



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

During a Health Department inspections on 9/21/17, 6/2/17, 4/21/17 and 3/31/17 at the **Great Wall Chinese Take-Out** located at 1250 Front Street, Binghamton, 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 14-1.40(a)	Potentially hazardous foods not stored at 45°F or below or 140°F or above. (9/21/17, 4/21/17)	\$500.00/day
New York State Sanitary Code, Section 14-1.10 (b)(1)	Food is present in the establishment that is unfit for human consumption. (4/21/17, 3/31/17)	\$500.00/day
New York State Sanitary Code Section 14-1.40(c)	Intact shell not stored 45°F or below. (3/31/17)	\$500.00/day
New York State Sanitary Code Section 14-1.160	Insects present in establishment. Evidence of rodents. (9/21/17, 6/2/17, 4/21/17)	\$500.00/day
New York State Sanitary Code Section 14-1.143 (b) and (d)	Handwashing facility in kitchen lacking water and not maintained. (4/21/17, 3/31/17)	\$500.00/day
New York State Sanitary Code Section 14-140(a)	Plumbing in establishment not maintained. (9/21/17, 6/2/17, 4/21/17, 3/31/17)	\$500.00/day

The owner/operator was required to appear at a hearing scheduled on January 12, 2018 at 10:00am. The designated hearing officer rendered a written decision following the hearing. An Administrative Order was sent to the owner/operator. This Administrative Order directed the owner/operator to pay a fine and correct the violations.

ESTABLISHMENT NAME: Great Wall Chinese Take-Out OPERATOR'S NAME: Ni Zhao Xi
Address: TV/C 1250 Front St County: BROOME Zip Code: 13905

FACILITY CODE: 03AD35 TIME BEGAN: 2:30 TIME END: 3:30

Office Code: 03 Operation ID: 258361 Date of Service: Month 09 Day 21 Year 17 Capacity:

Service Type: INSPECTION PRE-OPERATIONAL COMPLAINT FIELD VISIT LHD/HIN NYSDOH REINSPECTION HACCP ONLY INCIDENT ILLNESS

HCS ID: m j l o 5 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: 02 Total Red Violations Not Corrected: 00 Number of Blue Violations Found: 07 Reinspection Required: Yes No

Item Number	Corrections/Violations
6A	Approximately 5 pounds of cooked rice observed with temperature of 100°F in rice warmer at service counter for less than 2 hours. - corrected: rapidly reheated by operator
8E	No thermometer in prep cooler
15A	Floor under frier unclean, grease buildup
1H	Unknown sauce at work stove observed with 3 dead flies in it - corrected: voluntarily discarded by operator
14A	Flies present in kitchen, mouse droppings observed under prep cooler
14B	Front and back door to kitchen left open
12C	Hot water faucet on right side of 3 bay sink not functioning
12E	No paper towels in restroom
11A	Sanitizer not used in dishwashing method

SIGNATURE OF INSPECTOR: *[Signature]* RECEIVED BY (SIGNATURE): Ni Zhao Xi

Ni Zhou Xi

ESTABLISHMENT NAME: Great Wall Chinese Take-Out OPERATOR'S NAME: _____

Address: T/V/C 1250 Front St County: Broome Zip Code: 13905

FACILITY CODE: 03-AD35 TIME BEGAN: 1:30 TIME END: 2:15

Office Code: 03 Operation ID: 258361 Date of Service: Month 06 Day 02 Year 17 Capacity: _____

Service Type: INSPECTION PRE-OPERATIONAL COMPLAINT FIELD VISIT LHD/HIN
REINSPECTION HACCP ONLY INCIDENT ILLNESS NYSDOH

HCS ID: mjl05 Time spent conducting service: 02 hr 45 min

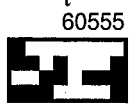
1A	1B	1C	1D	1E	1F	1G	1H	2A	2B	2C	2D	2E	3A	3B	3C	4A	4B	4C
5A	5B	5C	5D	5E	6A	6B	7A	7B	7C	7D	7E	7F	7G	7H				
8A	8B	8C	8D	8E	8F	8G	9A	9B	9C	9D	10A	10B	11A	11B	11C	11D		
12A	12B	12C	12D	12E	13A	13B	14A	14B	14C	15A	15B	15C	15D	16				

Number of Red Violations Found: 00 Total Red Violations Not Corrected: 00 Number of Blue Violations Found: 05 Reinspection Required: Yes No

Item Number	Corrections/Violations
8A	Food stored in direct contact with grocery bags. Egg rolls stored in contact with frost in standup freezer unit.
12A	Cold water not available at handwashing sink in employee restroom
12C	Employee restroom handwashing sink in disrepair. Grease trap for three bay sink damaged
14B	Rear door to facility not adequately sealed
14A	Rodent droppings observed in various locations in kitchen
12A	Hot water not available at right faucet for 3 bay sink

SIGNATURE OF INSPECTOR: _____

RECEIVED BY (SIGNATURE): Ni Zhou Xi



ESTABLISHMENT NAME: Great Wall Chinese Take-out OPERATOR'S NAME: Ni Zhou Xi
Address: T/V/C 1290 Front St County: Broome Zip Code: 13909

FACILITY CODE: 03-AD35 TIME BEGAN: 10:30 TIME END: 12:00
Office Code: 07 Operation ID: 258361 Date of Service: Month 04 Day 21 Year 17 Capacity:

Service Type:
INSPECTION PRE-OPERATIONAL COMPLAINT FIELD VISIT LHD/HIN
REINSPECTION HACCP ONLY INCIDENT ILLNESS NYSDOH
HCS ID: mjl05 Time spent conducting service: 01 hr 30 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: 04 Total Red Violations Not Corrected: 00 Number of Blue Violations Found: 1+3 Reinspection Required: Yes No

Item Number	Corrections/Violations
5A	Various foods in top of prep cooler observed with temperatures at 50°F for an unknown period of time. - corrected: voluntarily discarded by operator
6A	Approximately 5 pounds of cooked rice observed with temperature of 82°F in rice cooker behind service counter. - corrected: voluntarily discarded by operator
1H	Approximately 1 pound of carrots in prep cooler, pre-sliced, observed with mold. - corrected: voluntarily discarded by operator
1H	Approximately 5 heads of lettuce observed rotting, spoiled in walk-in cooler. - corrected: voluntarily discarded by operator
10B	Rice cooker by prep table with damaged handle.
11D	Prep cooler with food and debris accumulation inside and on doors of unit
15A	Grease accumulation on floor under fryer units. Kitchen floor unclear, sticky.
8A	Food uncovered in prep cooler. Food stored in direct contact with grocery bags in multiple freezer units. Egg rolls stored in contact with frost in freezer sink. Food stored in direct contact with freezer chest lid during preparation. Dry ingredients by hot water tank left in open bags.
12E	Items stored in handwashing sink in kitchen

SIGNATURE OF INSPECTOR: [Signature] RECEIVED BY (SIGNATURE): Ni Zhou Xi

Inspection Continuation Sheet

NAME OF FACILITY <i>Great Wall Chinese Take-Out</i>				NAME OF INDIVIDUAL RECEIVING REPORT			Page <i>2</i> of <i>2</i>			
SAMPLES: Type and Number				INSPECTION DATE	MO.	DAY	YR.	INSPECTION TIME	START	FINISH
					<i>01</i>	<i>21</i>	<i>17</i>	<i>10:30</i>		
TYPE OF FACILITY										

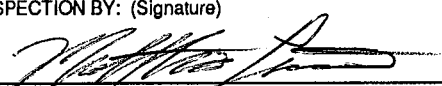
PART 1: CRITICAL ITEMS
 These items relate directly to factors that lead to injury and illness. These items must be corrected immediately.

ITEM	DESCRIPTION OF VIOLATION

PART 2: SANITATION, OPERATION AND MAINTENANCE ITEMS
 These items are to be corrected by the next inspection or as stated.

ITEM	DESCRIPTION OF VIOLATION
<i>12A</i>	<i>Water not available at handwashing sink in kitchen. Cold water not available at handwashing sink in employee restroom</i>
<i>12C</i>	<i>Employee restroom handwash sink leaking, in disrepair. Grease trap for three bay sink in disrepair.</i>
<i>13B</i>	<i>Dumpster lid left open</i>
<i>14B</i>	<i>Rear door to facility left open. Rear door not adequately sealed.</i>
<i>14A</i>	<i>Rodent droppings observed in various locations in kitchen.</i>
<i>14C</i>	<i>Poison bait pellets observed by freezer chest in kitchen.</i>
<i>10B</i>	<i>Can opener cutting wheel/blade rust accumulation</i>
<i>11A</i>	<i>Sanitizing with chemical not hot water not being utilized in dishwashing</i>

REMARKS: GENERAL, NON-VIOLATION COMMENTS

INSPECTION BY: (Signature)


REPORT RECEIVED BY: (Signature) DATE:
Ni zhao Xi _____

ESTABLISHMENT NAME: Great Wall Chinese Restaurant OPERATOR'S NAME: Zhen Xiu Jiu
Address: T/V/C 1250 Front St. County: Broome Zip Code: 13905

FACILITY CODE: 03-AD35 TIME BEGAN: 11:10 TIME END: 12:05

Office Code: 03 Operation ID: 0258361 Date of Service: Month 03 Day 31 Year 17 Capacity:

Service Type:
INSPECTION PRE-OPERATIONAL COMPLAINT FIELD VISIT LHD/HIN NYSDOH
REINSPECTION HACCP ONLY INCIDENT ILLNESS

HCS ID: mxm07 Time spent conducting service: 01 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 checked="" 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 checked="" 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 checked="" type="radio"/>	12B <input type="radio"/>	12C <input type="radio"/>	12D <input type="radio"/>	12E <input checked="" type="radio"/>	13A <input type="radio"/>	13B <input type="radio"/>	14A <input type="radio"/>	14B <input type="radio"/>	14C <input checked="" type="radio"/>	15A <input type="radio"/>	15B <input checked="" type="radio"/>	15C <input type="radio"/>	15D <input type="radio"/>	16 <input type="radio"/>				

Number of Red Violations Found: 02 Total Red Violations Not Corrected: 00 Number of Blue Violations Found: 05 Reinspection Required: Yes No

Item Number	Corrections/Violations
11d	debris accumulation in drip pans to work stove
12e	hardwork sink inaccessible, blocked by nails and cardboard canisters, no hot water to facility - gas pipe to water heater disconnected
14c	open bait stations found
5e	walk-in cooler found turned off - partial case of whole shell eggs found in this walk-in cooler, several cracked, temperature found at 53°F - due to language barrier, could not determine how long walk-in cooler was off - eggs embargoed
1h	2 moldy pineapples found in walk-in cooler - pineapple discarded
15b	many hood hood filters missing in hood

SIGNATURE OF INSPECTOR: M. Mancini / M. Lane

RECEIVED BY (SIGNATURE): X Ni Zhou Xi

