

Berkeley

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: 4 PRIORITY FOUNDATION: 0
CORE: 4 TOTAL: 5

ESTABLISHMENT: Moie's Donuts PERMIT NO.: _____ DATE: 1-28-20
ADDRESS: 371 Atkins Center CITY: Mtby STATE: WV ZIP: 25404
PERSON IN CHARGE/TITLE: X Melissa Woods - supervisor TELEPHONE: _____
RECEIVED BY (SIGNATURE): X Melissa Woods SANITARIAN (SIGNATURE): [Signature] R.S.
INSPECTION TYPE: ROUTINE FOLLOW-UP COMPLAINT OTHER: _____ TIME: _____

| Corrected | Priority | Repeat | Code Reference | Violation Description/Remarks/Corrections |
|-----------|----------|--------|----------------|---|
| | | | 6-501.11 | Cavities needs repaired by mop sink |
| | | | 6-501.12 | Floors need cleaned in hard to reach areas & along the walls |
| | | | 4-603.13 | INSIDE Hot Chocolate/Cappuccino machine needs cleaned |
| | ✓ | | 2-301.14 | MUST wash hands in between glove changes |
| | | | 2-402.11 | MUST wear hair RESTRAINT |
| | | | | - |
| | | | | - WITH new Food Code |
| | | | | A. MUST turn in yearly starting June 2020 |
| | | | | A copy of mgr level food safety course cert. |
| | | | | B. MUST post sign allowing customers to see health inspection upon request or use sign provided today by the inspector. |

| Unit/Location/Item | Temp/PPM | Unit/Location/Item | Temp/PPM | Unit/Location/Item | Temp/PPM | Unit/Location/Item | Temp/PPM |
|--------------------|----------|--------------------|----------|--------------------|----------|--------------------|----------|
| Back Cooler | 38F | | | | | | |
| Front Cooler | 38F | | | | | | |
| Spray bottle | 300 PPM | | | | | | |