## Food Establishment Inspection Report

## Establishment Name: \_

Location Address:	
City:	State: North Carolina
Zip:	County:
Permittee:	
Telephone:	
O Inspection	O Re-Inspection
Wastewater System:	
O Municipal/Community	○ On-Site System
Water Supply:	
O Municipal/Community	O On-Site Supply

## Foodborne Illness Risk Factors and Public Health Interventions Risk factors: Contributing factors that increase the chance of developing foodborne illness. Public Health Interventions: Control measures to prevent foodborne illness or injury

						_					
Compliance Status						OUT		CDI	R	VR	
S	Supervision .2652										
1	IN OUT N/A PIC Present; Demonstration - Certification by accredited program & performs duties					2		0			
E	Employee Health .2652										
2	IN	оит			Management, employees knowledge; responsibilities & reporting	3	1.5	0			
3	IN	оит			Proper use of reporting, restriction & exclusion	3	1.5	0			
G	000	d Hv	aie	nic I	Practices .2652, .2653	-					
4		олт	J		Proper eating, tasting, drinking or tobacco use	2	1	0			
- 5	-	OUT			No discharge from eyes, nose or mouth	1	0.5	0			<u> </u>
	-		na (	Cont	tamination by Hands .2652, .2653, .2655, .265	-	10.0	-			
6		оит	ig (			4	2	0			
0		001			Hands clean & properly washed No bare hand contact with RTE foods or pre-	4	2	U			-
7		ουτ			approved alternate procedure properly followed	3	1.5	0			
8	IN	ουτ	N/A		Handwashing sinks supplied & accessible	2	1	0			
A	ppr	ove	d So	ouro	ce .2653, .2655						
9	IN	ουτ			Food obtained from approved source	2	1	0			
-	-	ουτ		N/O	Food received at proper temperature	2	1	0			
11	IN	ουτ			Food in good condition, safe & unadulterated	2	1	0			
12	IN	оит	N/A	N/O	Required records available: shellstock tags, parasite destruction	2	1	0			
Р	rote	ectio	on fi	rom	Contamination .2653, .2654						
	-	оит	N/A	N/O		-	1.5	0 0			
14	IN	ουτ			Food-contact surfaces: cleaned & sanitized 3						
15	IN	оит			Proper disposition of returned, previously served, 2 1 0						
P	ote	ntial	ly ⊦	laza	rdous Food Time/Temperature .2653						
16	IN	оит	N/A	N/O	Proper cooking time & temperatures	3	1.5	0			
17	IN	оυт	N/A	N/O		3	1.5	0			
18	IN	оит	N/A	N/O		3	1.5	0			
19	IN	оит	N/A	N/O	Proper hot holding temperatures	······································					
20	IN	оит	N/A	N/O	Proper cold holding temperatures 3 1.5 0						
21	IN	оит	N/A	N/O	Proper date marking & disposition 3 1.5 0						
22	IN	оит	N/A	N/O	Time as a public health control: procedures & 2 1 0						
Consumer Advisory .2653											
23	IN	оит	N/A		Consumer advisory provided for raw or undercooked foods	1	0.5	0			
Highly Susceptible Populations .2653											
24	IN	оит	N/A		Pasteurized foods used; prohibited foods not offered	3	1.5	0			
С	her	nica	1		.2653, .2657		I	L			
		оит			Food additives: approved & properly used	1	0.5	0			
	<u> </u>	OUT			Toxic substances properly identified stored & used	2	1	0	$\left  - \right $		
Conformance with Approved Procedures .2653, .2654, .2658											
-					Compliance with variance, specialized process,						
27	IN	ουτ	N/A		reduced oxygen packaging criteria or HACCP plan	2	1	0			

Date:	Status Code:
Time In:	Time Out:
Category#:	
FDA Establishment Type: _	
No. of Risk Factor/Interven	tion Violations:
No. of Repeat Risk Factor/Int	tervention Violations:

Establishment ID: \_\_\_\_\_

	Good Retail Practices Good Retail Practices: Preventative measures to control the addition of pathogens, chemicals,										
	0	oou	11010		and physical objects into foods.	nog	jens,	GI	CIIICC	<i>.</i>	
С	Compliance Status OUT CDI R VR									VR	
Sa	afe I	Food	d an	d Wa	ater .2653, .2655, .2658						
28	IN	OUT	N/A		Pasteurized eggs used where required	1	0.5	0			
29	IN	OUT			Water and ice from approved source	2	1	0			
30	1 0.5 0 IN OUT N/A Variance obtained for specialized processing 1 0.5 0										
Fo	bod	Tem	nper	atur	e Control .2653, .2654						
31	IN	оит			Proper cooling methods used; adequate equipment for temperature control	1	0.5	0			
32	IN	оит	N/A	N/O	Plant food properly cooked for hot holding	1	0.5	0			
33	IN	OUT	N/A	N/O	Approved thawing methods used	1	0.5	0			
34	IN	оит			Thermometers provided & accurate	1	0.5	0			
Fo	bod	Ider	ntific	catio	on .2653						
35	IN	OUT			Food properly labeled: original container	2	1	0			
P	reve	entio	n of	Foo	od Contamination .2652, .2653, .2654, .2656, .265	57					
36	IN	оит			Insects & rodents not present; no unauthorized animals	2	1	0			
37	IN	Contamination prevented during food									
38	IN	OUT			Personal cleanliness	1	0.5	0			
39		оит			Wiping cloths: properly used & stored	1	0.5	0			
40	IN	OUT	N/A		Washing fruits & vegetables	1	0.5	0			
P	rope	er Us	se o	f Ute	ensils .2653, .2654						
41	IN	OUT			In-use utensils: properly stored	1	0.5	0			
42	IN	оит			Utensils, equipment & linens: properly stored, dried & handled	1	0.5	0			
43	IN	оит			Single-use & single-service articles: properly stored & used	1	0.5	0			
44	IN	OUT			Gloves used properly	1	0.5	0			
U	tens	sils a	and	Equi	ipment .2653, .2654, .2663						
45	IN	оит			Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed & used	2	1	o			
46	IN	оит			Warewashing facilities: installed, maintained & used; test strips	1	0.5	0			
47	IN	оит			Non-food contact surfaces clean	1	0.5	0			
P	hys	ical	Faci	litie	s .2654, .2655, .2656						
48	IN	OUT	N/A		Hot & cold water available; adequate pressure	2	1	0			
49	IN	OUT			Plumbing installed; proper backflow devices	2	1	0			
50	IN	ουτ			Sewage & waste water properly disposed	2	1	0			
51	IN	оит	N/A		Toilet facilities: properly constructed, supplied & cleaned	1	0.5	0			
52		оит			Garbage & refuse properly disposed; facilities maintained	1	0.5	0			
53	IN	оит			Physical facilities installed, maintained & clean	1	0.5	0			
54	IN	оит			Meets ventilation & lighting requirements; designated areas used	1	0.5	0			
					TOTAL DEDUCTIONS:						





## **Comment Addendum to Food Establishment Report**

Establishment Na Location Address:		Establishment ID:	Date:			
City: County:		O Inspection O Re-Inspection	Status Code: Category#:			
Wastewater System: Water Supply: Permittee:	O Municipal/Community     On-Site System       O Municipal/Community     On-Site Supply	<ul> <li>Verification</li> <li>Name Change</li> <li>Status Change</li> </ul>				
Telephone:		<ul> <li>O Pre-Opening Visit</li> <li>O Other</li> </ul>				

Temperature Observations					
Item/Location	Temp	Item/Location	Temp	Item/Location	Temp

	Observations and Corrective Actions				
ltem Number	Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 of the food code.				

Person in Charge (Print & Sign):

Regulatory Authority (Print & Sign):

\_ REHS ID: \_



