

Berdley

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: 3
CORE: 15

PRIORITY FOUNDATION: 2
TOTAL: 20

ESTABLISHMENT: Cinco de Mayo PERMIT NO.: _____ DATE: 8-19-19
 ADDRESS: 5724 Hammonds Mill Rd CITY: Wthg STATE: WV ZIP: 25405
 PERSON IN CHARGE/TITLE: 5724 Hammonds Mill Rd TELEPHONE: _____
 RECEIVED BY (SIGNATURE): X [Signature] SANITARIAN (SIGNATURE): [Signature]
 INSPECTION TYPE: ROUTINE FOLLOW-UP COMPLAINT OTHER: _____ TIME: 10:30

Corrected	Priority	Repeat	Code Reference	Violation Description/Remarks/Corrections
✓			4-602.13	outside of chip containers need cleaned
			6-501.11	STAINED ceiling tiles, need cleaned
✓			4-602.13	TOP of ICE TEA machine needs cleaned
			6-501.12	Floors behind & under equipment need cleaned
			4-602.13	Drywall, shelves need cleaned & checked
			6-501.11	Floor needs repaired in Grill area
✓	✓		3-302.11	RAW Shrimp SITTING in RAW Ovens in back of
			4-602.11	Walk in cooler shelves need cleaned/maint
			6-501.14	All the old equipment in back needs discarded or rehoused somewhere off property or at the ground
			6-501.11	Fills observed in the back of house
			6-501.11	Coving needs repaired in several areas of the work
			6-501.12	Floor drains; need cleaned & maintained
			4-304.14	NO SANITIZER TEST STRIPS in walk in cooler
			4-901.2	WET NESTING observation check Bees/Boss & equipment

Unit/Location/Item	Temp/PPM	Unit/Location/Item	Temp/PPM	Unit/Location/Item	Temp/PPM	Unit/Location/Item	Temp/PPM
Misc Cooler	39°F	Walk in Cooler	40°F				
REFRIGERATOR	158°F	Dish area	75-100				
WALK IN COOLER	102°F						
DINNET COOLERS	38°F						



West Virginia Department of Health & Human Resources

Berkeley

Health Department

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OBSERVATION TOTALS

PRIORITY: _____

PRIORITY FOUNDATION: _____

CORE: _____

TOTAL: _____

ESTABLISHMENT: Cinco de Mayo PERMIT NO.: _____ DATE: 8-19-18
 ADDRESS: 5724 Hammonds CITY: Mtbs STATE: WV ZIP: _____
 PERSON IN CHARGE/TITLE: X Santiago Gonzalez TELEPHONE: _____
 RECEIVED BY (SIGNATURE): [Signature] SANITARIAN (SIGNATURE): [Signature]
 INSPECTION TYPE: ROUTINE FOLLOW-UP COMPLAINT OTHER: _____ TIME: 7:10:30

Corrected	Priority	Repeat	Code Reference	Violation Description/Remarks/Corrections
✓	✓		4-602.11	Clean area of UTENSILS SITTING in unclean pan making all utensils unclean.
			4-602 B	Buscarts need cleaned
			6-501.11	Leak Handsink R. NOT WORKING at time of inspection. Leak
✓			6-501.11	Wall needs repaired by THE HANDSINKS
			PF 7-102.11	Bottle of window cleaner in degreaser bottle
			3-305 D	CANNOT STORE WINE in 3 Bay Sink must be set to wash only SINK

Unit/Location/Item	Temp/PPM	Unit/Location/Item	Temp/PPM	Unit/Location/Item	Temp/PPM	Unit/Location/Item	Temp/PPM
<u>Bar Cook</u>	<u>39F</u>						