

West Virginia Department of Health & Human  
Resources  
Morgan County Health Department



**FOOD ESTABLISHMENT INSPECTION REPORT**

| <b>Establishment Information</b>                             |   |                          |
|--|---|--------------------------|
| Facility Name<br>Troubadour Association                      | Facility Type<br>Food Service Establishment |                          |
| Licensee Name<br>(Owner Not Set)                             | Facility Telephone #                        |                          |
| Facility Address<br>25 Troubadour Ln<br>Berkeley Springs, WV | Licensee Address                            |                          |
| <b>Inspection Information</b>                                |   |                          |
| Inspection Type<br>Routine                                   | Inspection Date<br>August 30, 2018          | Total Time Spent<br>1.00 |

| <b>Equipment Temperatures</b> |                          |
|-------------------------------|--------------------------|
| Description                   | Temperature (Fahrenheit) |
| Freezer                       | 12                       |
| Cooler                        | 38                       |
| Freezer                       | 10                       |
| Bar Cooler                    | 35                       |
| Walk in Cooler                | 41                       |

**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>Observed Critical Violations</b> |
|-------------------------------------|
| <b>Total # 0</b>                    |
| <b>Repeated # 0</b>                 |

| <b>Observed Non-Critical Violations</b> |
|---|
| <b>Total # 1</b>                        |
| <b>Repeated # 0</b>                     |
| 4-602.13 - NONFOOD CONTACT SURFACES     |
| Observation: Food residue in cooler.    |
| Corrective Action(s):                   |

| <b>Inspection Outcome</b> |
|---------------------------|
|                           |

| <b>Comments</b> |
|-----------------|
|                 |

Disclaimer

Person in Charge

A handwritten signature in blue ink, appearing to be 'A. Zeigler', written in a cursive style.

Sanitarian

**Tim Zeigler**