WEST VIRGINIA Department of Health & Human Resources
BUREAU FOR PUBLIC HEALTH

West Virginia Department of Health & Human Resources

Berkeley **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 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:** _____ **PRIORITY FOUNDATION:** _____
CORE: _____ **TOTAL:** _____

ESTABLISHMENT: Red Root Inn	**PERMIT NO.:**	**DATE:** 9-5-19	
ADDRESS: Viking Way	**CITY:** Mtby	**STATE:** WV	**ZIP:**
PERSON IN CHARGE/TITLE: X JATINKUMAR PATEL	**TELEPHONE:**		
RECEIVED BY (SIGNATURE): X JBPatel	**SANITARIAN (SIGNATURE):**		
INSPECTION TYPE: ROUTINE ☐ FOLLOW-UP ☐ COMPLAINT ☒ OTHER: re-open wstr		**TIME:** 10:50	

Corrected	Priority	Repeat	Code Reference	Violation Description/Remarks/Corrections
				No violations permit issued given

Unit/Location/Item	Temp/PPM	Unit/Location/Item	Temp/PPM	Unit/Location/Item	Temp/PPM	Unit/Location/Item	Temp/PPM
Milk Cooler	40F						
Employee	43F						
Main Cooler	40F						