



State of New York
County of Broome Government Offices

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

SUMMARY OF VIOLATION

July 22, 2019

Dear Mr. Gregory MacBlane:

During Health Department inspections on **6/19/19, 5/17/18, 4/25/17, 6/3/16, 5/25/16 and 8/24/15** at the **Charley's Lounge** located at 272 Harry L Drive Johnson City, 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 14-1.143(b)	Handwashing facility not supplied with running hot and cold or tempered water. (6/19/19, 4/25/17, 8/24/15)	\$500.00
New York State Sanitary Code, Section 14-1.150(c)	Garbage and refuse containers stored outside the establishment not provided with tight-fitting lids. (6/19/19, 5/17/18, 4/25/17)	\$500.00
New York State Sanitary Code, Section 14-1.170	Floors not maintained clean. (6/19/19, 5/17/18, 4/25/17, 5/25/16)	\$500.00
New York State Sanitary Code, Section 14-1.175	Ventilation inadequate, dirty ventilation hoods. (6/19/19, 4/25/17, 6/3/16, 5/25/16, 8/24/15)	\$500.00

The operator admitted to said violations, corrected the violations and paid a fine of \$750.00.

ESTABLISHMENT NAME: Chadley's Lounge OPERATOR'S NAME: GMAE Enterprises, Inc.
Address: T/VIC 272 Harry L Dr County: Broome Zip Code: 13790

FACILITY CODE: 03-AA24 TIME BEGAN: 2:15 TIME END: 3:15

Office Code: 03 Operation ID: 256078 Date of Service: Month 06 Day 19 Year 79 Capacity:

Service Type: INSPECTION PRE-OPERATIONAL COMPLAINT FIELD VISIT LHD/HIN NYSDOH
REINSPECTION HACCP ONLY INCIDENT ILLNESS HCS ID: mjl05 Time spent conducting service: 01 hr 00 min

1A	1B	1C	1D	1E	1F	1G	1H	2A	2B	2C	2D	2E	3A	3B	3C	4A	4B	4C
5A	5B	5C	5D	5E	6A	6B	7A	7B	7C	7D	7E	7F	7G	7H				
8A	8B	8C	8D	8E	8F	8G	9A	9B	9C	9D	10A	10B	11A	11B	11C	11D		
12A	12B	12C	12D	12E	13A	13B	14A	14B	14C	15A	15B	15C	15D	16				

Number of Red Violations Found: 00 Total Red Violations Not Corrected: 00 Number of Blue Violations Found: 08 Reinspection Required: Yes No

Item Number	Corrections/Violations
8A	Mold, mildew residue on outside of containers of dressings in walk-in cooler
11C	Mold, mildew buildup in ice machine
12A	Cold water not readily available at 3 bay sink
12D	Men's restroom door not self closing
12E	Hand soap and disposable towels not available at kitchen handwashing sink
13A	Outdoor garbage cans observed without lids
15A	Ceiling damaged in kitchen above 3 bay sink Several ceiling tiles with water damage in kitchen and dining area
15B	Grease and debris accumulation in ventilation hood
15A	Food, grease and debris accumulation on floor around frier unit
15B	Mold, mildew, debris accumulation on compressor unit of walk-in cooler

Note: Fines will be issued for this and prior inspections

SIGNATURE OF INSPECTOR: [Signature] R. Hamlin

RECEIVED BY (SIGNATURE): [Signature] Chef Stewart



ESTABLISHMENT NAME: Charley's Lounge OPERATOR'S NAME: Greg MacBlane
Address: T/V/C 272 Harry L Jr County: Broome Zip Code: 13790

FACILITY CODE: 03-AA24 TIME BEGAN: 2:15 TIME END: 3:15

Office Code: 03 Operation ID: 296078 Date of Service: Month 05 Day 17 Year 18 Capacity:

Service Type: INSPECTION PRE-OPERATIONAL COMPLAINT FIELD VISIT LHD/HIN NYSDOH
REINSPECTION HACCP ONLY INCIDENT ILLNESS HCS ID: mjl05 Time spent conducting service: 01 hr 00 min

1A	1B	1C	1D	1E	1F	1G	1H	2A	2B	2C	2D	2E	3A	3B	3C	4A	4B	4C
5A	5B	5C	5D	5E	6A	6B	7A	7B	7C	7D	7E	7F	7G	7H				
8A	8B	8C	8D	8E	8F	8G	9A	9B	9C	9D	10A	10B	11A	11B	11C	11D		
12A	12B	12C	12D	12E	13A	13B	14A	14B	14C	15A	15B	15C	15D	16				

Number of Red Violations Found: 00 Total Red Violations Not Corrected: 00 Number of Blue Violations Found: 07 Reinspection Required: Yes No

Item Number	Corrections/Violations
10B	Walk-in cooler door heavily damaged, not adequately sealed
11D	Food and debris buildup in kitchen refrigerator
13B	Garbage cans stored outside observed without lids
14A	Rat droppings observed in basement in alcohol storage room
14B	Basement door to exterior not adequately sealed. Various walls in basement heavily damaged, daylight observed through gaps in wall.
15A	Grease and debris buildup on floor behind fryer unit and stove in kitchen
15A	Ceiling tiles observed with water damage, buckling and missing tile in kitchen. Water damaged ceiling tiles in dining area
	-Burke Pest Control used for pest management. Owner instructed by Burke to not repair damaged walls and door until rodent problem is resolved.

SIGNATURE OF INSPECTOR: [Signature] RECEIVED BY (SIGNATURE): Greg MacBlane

ESTABLISHMENT NAME: Charley's Lounge OPERATOR'S NAME: Cliff Stewart
Address: T/V/C 272 Harry E Jr County: Broome Zip Code: 13760

FACILITY CODE: 03-AA24 TIME BEGAN: 2:30 TIME END: 3:30

Office Code: 03 Operation ID: 256078 Month: 04 Day: 25 Year: 17 Capacity:
Date of Service

Service Type: INSPECTION PRE-OPERATIONAL COMPLAINT FIELD VISIT LHD/HIN NYSDOH
REINSPECTION HACCP ONLY INCIDENT ILLNESS
HCS ID: MJL05 Time spent conducting service: 01 hr 00 min

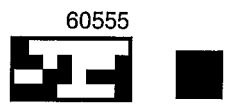
1A	1B	1C	1D	1E	1F	1G	1H	2A	2B	2C	2D	2E	3A	3B	3C	4A	4B	4C
5A	5B	5C	5D	5E	6A	6B	7A	7B	7C	7D	7E	7F	7G	7H				
8A	8B	8C	8D	8E	8F	8G	9A	9B	9C	9D	10A	10B	11A	11B	11C	11D		
12A	12B	12C	12D	12E	13A	13B	14A	14B	14C	15A	15B	15C	15D	16				

Number of Red Violations Found: 01 Total Red Violations Not Corrected: 00 Number of Blue Violations Found: 14 Reinspection Required: Yes No

Item Number	Corrections/Violations
13B	Garbage cans uncovered, no lids
14B	Rear door not adequately sealed. Basement door not adequately sealed
8E	Thermometer not available in refrigerator
15A	Grease and debris accumulation on floor in kitchen
15A	Grease and debris accumulation on wall behind fryer units.
15B	Grease and debris accumulation in ventilation hood
11D	Sides of fryer unit unclean, grease accumulation. Food buildup in microwave. Mold accumulation on compressor unit in walk-in cooler. Sides of 3 bay sink unclean.
15A	Walk-in cooler floor damaged, not easily cleanable.
15C	Litter accumulation in basement.
9B	Evidence of smoking observed in basement, cigarette butts observed.
11C	Mold/mildew accumulation in ice machine
12A	No cold water available at 3 bay sink
15A	Floor and wall in disrepair in women's restroom.
2E	Probe thermometer not used. Still in package
11A	Sanitizer tablets not available

SIGNATURE OF INSPECTOR: [Signature]

RECEIVED BY (SIGNATURE): Cliff Stewart



ESTABLISHMENT NAME: Charley's Lounge OPERATOR'S NAME: Grey MacBlane
Address: T/V/C 272 Hamlet Drive County: Broome Zip Code: _____

FACILITY CODE: 03-AA24 TIME BEGAN: 1:30 TIME END: 2:00

Office Code: 03 Operation ID: 250078 Month: 06 Day: 03 Year: 16 Capacity: _____
Date of Service

Service Type: INSPECTION PRE-OPERATIONAL COMPLAINT FIELD VISIT LHD/HIN
REINSPECTION HACCP ONLY INCIDENT ILLNESS NYSDOH
HCS ID: m i l 0 5 Time spent conducting service: 00 30
hr hr min min

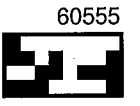
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5A <input type="radio"/>	5B <input type="radio"/>	5C <input type="radio"/>	5D <input type="radio"/>	5E <input type="radio"/>	6A <input type="radio"/>	6B <input type="radio"/>	7A <input type="radio"/>	7B <input type="radio"/>	7C <input type="radio"/>	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 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 type="radio"/>	15B <input type="radio"/>	15C <input type="radio"/>	15D <input type="radio"/>	16 <input type="radio"/>					

Number of Red Violations Found: 00 Total Red Violations Not Corrected: 00 Number of Blue Violations Found: 03 Reinspection Required: Yes No

Item Number	Corrections/Violations
15B	Grease and debris accumulation in ventilation hood
14B	Basement door not adequately sealed - minor repairs made since last inspection, contractor will finish repairs
15A	Floor and wall in disrepair in women's restroom

SIGNATURE OF INSPECTOR: [Signature]

RECEIVED BY (SIGNATURE): [Signature]



ESTABLISHMENT NAME: Charley's Lounge OPERATOR'S NAME: Cliff Stewart
Address: T/V/C 272 Harry Dr County: Bronx Zip Code: 13740

FACILITY CODE: 03 AA24 TIME BEGAN: 3:15 TIME END: 4:00

Office Code: 03 Operation ID: 256078 Date of Service: Month 05 Day 25 Year 16 Capacity:

Service Type: INSPECTION PRE-OPERATIONAL COMPLAINT FIELD VISIT LHD/HIN NYSDOH
 REINSPECTION HACCP ONLY INCIDENT ILLNESS HCS ID: m j 2 05 Time spent conducting service: 00 hr 45 min

1A	1B	1C	1D	1E	1F	1G	1H	2A	2B	2C	2D	2E	3A	3B	3C	4A	4B	4C
5A	5B	5C	5D	5E	6A	6B	7A	7B	7C	7D	7E	7F	7G	7H				
8A	8B	8C	8D	8E	8F	8G	9A	9B	9C	9D	10A	10B	11A	11B	11C	11D		
12A	12B	12C	12D	12E	13A	13B	14A	14B	14C	15A	15B	15C	15D	16				

Number of Red Violations Found: 01 Total Red Violations Not Corrected: 01 Number of Blue Violations Found: 15 Reinspection Required: Yes No

Item Number	Corrections/Violations
12E	Handwash sink / three bay sink in kitchen filled with boxes, not accessible for handwashing or dishwashing
15A	Grease and debris accumulation on floor in kitchen
8E	Thermometer not available in kitchen refrigerator
2E	Accurate thermometer not available to evaluate potentially hazardous foods
11D	Food and debris accumulation on stove and fryer unit
13B	Grease and debris accumulation in ventilation hood
15C	Bag of grout, mortar and power tool present in kitchen
14B	Basement door not adequately sealed
15C	Litter accumulation in basement
11D	Food and debris accumulation in bottom of refrigerator
12C	Three bay sink not cleaned or maintained
11C	Debris accumulation in soda gun dispenser nozzle
12E	Handwashing soap not available in women's restroom
15A	Floor and wall in disrepair in women's restroom
13A	Covered trash can not available in women's restroom
8B	Ice scoop improperly stored

SIGNATURE OF INSPECTOR: [Signature]

RECEIVED BY (SIGNATURE): [Signature]



ESTABLISHMENT NAME: Charlie's Lounge OPERATOR'S NAME: CLIFF STEWART
Address: T/V/C 878 Hargett Drive Johnson City County: Broom Zip Code: 13790

FACILITY CODE: 03-AA24 TIME BEGAN: 3:45 TIME END: 4:15

Office Code: 03 Operation ID: 256078 Month: 08 Day: 24 Year: 15 Capacity:

Service Type:
 INSPECTION PRE-OPERATIONAL COMPLAINT FIELD VISIT LHD/HIN
 REINSPECTION HACCP ONLY INCIDENT ILLNESS NYSDOH
 HCS ID: MJLC05 Time spent conducting service: 00 hr 30 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 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 checked="" type="radio"/>	11B <input type="radio"/>	11C <input checked="" type="radio"/>	11D <input type="radio"/>		
12A <input checked="" type="radio"/>	12B <input type="radio"/>	12C <input type="radio"/>	12D <input checked="" 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 type="radio"/>	15B <input checked="" type="radio"/>	15C <input checked="" type="radio"/>	15D <input type="radio"/>	16 <input type="radio"/>				

Number of Red Violations Found: 00 Total Red Violations Not Corrected: 00 Number of Blue Violations Found: 06 Reinspection Required: Yes No

Item Number	Corrections/Violations
11C	Debris buildup in soda dispenser, mold/mildew buildup in ice machine
15B	Debris buildup in ventilation hood Mold/mildew buildup in ice machine
15C	Cardboard boxes and bags of cans littered in basement
10A	Running water not provided in kitchen
12D	Mossy covered trash receptacle from women's restroom
11A	Mossy sanitizer tablets

SIGNATURE OF INSPECTOR: [Signature] RECEIVED BY (SIGNATURE): Cliff Stewart