



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: 0 PRIORITY FOUNDATION: 0
CORE: 0 TOTAL: 0

ESTABLISHMENT: <u>WAR Memorial Hospital</u>	PERMIT NO.:	DATE: <u>1/6/2020</u>
ADDRESS: <u>1 HEALTH WAY</u>	CITY: <u>BERRY SPRINGS</u>	STATE: <u>WV</u> ZIP: <u>25411</u>
PERSON IN CHARGE/TITLE: <u>Courtney Jamison</u>	TELEPHONE:	
RECEIVED BY (SIGNATURE): <u>Courtney Jamison</u>	SANITARIAN (SIGNATURE): <u>[Signature]</u>	
INSPECTION TYPE: ROUTINE <input checked="" type="checkbox"/> FOLLOW-UP <input checked="" type="checkbox"/> COMPLAINT <input type="checkbox"/> OTHER: _____	TIME: <u>1-</u>	

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

Unit/Location/Item	Temp/PPM	Unit/Location/Item	Temp/PPM	Unit/Location/Item	Temp/PPM	Unit/Location/Item	Temp/PPM
<u>WALK COOLER</u>	<u>38</u>	<u>COOLER</u>	<u>41</u>	<u>FROST COOLER</u>	<u>40</u>		
<u>WALK FROZER</u>	<u>3</u>	<u>COOLER</u>	<u>41</u>				
<u>COOLER</u>	<u>40</u>	<u>FROZER</u>	<u>41</u>				
<u>YOGURT COOLER</u>	<u>40</u>	<u>SALAD BAR</u>	<u>38</u>				