

West Virginia Department of Health & Human Resources

Berkeley County Health Department



FOOD ESTABLISHMENT INSPECTION REPORT

<b>Establishment Information</b>		
Facility Name Quality Inn	Facility Type Food Service Establishment	
Licensee Name FAWV Associates LLC	Facility Telephone # 304 274-6100	
Facility Address 1220 T.J. Jackson Dr. Falling Waters , WV	Licensee Address ,	
<b>Inspection Information</b>		
Inspection Type Routine	Inspection Date 01/27/2017	Total Time Spent 0.87

<b>Equipment Temperatures</b>	
Description	Temperature (Fahrenheit)
Juice cooler	40
Juice Machine	41
WHite refrigerator	38

<b>Food Temperatures</b>	
Description	Temperature (Fahrenheit)
Eggs	136
Gravey	135

<b>Warewashing Info</b>					
Machine Name	Sanitization Method	Thermo Label	PPM	Sanitizer Name	Sanitizer Type
3baysink			+400	quat	

**OPERATOR** - Violations cited in this report shall be corrected within the time frames specified below, but within a period not to exceed 10 calendar days for critical items (§ 8-405.11) or 90 days for non-critical items (§ 8-406.11).

<b>Observed Critical Violations</b>
<p><b>Total # 2</b>  <b>Repeated # 0</b>  <b>2-102.11 - DEMONSTRATION OF KNOWLEDGE</b>  <i>This is a critical violation</i>  <b>OBSERVATION:</b> The Person in Charge (PIC) is unable to demonstrate knowledge of sanitizers and correct ppm..</p> <p><b>4-501.114 - MANUAL AND MECHANICAL WAREWASHING EQUIPMENT - SANITIZER NOT BEING USED PER MANUFACTURER</b>  <i>This is a critical violation</i>  <b>OBSERVATION:</b> (CORRECTED DURING INSPECTION): 3 bay sink +400 ppm</p>

**Observed Non-Critical Violations**

**Total # 3**

**Repeated # 0**

**3-602.11 - PROPERLY LABELED PACKAGE IN FOOD ESTABLISHMENT - UNPACKAGED, BULK**

**OBSERVATION:** When taking product out of a original container, you must relabel the product in the new container with name and expiration date on the muffins or 7 days which ever is stricter

**6-501.12 - CLEANING, FREQUENCY AND RESTRICTIONS**

**OBSERVATION:** Ceiling vents and surrounding ceiling needs cleaned in the diningroom area

**6-501.12 - CLEANING, FREQUENCY AND RESTRICTIONS**

**OBSERVATION:** Wall needs cleaned in the kitchen

**Inspection Outcome**

**Comments**

Recommend food safety training, contact the Health Dept for dates and times for the next employee food training meeting.

Disclaimer

Person in Charge



sabrina Harmison

Sanitarian



Glenn GCO Ondick