

West Virginia Department of	Health & Human Resources
Berkeley	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.)

items an	d 10 calen	dar days fo	or Priority Foundati	on items o	r HACCE	Plan deviations. (§	64 C.S.R. 17-3.1.J	.)	
OI	BSERVAT	ION TOTA		RIORITY: _ DRE: _	0		PRIORITY FOUN	IDATION:	
ESTABLISH	MENT:	Touch	ofTX		F	PERMIT NO.:		DATE: /-15	-20
ADDRESS:	126	061 h	Juchane Avr	CITY:	B	unler Hell	STATE:	NV ZIP: 25	5413
PERSON IN	CHARGE/	TITLE: X	ZALL ZIO	BRON		The second secon	TELEPHONE:		
RECEIVED B	Y (SIGNA	TURE):	92			SANITARIAN (SIGNATURE):	4/1/1/1/1/1/5/5),
INSPECTION	TYPE: R	OUTINE 5	FOLLOW-UP	СОМР	LAINT [OTHER:		TIME:	My
Corrected	Priority	Repeat	Code Reference			Violation Des	cription/Remar	ks/Corrections	
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				To	rea	ch Areas	7		
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