

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.i.)

OBSERVATION TOTALS

PRIORITY: 2
CORE: 3

PRIORITY FOUNDATION: 2
TOTAL: 7

ESTABLISHMENT: Spring Mills High Inter Concession PERMIT NO.: _____ DATE: 1-10-20
 ADDRESS: 499 Campus Drive CITY: MTBG STATE: WV ZIP: 25404
 PERSON IN CHARGE/TITLE: Susan Rude TELEPHONE: 304 274 5141
 RECEIVED BY (SIGNATURE): Susan Rude SANITARIAN (SIGNATURE): Amy Edwards, R.S.
 INSPECTION TYPE: ROUTINE FOLLOW-UP COMPLAINT OTHER: _____ TIME: 10:15

Corrected	Priority	Repeat	Code Reference	Violation Description/Remarks/Corrections
<u>X</u>		<u>X</u>	<u>7102.11</u>	<u>Winey bottle needs to be labeled (removed by vents on outside of refrigerator janitor staff)</u>
		<u>X</u>	<u>6501.12</u>	<u>need cleaned</u>
		<u>X</u>	<u>4602.13</u>	<u>inside microwave needs cleaned (splash guard)</u>
		<u>X</u>	<u>4302.14</u>	<u>chlorine test strips needed - 3 Bay sink</u>
<u>X</u>	<u>X</u>	<u>X</u>	<u>4602.11</u>	<u>hotdog roller needs detailed cleaning</u>
<u>X</u>	<u>X</u>	<u>X</u>	<u>5102.12</u>	<u>"foul odor" from 3 bay sink water when cleaning (drain cleaner used)</u>
			<u>3501.17</u>	<u>Takey food chedd product, in 3 tubs, not date marked (Bays Basketball refrigerator)</u>
<u>* 75.00 reinspection fee - Pay w/in 10 days</u>				
<u>* Current permit should be displayed</u>				

Unit/Location/Item	Temp/PPM	Unit/Location/Item	Temp/PPM	Unit/Location/Item	Temp/PPM	Unit/Location/Item	Temp/PPM

* All violations should have been corrected by reinspection