

West Virginia Department of Health & Human  
Resources  
Morgan County Health Department



**FOOD ESTABLISHMENT INSPECTION REPORT**

**Establishment Information**

Facility Name Fleur De Lis	Facility Type Food Service Establishment
Licensee Name (Owner Not Set)	Facility Telephone #
Facility Address 15 Fairfax St Berkeley Springs, WV	Licensee Address

**Inspection Information**

Inspection Type Routine	Inspection Date August 30, 2018	Total Time Spent 0.50
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**Equipment Temperatures**

Description	Temperature (Fahrenheit)
Display Cooler	41
Cooler	40

**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).

**Observed Critical Violations**

Total # 0  
Repeated # 0

**Observed Non-Critical Violations**

Total # 0  
Repeated # 0

**Inspection Outcome**

**Comments**

Disclaimer

Person in Charge

Sanitarian

Tim Zeigler