

Broome County Health Department · Environmental Health

Jason T. Garnar, County Executive · Rebecca A. Kaufman, MS, Director of Public Health 225 Front Street, Binghamton, NY 13905

Phone: (607)778-2887 · Fax (607) 778-3912 · www.gobroomecounty.com

## SUMMAERY OF VIOLATION

July 22, 2019

## Dear Mr. Homsombat:

During a Health Department inspections on 06/26/19, 12/10/18 and 11/28/18 at the Thai Basil Restaurant located at 29 Washington Avenue Endicott, NY by the Broome County Health Department, it has been determined that you are in violation of one or more provisions of the New York State Public Health Law, the Broome County Sanitary Code or the New York State Sanitary Code.

CODE VIOLATION	VIOLATION and DATE	MAXIMUM FINE		
New York State Sanitary Code Section 14-1.110(d)	Non-food-contact surfaces of equipment not kept clean. (6/26/19, 11/28/18)	\$500.00/day		
New York State Sanitary Code Section 14-1.170	Floors in various locations of the facility not kept clean and in good repair. (6/26/19, 12/10/18, 11/28/18)	\$500.00/day		
New York State Sanitary Code Section 14-1.113(a)	Dishwasher not operated in accordance with manufacturers' instructions. (6/26/19, 11/28/18)	\$500.00/day		
New York State Sanitary Code Section 14-1.143(c) Soap and/or paper towels not provided at hand wash station. (6/26/19, 11/28/18)		\$500.00/day		
New York State Sanitary Code Section 14-1.160	Premises not free from insects. (6/26/19, 12/10/18, 11/28/18)	\$500.00/day		

The operator admitted to said violations, corrected the violations and paid a fine of \$600.00.

	ood Service Establishment Inspection Report						
ESTABLISHMENT NAME: Thai Bril Aut.	OPERATOR'S NAME: Thai Zarel Zzc						
Address: T/V/C Z9 Washington Coc. County							
FACILITY CODE TIME BEGAN TIME END  7 - A 1 7 9 1 3 0 7 0 0							
00/1/1/1							
	nth Day Year Capacity						
	HCS ID Time spent conducting senses						
INSPECTION PRE-OPERATIONAL O COMPLAINT O FIELD VISIT O LHD/HIN							
REINSPECTION O HACCPONLY O INCIDENT O ILLNESS O NYSDOH							
1AO 1BO 1CO 1DO 1EO 1FO 1GO 1HO 2AO 2BO	2C 2D 2E 3A 3B 3C 4A 4B 4C						
5A  5B  5C  5D  5E  6A  6B  7A  7B  7C	7DO 7EO 7FO 7GO 7HO						
8A 8B 8C 8D 8E 8F 8G 9A 9B 9C 12A 12B 12C 12D 12E 13A 13B 14A 14B 14C	9D   10A   10B   11A   11B   11C   11D   15A   15B   15C   15D   16						
	Blue Violations O Required Yes No						
Item Number Corrections/Violations							
14a live and dead roo	eckes flow						
110 may lerys in low	Temp. dishwasher						
110 F Manuefacture	reguires 620 Frain						
no chown test props	er for sandezer						
in low lemps derthe	varher						
Ild avar of coopings u	nels urclean, to						
woh stove, 4 burs	er gas slove, deep						
freger picrowave							
ge not thermometer in sliding glass door							
cooler							
15a floor under some eg	ugsment renclean						
(2e no soas or paper to	itels for hand						
washing or Sland d	reging in bitchen						
15a floor dovering in ar	earl of walk-in						
cooler work build	ys on wetal factaben						
door							
signature of inspector  M. Manaieri  X	EIVED BY (SIGNATURE)						
	60555						
DOH-192 (01/13)							

	od Service Establishment Inspection Report  JBPART 14-1
ESTABLISHMENT NAME: Thai Bash o	PERATOR'S NAME:
	Broome Zip Code: 13760
03-AN79 2:30 4:00	
Office Code: Operation ID: Mon	th Day Year Capacity
03 798367 Date of Service	2 10 18
Service Type:  INSPECTION O PRE-OPERATIONAL O COMPLAINT O FIELD VISIT	HCS ID Time spent conducting service
REINSPECTION HACCP ONLY O INCIDENT O ILLNESS	ONVSDOH $M \cup U \cup $
1AO 1BO 1CO 1DO 1EO 1FO 1GO 1HO 2AO 2BO	2CO 2DO 2EO 3AO 3BO 3CO 4AO 4BO 4CO
5AO 5BO 5CO 5DO 5EO 6AO 6BO 7AO 7BO 7CO	7DO 7EO 7FO 7GO 7HO
8A  8B  8C  8D  8E  8F  8G  9A  9B  9C	9DO 10AO 10BO 11AO 11BO 11CO 11DO
12A 12B 12C 12D 12E 13A 13B 14A 14B 14C	15A 15B 15C 15D 16
	Reinspection O O Required Yes No
Item Number Corrections/Violations	
8A Buckets of rice sticks in water stored	
12C 3 bay sink faucet unable to reach night	t and left bays
14A Cockroaches observed, dead and alive,	on floor behind prep cooler, on
exterior of prep cooler and dishwas	her, in under counter cabinets.
15A Wall damaged behind dishwasher.	·
Sheet rock/dry wall missing along	section of wall by woh store
Walk-in cooler floor Hes damage	ed
15B Walk-in cooler floor Hes damage	
CIONATUDE OF INCREATOR	
SIGNATURE OF INSPECTOR	ED BY (SIGNATURE)

60555

Burea	au of Commun	ity Environmenta	l Health and Foo	d Protection		SU	BPART	14-1				•	-	
ESTABLISHMENT NAME: Their Boas H														
Address: T/V			nington	Ave		_ County:_	Br	ממשפ	e	Zip (	Code:	13	760	
	ITY CODE	<u> </u>	IME BEGAN		TIME END	1		Pag	ae l	of.	3			
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03		987	b (a 7	Date	of Servic	ce		28	<u> </u>	8 HCS	ın	L		
Service T INSPEC		PRE-OPERAT	IONAL ()	COMPLAINT	FIE	LD VISIT (		LHD/H					ime spent con	ducting service
REINSPEC	TION ()	HACCE	ONLY	INCIDENT	0 1	ILLNESS	0	NYSDO	он [М	0 2	_ 0	<u>5</u> ] [	か hr hr	min min
1A() 1B(	) 100	1D() 1E(	) 1F() 10	iO 1HO	2A()	2B()	2C 🔾	2D()	2E()	за	3B()	3C 🔾	4A O 4	
5A() 5B(	) 5C()	5D() 5E()	6A 6E	O 7AO	7B()	7C()	7D()	7E()	7F()	7G()	7H()	75-24 3 - 154	E ELECTRICAL	1.071.+ 1.071.+
8A () 8B (	) 8C ()	8D 8EC	8F() 8G	O 9AO	9B 🔾	9C (	9D 🔿	10A 🔾	10B ()	11A()	11B()	11C (	11D 🔾	10.00
12A 🔾 12B 🤇	) 1200	12D	13A 🔾 13B	O 14AO	14B()	14C 🔾	15A()	15B 🔾	15C (	15D 🔾	160		. E	
Number of Red			otal Red Viola		Nu	ımber of B		tions		2	_	Reinspec	_	0
Foun	nd	034	Not Correct		5	Foi	und		12	<u> </u>	F	Required	Yes	No
Item Number	1		0 1	. 4	ctions/Violat		- 3		1/ .		)	<u> </u>	1	
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	mold		Λ	<i>(</i>	9	9	<u> </u>		- O-					
	~ cor	recked	volent	todly a	4130	aroses	py	ope	COTTON					
2A	219 Prep table previously used for preparing raw chrotien cleaned with a													
110	I'C wet ray only by operator, no sanifizing or washing after prep.													
•	- corr	ected:	gul face	e coo	thed	ond	Sec	NH.	zel					
33	food	worker	observe	ed wa	String	e hon	d5 i	WHI	hood	50 ay	) or	pape	of Sowe	ls
	offer	handling	g raw	chiche	n an	dbe	lere.	cent	กบกบ	y F	od p	orep.	ofra	w
ofter handling raw chirchen and before continuing God prep of raw chirchen. Switching tasks														
	- corr	recked:	educas	ten pro	ride	ed, u	ioshe	er pi	opal	y cei	zeshe	d ha	nds_	
5C 1	Apprexi	motely	2 dore	en into	et 6	hell e	995	oh	sene	dest	wed	en	hot	
	water	heater	with	a fen	pero	tere	sea O	ing	of C	805	for	- mei	re than	2 hrs
	- come	eched: vo	lentard	la di30	carde	ed bo	y on	enso	/					
5E	Wash-	n coo	ter for	not	onesc	stmer.	ner i	Mero	Jor.	5M	ce	11/27	118	
	6 con	tomes c	of Ameri	wee Ver	hed C	sarbe	chie	ard	at 5	o°F.	Han	Mens	of so	met
6 containers of America Persed Garte observed at 50°F, 4 gallens of sprouts in water at 49°F, Blocks of soy in water at 49°F, 300 in tack shell														
eggs observed at 48°F.														
- corrected: voluntarity discarded by operator														
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NEW YORK STATE DEPARTMENT OF HEALTH

Food Service Establishment Inspection Report

**Inspection Continuation Sheet** NEW YORK STATE DEPARTMENT OF HEALTH NAME OF FACILITY NAME OF INDIVIDUAL RECEIVING REPORT nae Page SAMPLES: Type and Number of INSPECTION DATE MO. INSPECTION TIME START CIP OT TYPE OF FACILITY PART 1: CRITICAL ITEMS PART 2: SANITATION, OPERATION AND MAINTENANCE ITEMS These items relate directly to factors that lead to injury and illness. These items must be corrected immediately. These items are to be corrected by the next inspection or as **DESCRIPTION OF VIOLATION** ITEM **DESCRIPTION OF VIOLATION** REMARKS: GENERAL, NON-VIOLATION COMMENTS INSPECTION BY: (Signature) REPORT RECEIVED BY: (Signature) DATE: GEN - 512