

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: 0 PRIORITY: 0 PRIORITY FOUNDATION: 3
CORE: 20 TOTAL: 23

ESTABLISHMENT: Bunker Hill Order of the Orioles PERMIT NO.: _____ DATE: 2/10/2020
 ADDRESS: 12715 Winchester Ave CITY: Bunker Hill STATE: WV ZIP: 25413
 PERSON IN CHARGE/TITLE: Amanda Presh TELEPHONE: _____
 RECEIVED BY (SIGNATURE): Amanda Presh SANITARIAN (SIGNATURE): Math Allison R.S.
 INSPECTION TYPE: ROUTINE FOLLOW-UP COMPLAINT OTHER: _____ TIME: 1:30pm.

Corrected	Priority	Repeat	Code Reference	Violation Description/Remarks/Corrections
			6-301.11 ^{PF}	Need Hand soap at hand sink in kitchen.
			4-501.11 ^{PF}	Need Quat test strips for tablets (steramine)
			6-501.11	Faucet at 3-Bay sink needs repaired (leaking)
			4-602.13	Inside of microwave needs cleaned.
			3-501.17 ^{PF}	Need to Date mark Hot Dogs in Roper refrigerator.
			4-501.11	Ice on bottom of Roper refrigerator (needs defrosted)
			6-501.111	Mouse droppings throughout kitchen (behind equipment)
			6-501.11	Extension Cords duct taped to floor (non-cleanable) Trip Hazard.
			6-501.11	Floor throughout establishment needs repaired/replaced.
			6-501.11	Exposed Electrical Cords behind cash register (wall) need covered.
			6-501.11	Faucet leaking in Mens bathroom and needs repaired.
			6-501.11	Light cover in women's bathroom needs replaced. (missing)
			6-501.12	Ceiling/Light covers in bathrooms need cleaned.
			6-501.11	ATM Door needs repaired.

Unit/Location/Item	Temp/PPM	Unit/Location/Item	Temp/PPM	Unit/Location/Item	Temp/PPM	Unit/Location/Item	Temp/PPM
Roper	41°						
Pepsi Refrigerator	38°						

SF-1 (Rev 4/19) *Have chlorine test strips but no bleach on site. (Damaged by water).

* Will Re-Inspect within 7-10 Days. Many Violations are repeat. \$75 Reinspection Fee will Apply



West Virginia Department of Health & Human Resources
Berkeley County Health Department

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 CORE: 20 TOTAL: 23

ESTABLISHMENT: Bunker Hill Order of the Orioles PERMIT NO.: _____ DATE: 2/10/2020
 ADDRESS: 12715 Winchester Ave CITY: Bunker Hill STATE: WV ZIP: 25913
 PERSON IN CHARGE/TITLE: x Amanda Resh TELEPHONE: _____
 RECEIVED BY (SIGNATURE): x Amanda Resh SANITARIAN (SIGNATURE): x Scott Allen R.S.
 INSPECTION TYPE: ROUTINE FOLLOW-UP COMPLAINT OTHER: _____ TIME: 1:30pm

Corrected	Priority	Repeat	Code Reference	Violation Description/Remarks/Corrections
			6-501.114	Unused Equipment stored on outside of building needs removed.
			6-501.12	Floor Fan needs cleaned.
			6-501.11	Building addition needs to be finished and back fitted.
			6-501.11	Glass Door on Pool Table Room needs repaired (shattered)
			6-501.114	Any unused equipment in pool table room needs removed/put into storage/kept in good clean working order.
			6-501.11	Electrical cover missing by booth in pool table room. Beside Video equipment/ booth and by entry door.
			6-501.11	Bathroom in pool table room needs to be repaired/ toilet toilet running/out of order sign.
			6-501.12	Vent Covers in Pool Table room ceiling need cleaned.
			5-501.113	Dumpster needs to remain closed at all times.
* Will Re-Inspect within 7-10 Days.				
Many Violations are repeat. \$ 75 Re-Inspection Fee will apply.				

Unit/Location/Item	Temp/PPM	Unit/Location/Item	Temp/PPM	Unit/Location/Item	Temp/PPM	Unit/Location/Item	Temp/PPM