

COMPLAINT NO. \_\_\_\_\_

LOCATION  (T)  (M) FACILITY PROGRAM CODE

*Rye Island*

PREMISE NAME: *Hen Island* TEL. NO. DATE *9/15/2012*

PREMISE ADDRESS: *Long Island Sound Rye, NY*

OWNER/OPERATOR NAME: TEL. NO. TIME AR. *10:00 AM* TIME LV. *12:30 PM*

REGULAR	FINDINGS	
<input checked="" type="checkbox"/> FOLLOW-UP	<p><i>Performed a re-inspection at above location.</i></p> <p><i>Upon arrival myself and M. Boda met with home owners on the South Island. Home owners were represented by Mr Benjamin Minaid (President of the board).</i></p> <p><i>Inspection showed address in question #33 &amp; #34 all standing water issues were corrected. NO further concerns were observed.</i></p> <p><i>Re-inspection of North Island showed address #2 &amp; #14 all standing water issues were corrected. NO further concerns were observed.</i></p> <p><i>Seven (7) home owner present during re-inspection on North Island.</i></p>	RATING
<input type="checkbox"/> COMPLAINT		UNSATISF. 1ST VISIT
<input type="checkbox"/> INVESTIGATION		N.C.F.A. <input checked="" type="checkbox"/>
<input type="checkbox"/> OTHER INSPECTION		CONTINUED UNSATISF.
<input type="checkbox"/> FIELD CONF.		MINOR REMOVED
<input type="checkbox"/> TRAINING REC'D		MAJOR REMOVED
<input type="checkbox"/> PHE		ALL REMOVED
<input type="checkbox"/> MEETING		FOOD
<input type="checkbox"/> LEGAL APP		WATER
<input type="checkbox"/> NOT INSPECTED		UTENSIL SWAB
<input type="checkbox"/> VOL DESTROY'D	FROZEN DESSERT	
<input type="checkbox"/> EMBARGO	LEAD	
<input type="checkbox"/> CONDEMNED	SEWAGE	
	AIR	
	AVC	
	ASBESTOS	
	STOOL	
	OTHER	

SIGNATURE OF PERSON IN CHARGE TITLE SIGNATURE OF INSPECTOR TITLE  
*John C. Ruggiero / Sanitarian*

NAME OF PERSON IN CHARGE (PRINT)