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

West Virginia Department of Health & Human Resources

MORGAN 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 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: Ø PRIORITY FOUNDATION: Ø
CORE: Ø TOTAL: Ø

ESTABLISHMENT: COOLFONT RESORT PERMIT NO.: DATE: 10/8/19
ADDRESS: 3621 COLD RUN VALLEY RD CITY: BERKELEY SPRINGS STATE: WV ZIP: 25411
PERSON IN CHARGE/TITLE: LARRY OMPS TELEPHONE:
RECEIVED BY (SIGNATURE): SANITARIAN (SIGNATURE): TE
INSPECTION TYPE: ROUTINE ☑ FOLLOW-UP ☐ COMPLAINT ☐ OTHER: TIME: /

Corrected	Priority	Repeat	Code Reference	Violation Description/Remarks/Corrections
				NO VIOLATIONS TO REPORT AT THIS TIME.

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