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

OBSERVATIONS TOTALS: **PRIORITY** 0 **PRIORITY FOUNDATION** 0
CORE 0 **TOTAL** 0

ESTABLISHMENT: LL OAKLAND	**PERMIT NO.:**	**DATE:** 9/25/19	
ADDRESS: 104 OAKLAND RD	**CITY:** B.S.	**STATE:** WV	**ZIP:** 25411
PERSON IN CHARGE/TITLE: Sarah Moats	**TELEPHONE:**		
RECEIVED BY (SIGNATURE): Sarah Moats	**SANITARIAN (SIGNATURE):** T.		
INSPECTION TYPE: ROUTINE ☑ FOLLOW-UP ☐ COMPLAINT ☐ OTHER:		**TIME:** 1	

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

Unit/Location/Item	Temp/PPM	Unit/Location/Item	Temp/PPM	Unit/Location/Item	Temp/PPM	Unit/Location/Item	Temp/PPM
COOLER	37						
FREEZER	10						