

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: 7
CORE: 6

PRIORITY FOUNDATION: 1
TOTAL: 19

ESTABLISHMENT: ROCS (Mountaineer) PERMIT NO.: _____ DATE: _____
 ADDRESS: 39 Kelly Island Rd. CITY: mtbg STATE: WV ZIP: 25403
 PERSON IN CHARGE/TITLE: Food Service Manager TELEPHONE: _____
 RECEIVED BY (SIGNATURE): Gerald Johnson SANITARIAN (SIGNATURE): [Signature]
 INSPECTION TYPE: ROUTINE FOLLOW-UP COMPLAINT OTHER: _____ TIME: _____

Corrected	Priority	Repeat	Code Reference	Violation Description/Remarks/Corrections
			3-304.14	In use towels must be kept in sanitized water when not in use
			6-501.111	Flies observed in multiple areas in the unit
			4-602.13	Black shelves (including outside) need cleaned
			6-501.12	Floors need cleaned behind/under equipment
			6-501.12	Monitor cables need dusted in prep area
			6-501.12	Hood filters need cleaned
			4-602.12	Tops/Sides of cooking equipment needs cleaned
✓			4-602.13	Storage pan for drip trays needs cleaned
✓	✓		4-602.11	Utensils and inside of prep drawers needs cleaned
			4-602.13	True cooler in prep area needs cleaned inside
		PF	3-602.11	Breeder for chicken needs labeled
✓			3-304.12	Handle for bread scoop must be out of food
			4-602.13	Outside of bulk seasoning containers need cleaned
			4-602.13	Dry stock shelves need cleaned
✓			4-602.13	Blue lid Bakery container needs cleaned inside and out
	✓		4-602.11	Walk-in cooler shelves need cleaned
			6-501.12	Walk-in freezer floors need cleaned
			4-501.11	Walk-in cooler shelves need repair (rust)

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



West Virginia Department of Health & Human Resources
Berkeley Health Department

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OBSERVATION TOTALS PRIORITY: 2 PRIORITY FOUNDATION: 1
CORE: 16 TOTAL: 19

ESTABLISHMENT: BOCS (mountaineer) PERMIT NO.: DATE:
ADDRESS: 39 Kelly Island Rd. CITY: Mtbg. STATE: WV ZIP: 25403
PERSON IN CHARGE/TITLE: Food Service Manager TELEPHONE:
RECEIVED BY (SIGNATURE): [Signature] SANITARIAN (SIGNATURE): [Signature]
INSPECTION TYPE: ROUTINE FOLLOW-UP COMPLAINT OTHER: TIME: 2

Corrected	Priority	Repeat	Code Reference	Violation Description/Remarks/Corrections
			4-602.13	Tops of coffee dispensers needs cleaned
			4-602.13	Underside of customer drink unit (dispensing area) needs cleaned
			4-602.11	The F'Real machine needs detailed cleaning

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