.	

COMMENTS

SIGNATURE OF PERSON IN CHARGE *Christine Allen*

SIGNATURE OF INSPECTOR

O. Agheo

Time
11:25
AM
PM



Food Service Establishment Inspection Report
Department of Health
Bureau of Public Health Protection

Table with 4 columns: Seating Capacity, PUBLIC, WATER, PUBLIC, SEWER. Values include (1) YES, (2) NO, (1) YES, (2) NO.

PAGE 01 OF 01 PAGES

Table with columns: Type, Est. No., Yr., Mo., Day, Sanit. Code, PURPOSE (Regular, Follow-up, Complaint, Investigation, Other, HACCP, Red Item), Regular, Transit Time, Inspec. Time.

Owner Name/Establishment: RYE CITY SCHOOL DISTRICT / MIDLAND SCHOOL
Tel. No. (914) 867-6100
Establishment Address: MIDLAND AVE AVENUE RYE
ZIP 10580

Table with columns: FOLLOW-UP (Yes, No), STATUS (Acceptable, Unacceptable). Values include -1, 2, -1, -2, 1.

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 operation and cleanliness.
These items are to be corrected by the next regular inspection or as stated.

ITEM DESCRIPTION OF VIOLATION

Reinspection Date:

COMMENTS

Time In: 02:00 (PM)
Time Out: 12:00 (AM)

SIGNATURE OF PERSON IN CHARGE

X

SIGNATURE OF INSPECTOR

Westchester County Health Department
Bureau of Public Health Protection
New Rochelle Central Office
145 Huguenot Street
New Rochelle, New York 10801
813-5134

Westchester County Health Department
Bureau of Public Health Protection
Mount Kisco District Office
118 North Bedford Road Rm. 100
Mt. Kisco, NY 10549
814-864-7331

Westchester County Health Department
Bureau of Public Health Protection
Yonkers District Office
20 South Broadway
Yonkers, New York 10701
231-2875



Food Service Establishment Inspection Report
Department of Health
Bureau of Public Health Protection

Table with columns: SEATING CAPACITY, PUBLIC, WATER, (1), (2), YES, NO

PAGE OF PAGES

Table with columns: Type, Est. No. and handwritten values 026084

Table with columns: Yr., Mo., Day and handwritten values 060920

Table with columns: Sanit. Code and handwritten value 205

PURPOSE

- Regular -1
Follow-Up -2
Complaint -3
Investigation -4
Other -5
HACCP -6
Red Item -7

Table with columns: Travel Time and handwritten value 0:20

Table with columns: Inspac. Time and handwritten value 06:00

Owner Name/Establishment: Medford School
Establishment Address: Medford Ave - NYC
Phone No.
ZIP

Table with columns: FOLLOW-UP, STATUS, Yes, No, Acceptable, Unacceptable and handwritten values 1, 2

PART 1: RED - CRITICAL ITEMS

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

Table with columns: ITEM, DESCRIPTION OF VIOLATION

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

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

Table with columns: ITEM, DESCRIPTION OF VIOLATION. Handwritten text: 15a walls ceiling must be painted in the kitchen area. No other violations were found at this time of inspection.

COMMENTS

SIGNATURE OF PERSON IN CHARGE: [Handwritten Signature]

SIGNATURE OF INSPECTOR: [Handwritten Signature]

Time: [Handwritten Time]



Food Service Establishment Inspection Report

Department of Health
Bureau of Public Health Protection

SEATING CAPACITY			
PUBLIC	(1)	YES	
WATER	(2)	NO	
PUBLIC	(1)	YES	
WATER	(2)	NO	

PAGE 1 OF 1 PAGES

Type	Est. No.
02	0085

Yr.	Mo.	Day
07	12	07

Sanit. Code
0 B 2

PURPOSE
Regular
Follow-Up
Complaint
Investigation
Other
HACCP
Red Item

7-6-0-1-0-0-1

Travel Time
0:15

Inspection Time
0:30

Owner Name/Establishment Milton School Tele. No. 10380
Establ. Address Milton Road ZIP 10380

FOLLOW-UP		STATUS	
Yes	-1	2	Acceptable -1
No	-2		Unacceptable -2

PART 1: RED - CRITICAL ITEMS

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

DESCRIPTION OF VIOLATION

Noted 4 violations

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

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

DESCRIPTION OF VIOLATION

1A label three days sink for "WASH, RINSE, SANITIZE"

COMMENTS

SIGNATURE OF PERSON IN CHARGE
Janet Kraven

SIGNATURE OF INSPECTOR
[Signature]

0:30
10:00



Food Service Establishment Inspection Report
Department of Health
Bureau of Public Health Protection

PAGE 1 OF 1 PAGES

SEATING CAPACITY			
PUBLIC	(1)	YES	1
WATER	(2)	NO	
PUBLIC	(1)	YES	1
WATER	(2)	NO	

Type	Est. No.
026085	

Yr.	Mo.	Day
07	03	13

Sanit. Code
9511

PURPOSE

- Regular -1
- Follow-Up -2
- Complaint -3
- Investigation -4
- Other -5
- HACCP -6
- Red Item -7

1

Travel Time
0105

Inspection Time
0315

HACCP-10

Owner Name/Establishment MILTON SCHOOL Tele. No. _____
 Establ. Address MILTON ROAD ZIP 10580

FOLLOW-UP		STATUS	
Yes	-1	2	Acceptable -1
No	-2		Unacceptable -2

PART 1: RED - CRITICAL ITEMS

ITEM	DESCRIPTION OF VIOLATION
	These items relate directly to factors which lead to foodborne illness. These items MUST RECEIVE IMMEDIATE ATTENTION.

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

ITEM	DESCRIPTION OF VIOLATION
	These items relate to maintenance of food service operation and cleanliness. These items are to be corrected by the next regular inspection or as stated.
8D	Single service utensils i.e. plastic forks, knives improperly dispensed.
8A	Salad uncovered on display table; corrected at inspection time by covering.

COMMENTS Only salads prepared at ~~Milton~~ High Sch kitchen, all other prepared on site.

SIGNATURE OF PERSON IN CHARGE _____ SIGNATURE OF INSPECTOR O. Agredo

Time 12:20
AM
EM



Food Service Establishment Inspection Report
Department of Health
Bureau of Public Health Protection

Table with 2 columns: SEATING CAPACITY, PUBLIC, WATER. Rows for (1) YES and (2) NO.

EHP

PAGE OF PAGES

Table with 2 columns: Type, Est. No. Values: 02, 6085

Table with 3 columns: Yr., Mo., Day. Values: 06, 12, 04

Table with 2 columns: Sanit. Code. Value: 221

PURPOSE

- Regular -1
Follow-Up -2
Complaint -3
Investigation -4
Other -5
HACCP -6
Red Item -7

Table with 2 columns: Travel Time. Value: 030

Table with 2 columns: Inspec. Time. Value: 025

Owner Name/Establishment MILTON ELEMENTARY SCHOOL
Establ. Address 11 HENNETT AVENUE, RYE
ZIP

Table with 2 columns: FOLLOW-UP, STATUS. Values: 2, 1

PART 1: RED - CRITICAL ITEMS

Table with 2 columns: ITEM, DESCRIPTION OF VIOLATION. Contains text: These items relate directly to factors which lead to foodborne illness. These items MUST RECEIVE IMMEDIATE ATTENTION.

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

Table with 2 columns: ITEM, DESCRIPTION OF VIOLATION. Contains handwritten text: ITEMS ON REPORT OF 11/27/06 HAVE BEEN ADDRESSED. AWAITING BRACKET FOR ONE HANDSINK AND INSTALLATION OF CORNER GUARDS. LET THIS FORM INDICATE THAT NEW CAFETERIA IS PERMITTED TO OPERATE AND PERMIT FROM 'OLD' CAFETERIA IS TRANSFERRED TO THIS UNIT.

COMMENTS

Handwritten signature: Lou Espino

SIGNATURE OF PERSON IN CHARGE

LOU ESPINO

CONST. MGE

SIGNATURE OF INSPECTOR

Handwritten signature of inspector

Time

AM 145 PM



Food Service Establishment Inspection Report
Department of Health
Bureau of Public Health Protection

SEATING CAPACITY table with columns for PUBLIC, WATER, (1), (2), YES, NO

5108

PAGE OF PAGES

Table with columns: Type, Est. No.

Table with columns: Yr., Mo., Day

Table with columns: Sanit. Code

PURPOSE

Regular, Follow-Up, Complaint, Investigation, Other, HACCP, Red Item

-1, -2, -3, -4, -5, -6, -7

Travel Time table

Inspec. Time table

Owner Name/Establishment MILTON ELEMENTARY SCHOOL
Establ. Address 11 HEWLETT AVE RYE ZIP 10583

FOLLOW-UP STATUS
Yes -1, No -2, Acceptable -1, Unacceptable -2

PART 1: RED - CRITICAL ITEMS

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

DESCRIPTION OF VIOLATION

CONSTRUCTION INSPECTION - FOLLOWING TO BE CORRECTED PRIOR TO OPERATIONAL INSPECTION

- 1) SEAL PIPE PENETRATION THROUGH WALL - 3 BAY SINK
2) WIRE SHELVING - 6" MIN OF FLOOR
3) MOP SINK - GAP AT SINK/WALL JUNCTION
4) WALL HOLE BY EXIT DOOR - PULL STATION
5) ONE HAND SINK - LOOSE - ATTACH & SILICONE

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

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

DESCRIPTION OF VIOLATION

Handwritten signature of Lou Respino

BOB GELOMANN 813-5147

COMMENTS

SIGNATURE OF PERSON IN CHARGE

LOU RESPINO, Const. Mgr

SIGNATURE OF INSPECTOR

Handwritten signature of Bob Gelomann

Time

AM 11:00 PM 1/3

Food Service Establishment Inspection Report

Department of Health
Bureau of Public Health Protection



SEATING CAPACITY		020	0
PUBLIC	(1) YES		
WATER	(2) NO		/
PUBLIC	(1) YES		
WATER	(2) NO		/

PAGE _____ OF _____ PAGES

Type	Est. No.
026087	

Yr.	Mo.	Day
07	11	30

Sanit. Code
205

PURPOSE

Regular

Follow-Up

Complaint

Investigation

Other

HACCP

Red Item

Travel Time
020

Inspection Time
020

Owner Name/Establishment Osborne School Tele. No. _____

Establ. Address Osborne Rd N.Y. ZIP _____

FOLLOW-UP STATUS

Yes -1 Acceptable -1

No -2 Unacceptable -2

PART 1: RED - CRITICAL ITEMS

ITEM	DESCRIPTION OF VIOLATION

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

ITEM	DESCRIPTION OF VIOLATION
	No violations were found at this time of inspection

COMMENTS

SIGNATURE OF PERSON IN CHARGE

MARCISA UNIGLES.

SIGNATURE OF INSPECTOR

Time

AM

PM

Food Service Establishment Inspection Report

Department of Health
Bureau of Public Health Protection



PAGE _____ OF _____ PAGES

SEATING CAPACITY			
PUBLIC	(1)	YES	1
WATER	(2)	NO	
PUBLIC	(1)	YES	1
WATER	(2)	NO	

Type	Est. No.
026	087

Yr.	Mo.	Day
07	04	13

Sanit. Code
205

PURPOSE

- Regular -1
- Follow-Up -2
- Complaint -3
- Investigation -4
- Other -5
- HACCP -6
- Red Item -7

1

Travel Time
025

Inspection Time
050

Owner Name/Establishment Osborn School Tele. No. _____
 Establ. Address Osborn Rd. Ny ZIP _____

FOLLOW-UP		STATUS	
Yes	-1	2	Acceptable -1
No	-2		Unacceptable -2

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 operation and cleanliness.
 These items are to be corrected by the next regular inspection or as stated.

ITEM	DESCRIPTION OF VIOLATION
	<u>No Violations were found at this time of inspection</u>

COMMENTS

SIGNATURE OF PERSON IN CHARGE NANCISA URGILES

SIGNATURE OF INSPECTOR [Signature]

Time
 12:00 PM



Food Service Establishment Inspection Report
Department of Health
Bureau of Public Health Protection

SEATING CAPACITY table with columns for PUBLIC, WATER, (1), (2), YES, NO

PAGE OF PAGES

Table with columns: Type, Est. No. (026087)

Table with columns: Yr., Mo., Day (060912)

Table with columns: Sanit. Code (208)

PURPOSE

- Regular -1
Follow-Up -2
Complaint -3
Investigation -4
Other -5
HACCP -6
Red Item -7

1

Travel Time table (020)

Inspec. Time table (050)

Owner Name/Establishment: Osborn School
Establ. Address: Osborn Rd N.Y.

Tele. No.
ZIP

FOLLOW-UP STATUS table with Yes/No and Acceptable/Unacceptable options

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 operation and cleanliness.
These items are to be corrected by the next regular inspection or as stated.

ITEM DESCRIPTION OF VIOLATION

No violations were found at the time of inspection

COMMENTS

SIGNATURE OF PERSON IN CHARGE

Westchester County Health Department
Bureau of Public Health Protection
New Rochelle Central Office

SIGNATURE OF INSPECTOR

Westchester County Health Department
Bureau of Public Health Protection

Westchester County Health Department
Bureau of Public Health Protection

Time stamp: 2:32 PM 08/08



Food Service Establishment Inspection Report
Department of Health
Bureau of Public Health Protection

Table with 4 columns: Category, Count, YES, NO. Rows include Seating Capacity, PUBLIC, WATER, PUBLIC, SEWER.

PAGE 01 OF 01 PAGES

Table with 10 columns: Type, Est. No., Yr., Mo., Day, Sanit. Code, PURPOSE, Regular, Transit Time, Inspec. Time. Includes a list of PURPOSE codes from 1 to 7.

Owner Name/Establishment: RYE CITY SCHOOL DISTRICT / OSBORN SCHOOL
Establishment Address: OSBORN RD RYE
Tele. No.: (914) 967-6100
ZIP: 10580

Table with 4 columns: FOLLOW-UP, STATUS, Yes, No. Values include -1, -2, 2, 1.

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 operation and cleanliness. These items are to be corrected by the next regular inspection or as stated.

ITEM DESCRIPTION OF VIOLATION

Reinspection Date:

COMMENTS

Time In: 02:00 (PM)
Time Out: 12:00 (AM)

SIGNATURE OF PERSON IN CHARGE

SIGNATURE OF INSPECTOR

X

Westchester County Health Department
Bureau of Public Health Protection
New Rochelle Central Office
146 Huguenot Street
New Rochelle, New York 10801
913-5134

Westchester County Health Department
Bureau of Public Health Protection
Mount Kisco District Office
118 North Bedford Road Rm. 100
Mt. Kisco, NY 10549
914-864-7331

Westchester County Health Department
Bureau of Public Health Protection
Yonkers District Office
20 South Broadway
Yonkers, New York 10701
231-2875



Food Service Establishment Inspection Report
 Department of Health
 Bureau of Public Health Protection

Seating Capacity		0	9	0
PUBLIC	(1)	YES		
WATER	(2)	NO		1
PUBLIC	(1)	YES		
SEWER	(2)	NO		1

PAGE 01 OF 01 PAGES

Type	Est. No.	Yr.	Mo.	Day	Sanit. Code	PURPOSE	Regular	Transit Time	Inspec. Time
0	2 6 6 7 0	0	7	1 2 1 1	0 0 4	Regular	1	0 0 5	0 4 0
						Follow-up	2		
						Complaint	3		
						Investigation	4		
						Other	5		
						HACCP	6		
						Red Item	7		

Owner Name/Establishment RYE CITY SCHOOL DISTRICT / RYE MIDDLE SCHOOL Tele. No. (914) 867-6100
 Establishment Address 3 PARSONS STREET RYE ZIP 10580

FOLLOW-UP	STATUS
Yes -1	Acceptable -1
No -2	Unacceptable -2

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 operation and cleanliness. These items are to be corrected by the next regular inspection or as stated.

ITEM DESCRIPTION OF VIOLATION

12E Hand wash signs not provided in Employees bathroom. Corrected by providing and posting.

Reinspection Date:

COMMENTS

Counted 148 seats, not 90 seats, in dining area. Current permit shows 90 seats. Next renewal application will reflect increase in fee due to increase in seats.
 Inspection report given to person in charge this day, Georgia Kennedy, who was unable to sign due to busy lunchtime serving.

Time In: 11:50 (AM)
 Time Out: 12:30 (PM)

SIGNATURE OF PERSON IN CHARGE

X

SIGNATURE OF INSPECTOR

X

Westchester County Health Department
 Bureau of Public Health Protection
 New Rochelle Central Office
 145 Huguenot Street
 New Rochelle, New York 10801
 913-5134

Westchester County Health Department
 Bureau of Public Health Protection
 Mount Kisco District Office
 110 North Bedford Road Rm. 100
 Mt. Kisco, NY 10549
 914-864-7331

Westchester County Health Department
 Bureau of Public Health Protection
 Yonkers District Office
 20 South Broadway
 Yonkers, New York 10701
 231-2975

Food Service Establishment Inspection Report

Department of Health
Bureau of Public Health Protection



SEATING CAPACITY		
PUBLIC	(1)	YES
WATER	(2)	NO
PUBLIC	(1)	YES
WATER	(2)	NO

PAGE _____ OF _____ PAGES

Type	Est. No.
0266110	

Yr.	Mo.	Day
06	12	13

Sanit. Code
208

PURPOSE

- Regular
- Follow-Up
- Complaint
- Investigation
- Other
- HACCP
- Rnd Item

1
2
3
4
5
6
7
8
9
10
11
12

Travel Time
020

Inspec. Time
040

Owner Name/Establishment Rye Middle School Tele. No. _____
 Establ. Address Rye ZIP _____

FOLLOW-UP		STATUS	
Yes	-1	2	Acceptable -1
No	-2		Unacceptable -2

PART 1: RED - CRITICAL ITEMS

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

DESCRIPTION OF VIOLATION

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

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

DESCRIPTION OF VIOLATION

No Violations were found at this time of inspection

COMMENTS

SIGNATURE OF PERSON IN CHARGE
Jinda Byrne

SIGNATURE OF INSPECTOR
[Signature]

Time
AM
PM



Food Service Establishment Inspection Report
Department of Health
Bureau of Public Health Protection

Table with 4 columns: Category, Count, YES, NO. Rows include Seating Capacity, PUBLIC, WATER, PUBLIC, SEWER.

PAGE 01 OF 01 PAGES

Table with 10 columns: Type, Est. No., Yr., Mo., Day, Sanit. Code, PURPOSE, Regular, Transit Time, Inspec. Time. Includes a list of purposes from 1 to 7.

Owner Name/Establishment: RYE CITY SCHOOL DISTRICT / RYE HIGH SCHOOL
Establishment Address: PARSONS STREET RYE NY
Tele. No. (914) 967-6100
ZIP 10500

Table with 4 columns: FOLLOW-UP, Yes, No, STATUS, Acceptable, Unacceptable. Includes numerical values in boxes.

PART 1: RED- CRITICAL ITEMS

These items relate directly to factors which lead to foodborne illness.

These items MUST RECEIVE IMMEDIATE ATTENTION.

Table with 2 columns: ITEM, DESCRIPTION OF VIOLATION

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

These items relate to maintenance of food service operation and cleanliness.

These items are to be corrected by the next regular inspection or as stated.

Table with 2 columns: ITEM, DESCRIPTION OF VIOLATION

- List of violations including: 8A Stainless steel cleaner adjacent to cookies and disposable gloves... 10B Cardboard used to line shelving... 10B Walk-in refrigerator fan cover and ceiling noted with dust/grime... 12D Top floor-Employee bathroom door not self-closing... 12D Top floor-Hand wash signs not provided in Employees bathroom... 15B Light bulb not operating above French fry cooker... 16A Chucking poster not posted in public view...

Reinspection Date:

COMMENTS

TO CORRECT FORTHWITH,

Signed by Stephen Basteri, operator and ann dougherty, inspector.

Time In: 10:45 (AM)
Time Out: 11:45 (PM)

SIGNATURE OF PERSON IN CHARGE

Signature box with 'X' mark.

SIGNATURE OF INSPECTOR

Signature box with 'X' mark.

Westchester County Health Department
Bureau of Public Health Protection
New Rochelle Central Office
145 Huguenot Street
New Rochelle, New York 10801
914-5134

Westchester County Health Department
Bureau of Public Health Protection
Mount Kisco District Office
118 North Bedford Road Rm. 100
Mt. Kisco, NY 10549
914-864-7331

Westchester County Health Department
Bureau of Public Health Protection
Yonkers District Office
20 SOUTH BRASSWAY
Yonkers, New York 10701
212-2575



Food Service Establishment Inspection Report
 Department of Health
 Bureau of Public Health Protection

SEATING CAPACITY			210
PUBLIC	(1)	YES	
WATER	(2)	NO	
PUBLIC	(1)	YES	
WATER	(2)	NO	

PAGE _____ OF _____ PAGES

Type	Est. No.

Yr.	Mo.	Day
07	05	04

Sanit. Code
205

PURPOSE

- 1 Regular
- 2 Follow-Up
- 3 Complaint
- 4 Investigation
- 5 Other
- 6 HACCP
- 7 Red Item

Travel Time	030
-------------	-----

Inspec. Time	1:15
--------------	------

Owner Name/Establishment High School Cafeteria
 Establ. Address Union St. Rye ZIP _____

FOLLOW-UP	STATUS
Yes -1	Acceptable -1
No -2	Unacceptable -2

PART 1: RED - CRITICAL ITEMS

ITEM	DESCRIPTION OF VIOLATION

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

ITEM	DESCRIPTION OF VIOLATION
	all food items are discarded after use.
	no food items are reused after cooking.
	no pieces of mice dropping in the kitchen area.
	no cause for action.
	The above premises is clean & sanitary kitchen area.

COMMENTS

SIGNATURE OF PERSON IN CHARGE
[Handwritten Signature]

SIGNATURE OF INSPECTOR
[Handwritten Signature]

Time
 04:15 PM



Food Service Establishment Inspection Report
Department of Health
Bureau of Public Health Protection

Table with 2 columns: SEATING CAPACITY, PUBLIC, WATER. Rows include counts for YES/NO.

PAGE OF PAGES

Table with 2 columns: Type, Est. No. Values: 026086

Table with 3 columns: Yr., Mo., Day. Values: 060424

Table with 1 column: Sanit. Code. Value: 205

PURPOSE

- Regular -1
Follow-Up -2
Complaint -3
Investigation -4
Other -5
HACCP -6
Red Item -7

Table with 1 column: Travel Time. Value: 020

Table with 1 column: Inspec. Time. Value: 050

Owner Name/Establishment: Ry High School
Establ. Address: Parson St Ry
Tele. No.:
ZIP:

Table with 2 columns: FOLLOW-UP, STATUS. Values: Yes -1, No -2, Acceptable -1, Unacceptable -2

PART 1: RED - CRITICAL ITEMS

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

Table with 2 columns: ITEM, DESCRIPTION OF VIOLATION. Multiple empty rows.

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

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

Table with 2 columns: ITEM, DESCRIPTION OF VIOLATION. Handwritten entry: 15c / 11c floor kitchen under equipment not clean. All contact surfaces floor kitchen equipment must be washed down.

COMMENTS

SIGNATURE OF PERSON IN CHARGE: [Handwritten Signature]

SIGNATURE OF INSPECTOR: [Handwritten Signature]

Time: 01:15 PM



Food Service Establishment Inspection Report

Department of Health
Bureau of Public Health Protection

SEATING CAPACITY			
PUBLIC	(1)	YES	1
WATER	(2)	NO	
PUBLIC	(1)	YES	1
WATER	(2)	NO	

PAGE _____ OF _____ PAGES

Type	Est. No.
07	6086

Yr.	Mo.	Day
06	12	13

Sanit. Code
205

PURPOSE

- 1 Regular
- 2 Follow-Up
- 3 Complaint
- 4 Investigation
- 5 Other
- 6 HACCP
- 7 Red Item

1

Travel Time
010

Inspection Time
040

Owner Name/Establishment Rye High School

Tele. No. _____

Establishment Address _____

ZIP _____

FOLLOW-UP

Yes -1
No -2

STATUS

Acceptable -1
Unacceptable -2

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 operation and cleanliness.
These items are to be corrected by the next regular inspection or as stated.

ITEM	DESCRIPTION OF VIOLATION
1C	all counter surfaces & all kitchen equipment must be washed down
1D	Kitchen floor not clean under equipment

COMMENTS

Linda Byrne
SIGNATURE OF PERSON IN CHARGE

[Signature]
SIGNATURE OF INSPECTOR

Time
AM
PM



Food Service Establishment Inspection Report
Department of Health
Bureau of Public Health Protection

Table with 2 columns: Item (PUBLIC, WATER), Count (1, 2), and Status (YES, NO). Includes handwritten values for seating capacity.

PAGE OF PAGES

Table for Type and Est. No. with handwritten values 026084.

Table for Yr., Mo., Day with handwritten values 07, 04, 20.

Table for Sanit. Code with handwritten values 205.

- PURPOSE
Regular -1
Follow-Up -2
Complaint -3
Investigation -4
Other -5
HACCP -6
Red Item -7

Table for Travel Time with handwritten value 020.

Table for Inspec. Time with handwritten value 050.

Owner Name/Establishment: Lyle High School
Establ. Address: Lyle
Tele. No.:
ZIP:

Table for FOLLOW-UP STATUS with handwritten values: Yes -1 (1), No -2 (2), Acceptable -1 (2), Unacceptable -2 (2).

PART 1: RED - CRITICAL ITEMS

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

Table with columns ITEM and DESCRIPTION OF VIOLATION for Part 1.

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

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

Table with columns ITEM and DESCRIPTION OF VIOLATION for Part 2. Includes handwritten notes: 11C all counter area all kitchen equipment put back washed down, 15A kitchen floor under equipment put back.

COMMENTS

SIGNATURE OF PERSON IN CHARGE: [Handwritten Signature]

SIGNATURE OF INSPECTOR: [Handwritten Signature]

Time
AM
PM



Food Service Establishment Inspection Report
Department of Health
Bureau of Public Health Protection

SEATING CAPACITY table with columns for PUBLIC and WATER, and rows for (1) YES/NO and (2) YES/NO.

PAGE ___ OF ___ PAGES

Table with columns Type and Est. No. containing handwritten values 026670.

Table with columns Yr., Mo., Day containing handwritten values 07, 04, 30.

Table with column Sanit. Code containing handwritten value 205.

PURPOSE

- Regular -1
Follow-Up -2
Complaint -3
Investigation -4
Other -5
HACCP -6
Red Item -7

Handwritten number 1 in a box.

Table with columns Travel Time containing handwritten value 020.

Table with columns Inspec. Time containing handwritten value 050.

Owner Name/Establishment: Kip Middle School
Establ. Address: Kip
Tele. No.:
ZIP:

FOLLOW-UP STATUS
Yes -1 (1) Acceptable -1 (2)
No -2 (1) Unacceptable -2 (2)

PART 1: RED - CRITICAL ITEMS

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

Table with columns ITEM and DESCRIPTION OF VIOLATION for Part 1.

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

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

Table with columns ITEM and DESCRIPTION OF VIOLATION for Part 2, containing handwritten note: '11C all equipment must be washed down after use'.

COMMENTS

SIGNATURE OF PERSON IN CHARGE

Westchester County Health Department
Bureau of Public Health Protection
Now Rochelle Central Office

SIGNATURE OF INSPECTOR

Westchester County Health Department
Bureau of Public Health Protection
Mt. Kisco District Office

Time
AM
PM

Westchester County Health Department
Bureau of Public Health Protection



Food Service Establishment Inspection Report
Department of Health
Bureau of Public Health Protection

Table with 3 columns: SEATING CAPACITY, PUBLIC, WATER. Rows include (1) YES, (2) NO for both Public and Water.

PAGE ___ OF ___ PAGES

Table with 2 columns: Type, Est. No. Value: 026670

Table with 3 columns: Yr., Mo., Day. Value: 06 04 24

Table with 2 columns: Sanit. Code. Value: 20 J

PURPOSE

- Regular -1
Follow-Up -2
Complaint -3
Investigation -4
Other -5
HACCP -6
Red Item -7

1

Table with 2 columns: Travel Time. Value: 0 20

Table with 2 columns: Inspec. Time. Value: 0 45

Owner Name/Establishment Key Middle School
Establ. Address 3 Parson St Key
Tele. No.
ZIP

FOLLOW-UP STATUS
Yes -1 1 Acceptable -1 2
No -2 Unacceptable -2 2

PART 1: RED - CRITICAL ITEMS

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

Table with 2 columns: ITEM, DESCRIPTION OF VIOLATION. Multiple empty rows.

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

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

Table with 2 columns: ITEM, DESCRIPTION OF VIOLATION. Row 1: 11C All Counter Surfaces / all kitchen equipment must be washed down.

COMMENTS

SIGNATURE OF PERSON IN CHARGE [Signature]

SIGNATURE OF INSPECTOR [Signature]

Time [Stamp]