NEW YORK STATE
DEPARTMENT OF HEALTH

Food Service Establishment Inspections

DETAILED RECORD FORMAT
Historical Inspections Datset Active Operations Only

FILE DESCRIPTION FOR FOOD SERVICE ESTABLISHMENT INSPECTION DATA on METRIX

Description/ Field Name	Definition
ADDRESS	Street address and city of facility
CITY	Facility city
COUNTY	County where FSE is located
CRITICAL VIOLATION	Violation type, critical Red (R) or non-critical Blue (B)
DATE OF INSPECTION	Date of inspection
FACILITY	Name of the Facility or establishment where FSE operates
FACILITY ADDRESS	Street address of facility
FACILITY CODE	Local Health Department assigned code for FSE facility
FACILITY MUNICIPALITY	Facility location name (town, village, city or hamlet)
FACILITY POSTAL ZIP CODE	Facility postal zip code
FOOD SERVICE DESCRIPTION	Additional detail on description of FSE operation type
FOOD SERVICE TYPE	Description of FSE operation type
FS FACILITY STATE	State that facility is located in (NY)
INSPECTION COMMENTS	Inspector's comments and narrative regarding the inspection (optional in database)
INSPECTION TYPE	Type of service (inspection, re-inspection, field visit, preoperational, complaint, illness, incident)
INSPECTOR ID	Inspector ID
LATITUDE	Latitude of facility
LOCAL HEALTH DEPARTMENT	Local Health Department issuing permit to Food Service
LONGITUDE	Longitude of facility
NYS HEALTH OPERATION ID	Unique identifier for operation, used on inspection forms

Description/ Field Name	Definition
NYSDOH GAZETTEER (1980)	Municipality code for facility location is derived from the 1980 NYSDOH Gazetteer version. The municipality code identifies the county and the town, village, or city in which the facility is located. Municipality codes have been modified to meet specific needs of the local health departments and may not exactly match the 1980 NYSDOH Gazetteer; therefore a new Municipality Code Reference Document is being provided on METRIX for reference instead of the NYSDOH Gazetteer.
OPERATION NAME	Name of FSE operation
PERMIT EXPIRATION DATE	Expiration date of FSE permit
PERM. OPERATOR FIRST NAME	Permit applicant (operator) first name
PERM. OPERATOR LAST NAME	Permit applicant (operator) last name
PERMITTED (D/B/A)	Business name of operation, Doing Business As (D/B/A)
PERMITTED CORP. NAME	Permit applicant (operator) corporation name
REINSPECTION REQUIRED	Re-inspection required, Yes (Y) or No (N)
TOTAL # CRIT NOT CORRECTED	Total number of red (critical) violations that were NOT corrected at the time of the inspection
TOTAL # CRITICAL VIOLATIONS	Total number of Red (critical) violations identified during inspection
TOTAL # NONCRITICAL VIOLATIONS	Total number of Blue (noncritical) violations identified during inspection
VIOLATION DESCRIPTION	Description of violation
VIOLATION ITEM	Violation item from inspection form
VIOLATIONS	Description of violations