

Unit/Location/Item	Temp/PPM	Unit/Location/Item	Temp/PPM	Unit/Location/Item	Temp/PPM	Unit/Location/Item	Temp/PPM
Milk in	39	Milk in	39	Milk in	39	Milk in	39
Wash Br.	37F	Wash Br.	37F	Wash Br.	37F	Wash Br.	37F
Water HB	143	Water HB	143	Water HB	143	Water HB	143

Code Reference	Repeat	Priority	Corrected	Violation Description/Remarks/Corrections
				4-501.11 - Dry stall shelves need repaired rust
				4-501.11 - Water in cooler threshold needs repair -
				4-501.11 - Trip + cut hazard
				4-602.13 - Top of green high cooler/HB Dons, 1st floor needs dusted



ESTABLISHMENT: Musson Middle PERMIT NO.: _____ DATE: 11-21-19
 ADDRESS: 105 Pike CITY: INWOOD STATE: WV ZIP: _____
 PERSON IN CHARGE/TITLE: E. Butts TELEPHONE: _____
 RECEIVED BY (SIGNATURE): E. Butts SANITARIAN (SIGNATURE): [Signature]
 INSPECTION TYPE: ROUTINE FOLLOW-UP COMPLAINT OTHER
 TIME: 10:15

OBSERVATION TOTALS: PRIORITY: 0 CORE: 3
 PRIORITY FOUNDATION: 0 TOTAL: 3

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.f)

West Virginia Department of Health & Human Resources
 Health Department
FOOD ESTABLISHMENT INSPECTION REPORT

