Broome County Health Department
Environmental Health Services
Debra A. Preston, County Executive . Claudia A. Edwards, MS, Public Health Director
225 Front Street . Binghamton, New York 13905
Phone: (607) 778-2887 . Fax: (607) 778-3912 . www.gobroomecounty.com

SUMMARY OF VIOLATION

During Health Department inspections on **7/2/14, 4/8/14, 3/26/14, 11/12/13, 10/30/13, 8/13/13 and 8/5/13** at **Hibachi Grill and Sushi Supreme Buffet** located at **2433 Vestal Parkway East, Vestal, 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 14-1.33(b)	Shellfish tags not retained for 90 days. (4/8/14, 3/26/14, 8/5/13)	$500.00/day
New York State Sanitary Code Section 14-1.32	Canned foods found damaged. (3/26/14, 10/30/13, 8/5/13)	$500.00/day
New York State Sanitary Code Section 14-1.40(a)	Potentially hazardous food not held at or above 140°F. (7/2/14)	$500.00/day
New York State Sanitary Code Section 14-1.90	Equipment such as fryer baskets and cutting boards found damaged or in poor condition. (7/2/14, 3/26/14, 11/12/13, 10/30/13, 8/13/13, 8/5/13)	$500.00/day
New York State Sanitary Code Section 14-1.170	Floors found to be wet and slippery in several locations. (7/2/14, 3/26/14, 10/30/13, 8/13/13, 8/5/13)	$500.00/day

The owner/operator admitted the said violations corrected the violations and paid a stipulation fine.

NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Community Environmental Health and Food Protection

Food Service Establishment Inspection Report

SUBPART 14-1

ESTABLISHMENT NAME: Wabachi Grill and Sushi Supreme Buffet OPERATOR'S NAME: Wabachi Grill and Sushi Supreme Buffet

Address: T/V/C 2433 Vestal Pkwy. E. County: Broome Zip Code: 13850

FACILITY CODE	TIME BEGAN	TIME END
03-AF61	1:50	2:45

Office Code: 03 Operation ID: 0256654 Date of Service: Month 07 Day 02 Year 14 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○	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: 11 Reinspection Required: ● Yes ○ No

Item Number	Corrections/Violations
10a	deep fryer baskets damaged
12c	no soap or paper towels for hand washing
+12c	or hand drying at designated handwash sink
+15a	in kitchen, handwash sink unclean, floor wet and slippery in areas of kitchen floor unclean under wok stove and in chicken walk-in cooler
11a	no chlorine test papers to test sanitizer in low temp. dishwasher found but wet
12c	plumbing behind dishwasher leaks
~~12c~~	~~no paper towels for hand drying in grill area~~
8b	spatular stored in standing water in grill area
14b	~~covers on~~ waste grease receptacle and dumpster left open

SIGNATURE OF INSPECTOR: M. Mancini

RECEIVED BY (SIGNATURE): X

60555

DOH-192 (12/11)

NEW YORK STATE DEPARTMENT OF HEALTH

Inspection Continuation Sheet

NAME OF FACILITY: Hibachi Grill and Sushi Supreme Buffet	NAME OF INDIVIDUAL RECEIVING REPORT	Page 2 of 2
SAMPLES: Type and Number	INSPECTION DATE MO. 07 DAY 02 YR. 14	INSPECTION TIME START 1150 FINISH 1245
	TYPE OF FACILITY: Restaurant	

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
6a	fried dumplings found in buffet at 90-95°F hot hold, this TCS food must be hot held at 140°F min, it could not be determined how long these dumplings had been out - discarded

PART 2: SANITATION, OPERATION AND MAINTENANCE ITEMS

These items are to be corrected by the next inspection or as stated.

ITEM	DESCRIPTION OF VIOLATION
10a	plastic cutting board in grill area rough
12e	no paper towels for hand drying in beverage area

REMARKS: GENERAL, NON-VIOLATION COMMENTS

INSPECTION BY: (Signature) M. Mancini

REPORT RECEIVED BY: (Signature) X

DATE:

DOH - 1331(4/87)

GEN - 512

NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Community Environmental Health and Food Protection

Food Service Establishment Inspection Report

SUBPART 14-1

ESTABLISHMENT NAME: Hibachi & Sushi Supreme OPERATOR'S NAME: Tim Chen

Address: T/V/C 2433 Vestal Parkway County: Broome Zip Code: 13850

FACILITY CODE	TIME BEGAN	TIME END
AF61	1:30	2:00

Office Code: 03 Operation ID: 256654

Date of Service: Month 04 Day 08 Year 14

Capacity:

Service Type:

INSPECTION ○ PRE-OPERATIONAL ○ COMPLAINT ○ FIELD VISIT ○ ○ LHD/HIN ○ NYSDOH

REINSPECTION ● HACCP ONLY ○ INCIDENT ○ ILLNESS ○

HCS ID: JmpOS

Time spent conducting service: 00 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: 01 Total Red Violations Not Corrected: 00 Number of Blue Violations Found: 00 Reinspection Required ○ Yes ● No

Item Number	Corrections/Violations
1F	Clam tags not being held for 90 days after Service
	all other violations Correct

SIGNATURE OF INSPECTOR: [signature] RECEIVED BY (SIGNATURE): [signature]

60555

DOH-192 (12/11)

NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Community Environmental Health and Food Protection

Food Service Establishment Inspection Report

SUBPART 14-1

ESTABLISHMENT NAME: Hibach & Sushi Supreme OPERATOR'S NAME:

Address: T/V/C 2433 Vestal Parkway East County: Broome Zip Code: 13850

FACILITY CODE	TIME BEGAN	TIME END
AF61	1:30	2:30

Office Code: 03 Operation ID: 256654

Date of Service: Month 03 Day 26 Year 14

Capacity:

Service Type:

INSPECTION ● PRE-OPERATIONAL ○ COMPLAINT ○ FIELD VISIT ○ ○ LHD/HIN ○ NYSDOH

REINSPECTION ○ HACCP ONLY ○ INCIDENT ○ ILLNESS ○

HCS ID: Jmpcs

Time spent conducting service: 04 hr 00 min

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NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Community Environmental Health and Food Protection

Food Service Establishment Inspection Report

SUBPART 14-1

ESTABLISHMENT NAME: Hibachi Grill and Sushi Supreme Buffet OPERATOR'S NAME: Hibachi Grill and Sushi Supreme Buffet

Address: T/V/C 2433 Vestal Pkwy. E. County: Broome Zip Code: 13850

FACILITY CODE	TIME BEGAN	TIME END
03-AF61	2:00	2:15

Office Code: 03 Operation ID: 0256654 Date of Service: Month 11 Day 12 Year 13 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 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: 03 Reinspection Required ○ Yes ○ No

Item Number	Corrections/Violations
10a	deep fryer baskets damaged, deep cuts present in plastic cutting boards
15a	tile grout damaged in areas of kitchen

SIGNATURE OF INSPECTOR: M. Mancini

RECEIVED BY (SIGNATURE): x Karen Ahr

60555

DOH-192 (12/11)

NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Community Environmental Health and Food Protection

Food Service Establishment Inspection Report

SUBPART 14-1

ESTABLISHMENT NAME: Hibachi Grill and Sushi Supreme Buffet OPERATOR'S NAME: Hibachi Grill and Sushi Supreme Buffet

Address: T/V/C 2433 Vestal Pkwy. East County: Broome Zip Code: 13850

FACILITY CODE	TIME BEGAN	TIME END
03-AF61	1:30	2:20

Office Code: 03 Operation ID: 0256654 Date of Service: Month 10 Day 30 Year 13 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○	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: 10 Reinspection Required ● Yes ○ No

Item Number	Corrections/Violations
10a	deep fryer basket damaged
12e	no paper towels at designated handwash sink in kitchen for hand drying
8e	thermometers to several coolers missing or inaccurate
15b	grease buildup in hood and filters
8a	foods in reach-in coolers uncovered
1d	various canned foods found dented on end seam, dented cans may allow entry and growth of micro-organisms - to be returned for credit
10a	deep cuts present in plastic cutting boards
15a	mildew growth present on wall under dish-washer drainboard, floor wet and slippery in dishwash area
	Reinspect November 12, 2013

SIGNATURE OF INSPECTOR: M. Mancini

RECEIVED BY (SIGNATURE): X

60555

DOH-192 (12/11)

NEW YORK STATE DEPARTMENT OF HEALTH

Inspection Continuation Sheet

NAME OF FACILITY: Kabuki Grill and Sushi Supreme Buffet

NAME OF INDIVIDUAL RECEIVING REPORT

SAMPLES: Type and Number

INSPECTION DATE	MO.	DAY	YR.	INSPECTION TIME	START	FINISH
	10	30	13		11:30	12:15

TYPE OF FACILITY: Buffet

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
12c	no soap for hand-washing in employee restroom
12d	employee restroom door not self-closing

REMARKS: GENERAL, NON-VIOLATION COMMENTS

Reinspect November 12, 2013

INSPECTION BY: (Signature) M. Mancini

REPORT RECEIVED BY: (Signature) X

DATE:

DOH - 1331(4/87)

GEN - 512

NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Community Environmental Health and Food Protection

Food Service Establishment Inspection Report

SUBPART 14-1

ESTABLISHMENT NAME: Hibachi Grill and Sushi Supreme Buffet OPERATOR'S NAME: He Lin

Address: T/V/C 2433 Vestal Pkwy. E County: Broome Zip Code: 13850

FACILITY CODE	TIME BEGAN	TIME END
03-AF61	2:00	2:15

Office Code: 03 Operation ID: 0256654

Date of Service: Month 08 Day 13 Year 13

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 00 min

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NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Community Environmental Health and Food Protection

Food Service Establishment Inspection Report

SUBPART 14-1

ESTABLISHMENT NAME: Kabuchi Grill and Sushi Supreme Buffet OPERATOR'S NAME: Ke Lin

Address: T/V/C 2433 Vestal Pkwy East County: Broome Zip Code: 13850

FACILITY CODE	TIME BEGAN	TIME END
03-AF61	1:45	2:30

Office Code: 03 Operation ID: 0256654 Date of Service: Month 08 Day 05 Year 13 Capacity:

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

HCS ID: MXM07 Time spent conducting service: 02 hr 00 min

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NEW YORK STATE DEPARTMENT OF HEALTH

Inspection Continuation Sheet

NAME OF FACILITY: Hibachi Grill and Sushi Supreme Buffet

SAMPLES: Type and Number

NAME OF INDIVIDUAL RECEIVING REPORT

INSPECTION DATE	MO.	DAY	YR.	INSPECTION TIME	START	FINISH
	08	05	13		11:45	12:30

TYPE OF FACILITY: Restaurant

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
1d	one can of ground bean sauce dented on bottom seam, found on canned foods storage shelf - to be returned for credit
1f	shellfish tags not retained for 90 days - invoice dated 8/3/13

REMARKS: GENERAL, NON-VIOLATION COMMENTS

shows clams purchased from New Dickson Trading, LLC, 333 Cantor Ave, Linden NJ 07036

Reinspect August 13, 2013

PART 2: SANITATION, OPERATION AND MAINTENANCE ITEMS

These items are to be corrected by the next inspection or as stated.

ITEM	DESCRIPTION OF VIOLATION

INSPECTION BY: (Signature) M. Mancini

REPORT RECEIVED BY: (Signature) X

DATE: