

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: 1

TOTAL: 1

| | | | | | |
|--|--|---------------------------|-----------------------------------|------------------------------------|-----------------|
| ESTABLISHMENT: <u>PLEASANT VIEW ELEMENTARY</u> | | PERMIT NO.: | | DATE: <u>11/20/19</u> | |
| ADDRESS: <u>10500 MARTINSBURG RD</u> | | CITY: <u>HEDGEESVILLE</u> | | STATE: <u>WV</u> ZIP: <u>25427</u> | |
| PERSON IN CHARGE/TITLE: <u>Mandy Bland</u> | | | TELEPHONE: | | |
| RECEIVED BY (SIGNATURE): <u>Mandy Bland</u> | | | SANITARIAN (SIGNATURE): <u>TB</u> | | |
| INSPECTION TYPE: ROUTINE <input checked="" type="checkbox"/> FOLLOW-UP <input type="checkbox"/> COMPLAINT <input type="checkbox"/> OTHER: <input type="checkbox"/> | | | | | TIME: <u>01</u> |

| Corrected | Priority | Repeat | Code Reference | Violation Description/Remarks/Corrections |
|-----------|----------|--------|-----------------|---|
| | | | <u>6-501.11</u> | <u>HANDWASHING SINK LEAKING</u> |
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| Unit/Location/Item | Temp/PPM | Unit/Location/Item | Temp/PPM | Unit/Location/Item | Temp/PPM |
|--------------------|-----------|--------------------|----------|--------------------|----------|
| <u>MICROWAVE</u> | <u>31</u> | | | | |
| <u>FREEZER</u> | <u>6</u> | | | | |
| <u>COOLER</u> | <u>41</u> | | | | |
| <u>FRIDGE</u> | <u>73</u> | | | | |