



West Virginia Department of Health & Human Resources

BERKELEY COUNTY Health Department

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 for Priority items and 10 calendar days for Priority Foundation items or HACCP Plan deviations. (§ 64 CSR 17-3.1.j).

OBSERVATIONS TOTALS: PRIORITY CORE 18 PRIORITY FOUNDATION TOTAL 18

ESTABLISHMENT: SAM & JAKES SPORTSBAR PERMIT NO.: _____ DATE: 10/7/15
 ADDRESS: 3485 WINCHESTER AVE CITY: MARTINSBURG STATE: WV ZIP: 25409
 PERSON IN CHARGE/TITLE: Nita Harrison TELEPHONE: _____
 RECEIVED BY (SIGNATURE): Nita Harrison SANITARIAN (SIGNATURE): [Signature]
 INSPECTION TYPE: ROUTINE FOLLOW-UP COMPLAINT OTHER: _____ TIME: 1

Corrected	Priority	Repeat	Code Reference	Violation Description/Remarks/Corrections
			4-602.12	FOOD RESIDUE IN MICROWAVE.
			6-501.11	CUTTING BOARD NEEDS REPLACED.
			4-602.13	PREP COOLER NEEDS CLEANED
			6-501.12	WALL BEHIND FRYER NEEDS CLEANED
			4-602.12	FRYER NEEDS CLEANED
			4-602.12	OVEN NEEDS CLEANED.
			4-903.11	UTENSILS NEED TO BE INSPECTED
			6-501.12	KITCHEN FLOOR NEEDS CLEANED
			6-501.12	SILVER WIRE SHELF NEEDS CLEANED.
			4-602.13	SMALL OVEN NEEDS CLEANED
			6-501.12	WHITE WOODEN SHELF NEEDS CLEANED
			6-501.12	CHEST FREEZERS NEED DEFROSTED
			6-501.12	FRIGIDER NEED DEFROSTED
			4-501.12	COOLER VENT NEEDS CLEANED
			4-502.13	DRY STORAGE SHELVES NEED CLEANED
			4-602.13	TEA COOLER NEEDS CLEANED
			6-501.11	CEILING TIES NEED REPAIRED IN KITCHEN.
			6-501.16	MOP NEEDS TO BE HUNG VERTICALLY TO AIR DRY

Unit/Location/Item	Temp/PPM	Unit/Location/Item	Temp/PPM	Unit/Location/Item	Temp/PPM	Unit/Location/Item	Temp/PPM
CHEST FREEZER	13	PROPAGATOR	39	BAR COOLER	33.5		
CHEST FREEZER	7.5	FRIGIDER	6.5				
COOLER	23	COOLER	39				
COOLER	37.5	TEA COOLER	38				