



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 10 calendar days for critical items (§ 8-405.11) or 90 days for non-critical items (§ 8-406.11).

NUMBER OF VIOLATIONS: CRITICAL 1 NONCRITICAL 2 TOTAL 3

| ESTABLISHMENT: ANTHONY'S JR. | | | PERMIT NO.: FE-33-06-28-11-02 | | DATE: 12/16/2011 | |
|--|-------------------------------------|--------------------------|--------------------------------------|---|-----------------------------|--------------------|
| ADDRESS: 251 HENRY MILLER BLVD. | | | CITY: PAW PAW | | STATE: WV ZIP: 25434 | |
| PERSON IN CHARGE / TITLE: | | | | TELEPHONE: | | |
| RECEIVED BY (SIGNATURE): | | | | SANITARIAN (SIGNATURE): | | |
| INSPECTION TYPE: ROUTINE <input checked="" type="checkbox"/> FOLLOW-UP <input type="checkbox"/> COMPLAINT <input type="checkbox"/> OTHER: | | | | | | TIME: 12:33 |
| Corrected | Critical | Repeat | Code Reference | Violation Description / Remarks / Corrections | | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 3-501.17 | All PHF must be dated | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4-602.13 | Can opener must be cleaned | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6-301.14 | Employee handwash sink needs signage | | |
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| Unit/Location/Item | Temp/PPM | Unit/Location/Item | Temp/PPM | Unit/Location/Item | Temp/PPM | Unit/Location/Item | Temp/PPM |
|--------------------|----------|--------------------|----------|--------------------|----------|--------------------|----------|
| all cooling units | | | | | | | |
| meet temp. | | | | | | | |
| requirement | | | | | | | |
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