

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: <i>Maintenance, Berkeley Health</i> | | PERMIT NO.: _____ | | DATE: <i>11-1-10</i> | |
|--|----------|--|----------------|---|--|
| ADDRESS: <i>3094 Charleston Rd</i> | | CITY: <i>Kennysville</i> | | STATE: <i>WV</i> ZIP: _____ | |
| PERSON IN CHARGE/TITLE: <i>Scott C. Anderson</i> | | TELEPHONE: _____ | | | |
| RECEIVED BY (SIGNATURE): <i>[Signature]</i> | | SANITARIAN (SIGNATURE): <i>[Signature]</i> | | | |
| INSPECTION TYPE: ROUTINE <input type="checkbox"/> | | FOLLOW-UP <input type="checkbox"/> | | COMPLAINT <input type="checkbox"/> | |
| | | OTHER: <i>opening - (10)</i> | | TIME: <i>2:45</i> | |
| Corrected | Priority | Repeat | Code Reference | Violation Description/Remarks/Corrections | |
| | | | | <i>Permit Given - Good Luck</i> | |
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| Unit/Location/Item | Temp/PPM | Unit/Location/Item | Temp/PPM | Unit/Location/Item | Temp/PPM | Unit/Location/Item | Temp/PPM |
|-----------------------|------------|--------------------|-------------------|--------------------|----------|--------------------|----------|
| <i>Superior</i> | <i>38F</i> | <i>Walk in</i> | <i>39F</i> | | | | |
| <i>Super Sandwich</i> | <i>41F</i> | <i>3 Bay</i> | <i>20-25 PPM</i> | | | | |
| <i>Milk</i> | <i>40F</i> | <i>Dishwasher</i> | <i>50-120 PPM</i> | | | | |
| <i>Sandwich CS</i> | <i>38F</i> | <i>Juice mach</i> | <i>40F</i> | | | | |

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