

Berkeley

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: 5
CORE: 16

PRIORITY FOUNDATION: 1
TOTAL: 22

ESTABLISHMENT: Elmwood PERMIT NO.: _____ DATE: 8-19-19
 ADDRESS: 700 Gloucester Dr. CITY: Mtbg STATE: WV ZIP: _____
 PERSON IN CHARGE/TITLE: Samuel Tibo (Director of Dining) TELEPHONE: 204/11/267-5800
 RECEIVED BY (SIGNATURE): [Signature] SANITARIAN (SIGNATURE): [Signature]
 INSPECTION TYPE: ROUTINE FOLLOW-UP COMPLAINT OTHER: _____ TIME: 2:00

Corrected	Priority	Repeat	Code Reference	Violation Description/Remarks/Corrections
	✓		2-301.14	Employee observed not washing hands before putting on gloves
			2-402.11	HAIR RESTRAINTS needed in food prep + dish areas
✓		✓	4-602.14	Blade on the can opener needs clean
			6-501.12	Floors need cleaned under + behind equipment in the kitchen
			4-602.13	INSIDE PLATE holder needs cleaned
			4-602.13	TOPS of equipment + dough shelves need cleaned
			4-602.13	lower stainless steel shelves + legs need cleaned
✓	✓		6-501.12	Walls need cleaned in several areas of the kitchen
			4-602.11	Several sharp knives, tongs + spoons stored w/ dried foodstuffs or DUST
✓	✓		3-501.18	Hard boiled eggs out of date 8-16-19
✓			PF3-501.17	No label of Fruit cocktail mix + bag of corn tortilla mix
			6-501.11	Wall needs repaired in Byssant area
			4-602.13	SPREAD ROLL needs cleaned
			4-602.13	INSIDE of freezers need cleaned

Unit/Location/Item	Temp/PPM	Unit/Location/Item	Temp/PPM	Unit/Location/Item	Temp/PPM	Unit/Location/Item	Temp/PPM
TRAY/SER	37F						

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Health Department

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TOTAL: 22

ESTABLISHMENT: <u>Elmwood</u>		PERMIT NO.:		DATE: <u>8-19-19</u>	
ADDRESS: <u>200 Clacesa Dr</u>		CITY: <u>Mtby</u>		STATE: <u>WV</u> ZIP:	
PERSON IN CHARGE/TITLE: <u>Samuel Tibo (Director of Dining)</u>		TELEPHONE: <u>304</u>		<u>767-5800</u>	
RECEIVED BY (SIGNATURE): <u>[Signature]</u>		SANITARIAN (SIGNATURE): <u>[Signature]</u>		TIME: <u>2:00</u>	
INSPECTION TYPE: ROUTINE <input checked="" type="checkbox"/>		FOLLOW-UP <input checked="" type="checkbox"/>		COMPLAINT <input type="checkbox"/>	
OTHER: <input type="checkbox"/>					

Corrected	Priority	Repeat	Code Reference	Violation Description/Remarks/Corrections
✓			4-602.13	Can rack needs cleaned
			4-602.13	Black holder for food in dry stall needs cleaned for 18
✓			6-501.11	Walls where patched needs PAINTED
			6-501.11	Flies observed in the kitchen
✓	✓		4-501.14	NO Sanitizer in 3 Bay sink
✓			4-602.13	Dishroom shelf w/ Dip Ti needs cleaned
	✓		4-602.14	Inside FGE machine needs cleaned
			4-602.13	BUS CARTS need cleaned
			6-501.12	Ceiling needs cleaned esp. around ceiling vents.
				- MUST POST INSPECTION or place a card Health Inspection can be viewed upon request
				- w/ Annual permit fee required TO also send in a copy of food mgr cert.
				- Inspection is also worked off a complaint that the kitchen is dirty & NOTIFY should be sent

Unit/Location/Item	Temp/PPM	Unit/Location/Item	Temp/PPM	Unit/Location/Item	Temp/RPM	Unit/Location/Item	Temp/PPM
Walls	34	Juvenile	41				
3 Bay Sink	ORPM						
Dish rack	100PM						