ERIE COUNTY DEPARTMENT OF HEALTH
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Food Service Establishment Inspection Report

NY State Sanitary Code Subpart 14-1

Establishment Information	
Facility Name Captain Of The Sea Inc	Facility Type Food Service Establishment
Facility ID # 14142041	Facility Telephone # 716 446-5622
Facility Address 3038 Bailey Avenue Suite #2 Buffalo, NY	
Licensee Name Captain Of The Sea Inc	Licensee Address 3038 Bailey Avenue Suite 2 Buffalo, NY 14215

Inspection Information		
Inspection Type Routine	Inspection Date August 29, 2012	Total Time Spent 1.00

Equipment Temperatures	
Description	Temperature (Fahrenheit)

Food Temperatures	
Description	Temperature (Fahrenheit)

OPERATOR - The following are violations found at the time of inspection. Critical violations relate directly to factors that can lead to illness or injury. Management must take steps to prevent the occurrence of these items. All violations are to be corrected and the facility is to be maintained in compliance with all applicable codes and statutes. The operator may be subject to enforcement action based on any violation noted.

Observed Critical Violations

Total # 3

14-1.10(b)(4) Toxic chemicals are improperly labeled / stored / used so that contamination of food can occur
Observation: ***(CORRECTED DURING INSPECTION):*** ortho insect spray stored above sealed gallons of tartar sauce on shelf in kitchen/no evidence of contamination
Corrective Action(s): insect spray removed from kitchen

14-1.40(a) Potentially hazardous foods not kept at 45 degrees or less during cold holding
Observation: ***(CORRECTED DURING INSPECTION):*** 10 small containers of macaroni salad and 4 small containers of cole found at 52 degrees in deli cooler
Corrective Action(s): items were discarded and adulterated with bleach

14-1.44 (critical) Adequate refrigeration facilities not provided or maintained
Observation: deli cooler not holding temp of 45 degrees or less
Corrective Action(s): cooler temperature was turned to cooler temperature

Observed Violations
Total # 2 14-1.143(c) Hand washing facility not provided with hand-cleaning soap/ acceptable hand drying devices/ proper waste receptacles Observation: no towels at hand wash in kitchen Corrective Action(s): 14-1.191. Operator failed to provide or post Workman's Compensation / Disability Benefits Insurance placard REPEAT OBSERVATION worker's comp and disability insurance information not posted Corrective Action(s):

Comments
insurance information in 8/29/11 inspection comments

A re-inspection to assess your correction of these violations will be conducted on, or about, September 05, 2012

Person In Charge: **M. A. Abdullah**

Inspector: **Lynn Ingrassia**