

**West Virginia Department of Health &  
Human Resources  
Berkeley County Health Department**

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**FOOD ESTABLISHMENT INSPECTION REPORT**

<b><i>Establishment Information</i></b>		
Facility Name <b>Radcliffe Concessions</b>	Facility Type <b>Mobile Food Unit</b>	
Licensee Name <b>Robert Radcliffe</b>	Facility Telephone # <b>301</b>	
Facility Address <b>Various Locations Martinsburg , WV</b>	Licensee Address <b>,</b>	
<b><i>Inspection Information</i></b>		
Inspection Type <b>Routine</b>	Inspection Date <b>08/04/2018</b>	Total Time Spent <b>0.75</b>

<b><i>Equipment Temperatures</i></b>	
Description <b>freezer</b>	Temperature (Fahrenheit) <b>3-5 degrees</b>

**OPERATOR** - Violations cited in this report shall be corrected within the time frames specified below, but within a period not to exceed 10 calendar days for critical items (§ 8-405.11) or 90 days for non-critical items (§ 8-406.11).

<b><i>Observed Critical Violations</i></b>
<b>Total # 0</b>
<b>Repeated # 0</b>

<b><i>Observed Non-Critical Violations</i></b>
<b>Total # 4</b>
<b>Repeated # 0</b>
 <b>4-501.11 - GOOD REPAIR, PROPER ADJUSTMENT, AND OPERATION</b> <b>OBSERVATION:</b> chest freezer needs defrosted
 <b>4-501.11 - GOOD REPAIR, PROPER ADJUSTMENT, AND OPERATION</b> <b>OBSERVATION:</b> new soda nozzles needed
 <b>4-501.11 - GOOD REPAIR, PROPER ADJUSTMENT, AND OPERATION</b> <b>OBSERVATION:</b> heat lamp bulb needed
 <b>6-501.12 - CLEANING, FREQUENCY AND RESTRICTIONS</b> <b>OBSERVATION:</b> detail unit inside

<b><i>Inspection Outcome</i></b>

<b><i>Comments</i></b>
Have: hot/cold water, gloves, bleach, thermometer

Disclaimer

Person in Charge

on file

Sanitarian

Handwritten signature of Amy ARE Edwards in black ink.

**Amy ARE Edwards**