

FOOD ESTABLISHMENT INSPECTION REPORT

Violations cited in this report shall be corrected within the time frames specified below, but within a period not to exceed 72 hours of **Priority** items and 10 calendar days for **Priority Foundation** items or **HACCP** Plan deviations. (§ 64 C.S.R. 17-3.1.j.)

OBSERVATION TOTALS

PRIORITY: _____

PRIORITY FOUNDATION: _____

CORE: _____

TOTAL: _____

ESTABLISHMENT: Bunker Hill Lounge LLC PERMIT NO.: _____ DATE: FEB 24, 2021
 ADDRESS: 12715 Winchester Ct CITY: Bunker Hill STATE: WV ZIP: 25943
 PERSON IN CHARGE/TITLE: X. P. Wilson TELEPHONE: 540 931 2943 (cell)
 RECEIVED BY (SIGNATURE): [Signature] SANITARIAN (SIGNATURE): [Signature]
 INSPECTION TYPE: ROUTINE FOLLOW-UP COMPLAINT OTHER: _____ TIME: 10am

Corrected	Priority	Repeat	Code Reference	Violation Description/Remarks/Corrections
				- Change probe thermometer + purchase a 0-270° probe
				- complete baseboard covering from kitchen step
				- All other violations corrected
				- \$75 Reinspection fee for 2nd visit - pay within
				* Permit given for change of ownership
				* Past control due to (date)

Unit/Location/Item	Temp/PPM	Unit/Location/Item	Temp/PPM	Unit/Location/Item	Temp/PPM	Unit/Location/Item	Temp/PPM