

Health Department: Theriot

Permit No. \_\_\_\_\_

Date: 7-10-15

Status Code: \_\_\_\_\_ Time: \_\_\_\_\_

COMMENT ADDENDUM

Name of Establishment: Value Place  
Location Address: 142 Cleveland Crossing Dr.  
City: Gaucher State: NC Zip: 27529

Water Sample taken today?  YES  NO

Inspection  Pre-opening Visit  Critical Violation Visit  
 Re-Inspection  Visit  Other \_\_\_\_\_

TEMPERATURE OBSERVATIONS

Item/Location/Time*	Temp	Item/Location/Time*	Temp	Item/Location/Time*	Temp

\*when cooling

COMMENTS

A visit was made today concerning a complaint received by our office on Bed Bugs. The following rooms were inspected and the bugs seen:  
Room 109  
Room 312

The following rooms had signs of bed bugs and should be inspected by a pest control company.  
Room 215  
Room 221  
Room 230  
Room 303  
Room 305

All rooms listed above should not be rented until treated for bed bugs.  
Call when rooms are complete 919-989-5180 (John Phillips)

EHS Signature: Shirley Blake

EHS ID #: 204

Received by: [Signature]

Instructions: Purpose: This form is developed to be used for making explanatory comments observed during inspections, visits and/or notices of permit actions at establishments inspected by Environmental Health Specialists under rules adopted by the Commission for Health Services. Preparation: Local Environmental Health Specialists shall complete form DENR 2008