

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: 0
CORE: 0

PRIORITY FOUNDATION: 0
TOTAL: 0

ESTABLISHMENT: Makua's Shave Ice PERMIT NO.: _____ DATE: 8/17/2020
 ADDRESS: 103 Desert Rose Way Mtbg CITY: _____ STATE: WV ZIP: 25401
 PERSON IN CHARGE/TITLE: NOLAN K. ENRIKA TELEPHONE: _____
 RECEIVED BY (SIGNATURE): [Signature] SANITARIAN (SIGNATURE): [Signature]
 INSPECTION TYPE: ROUTINE FOLLOW-UP COMPLAINT OTHER: New opening TIME: 10 AM

Corrected	Priority	Repeat	Code Reference	Violation Description/Remarks/Corrections
				No violations noted
				Permit issued.
				Okay to open and operate.
				✓ Hot water under pressure.
				Need restroom agreement
				Will operate in Berkeley & Morgan Co.
				✓ ServSafe Certificate provided

Unit/Location/Item	Temp/PPM	Unit/Location/Item	Temp/PPM	Unit/Location/Item	Temp/PPM	Unit/Location/Item	Temp/PPM
Chest freezer	8°						
top freezer	12°						
frig (new)	↓						