WEST VIRGINIA Department of Health & Human Resources
BUREAU FOR PUBLIC HEALTH

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.*)

OBSERVATION TOTALS **PRIORITY:** _____ **PRIORITY FOUNDATION:** _____
CORE: _____ **TOTAL:** _____

ESTABLISHMENT: Grey Cliff Bath **PERMIT NO.:** **DATE:** 1-30-20
ADDRESS: 200 Meander Way **CITY:** Kearneysville **STATE:** WV **ZIP:**
PERSON IN CHARGE/TITLE: X Marina Lopez Estate Manager **TELEPHONE:**
RECEIVED BY (SIGNATURE): X Mark Lyon **SANITARIAN (SIGNATURE):** R.S.
INSPECTION TYPE: ROUTINE [X] FOLLOW-UP [ ] COMPLAINT [ ] OTHER: **TIME:**

Corrected	Priority	Repeat	Code Reference	Violation Description/Remarks/Corrections
			—	No violations at time of inspections

Unit/Location/Item	Temp/PPM	Unit/Location/Item	Temp/PPM	Unit/Location/Item	Temp/PPM	Unit/Location/Item	Temp/PPM
Samsung L	39F						
R	40F						
Beer Cooler	40F						
Soda Cooler	34F						

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