WEST VIRGINIA Department of Health & Human Resources
BUREAU FOR PUBLIC HEALTH

West Virginia Department of Health & Human Resources

MORGAN COUNTY Health Department

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: Ø PRIORITY FOUNDATION: Ø
CORE: Ø TOTAL: Ø

ESTABLISHMENT: FAMILY DOLLAR	PERMIT NO.:	DATE: 7/25/19
ADDRESS:	CITY: B.S. STATE: WV	ZIP: 25414
PERSON IN CHARGE/TITLE: - Lisa Spriggs	TELEPHONE:	
RECEIVED BY (SIGNATURE): - Lisa Spriggs	SANITARIAN (SIGNATURE):	
INSPECTION TYPE: ROUTINE ☑ FOLLOW-UP ☐ COMPLAINT ☐ OTHER:		TIME: 1

Corrected	Priority	Repeat	Code Reference	Violation Description/Remarks/Corrections
				NO VIOLATIONS TO REPORT AT THIS TIME

Unit/Location/Item	Temp/PPM	Unit/Location/Item	Temp/PPM	Unit/Location/Item	Temp/PPM	Unit/Location/Item	Temp/PPM
FROZEN FOODS	7.5						
DAIRY COOLER	41						