

Food Establishment Inspection Report

Score: 98.0

Establishment Name: STONE CREEK GRILL
Location Address: 195 WELCH ROAD
City: FONTANA DAM **State:** North Carolina
Zip: 28733 **County:** GRAHAM
Permittee: FONTANA VILLAGE, INC.
Telephone: 828 498 2143
Wastewater System: Municipal/Community On-Site System
Water Supply: Municipal/Community On-Site Supply

Establishment ID: 038010133
 Inspection Re-Inspection
Date: 06/29/2019 **Status Code:** A
Time in: _____ **Time out:** _____
Category#: 2
FDA Establishment Type: Full Service Restaurants
No. of Risk Factor/ Intervention Violations: 2
No. of Repeat Risk Factor/Intervention Violations: 0

Foodborne Illness Risk Factors and Public Health Interventions

Risk factors: Contributing factors that increase the chance of developing foodborne illness

Compliance Status		OUT	CDI	R	VR
Supervision .2652					
1	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	PIC Present; Demonstration - Certification by accredited program and perform duties	2	0	
Employee Health .2652					
2	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Management, employees knowledge; responsibilities & reporting	3	1.5	0
3	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Proper use of reporting, restriction & exclusion	3	1.5	0
Good Hygienic Practices .2652, .2653					
4	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Proper eating, tasting, drinking, or tobacco use	2	1	0
5	<input type="checkbox"/> IN <input type="checkbox"/> OUT	No discharge from eyes, nose, and mouth	1	0.5	0
Preventing Contamination by Hands .2652, .2653, .2655, .2656					
6	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Hands clean & properly washed	4	2	0
7	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	No bare hand contact with RTE foods or preapproved alternate procedure properly followed	3	1.5	0
8	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Handwashing sinks supplied & accessible	2	1	0
Approved Source .2653, .2655					
9	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Food obtained from approved source	2	1	0
10	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Food received at proper temperature	2	1	0
11	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Food in good condition, safe & unadulterated	2	1	0
12	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Required records available: shellstock tags, parasit destruction	2	1	0
Protection from Contamination .2653, .2654					
13	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Food separated & protected	3	1.5	0
14	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Food-contact surfaces: cleaned & sanitized	3	1.5	X
15	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Proper disposition of returned, previously served reconditioned, & unsafe food	2	1	0
Potentially Hazardous Food Time/Temperature .2653					
16	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Proper cooking time & temperatures	3	1.5	0
17	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Proper reheating procedures for hot holding	3	1.5	0
18	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Proper cooling time & temperatures	3	1.5	0
19	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Proper hot holding temperatures	3	1.5	0
20	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Proper cold holding temperatures	3	1.5	0
21	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Proper date marking & disposition	3	1.5	0
22	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Time as a public health control: procedures & records	2	1	0
Consumer Advisory .2653					
23	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Consumer advisory provided for raw or undercooked foods	1	0.5	0
Highly Susceptible Populations .2653					
24	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Pasteurized foods used; prohibited foods not offered	3	1.5	0
Chemical .2653, .2657					
25	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Food additives: approved & properly used	1	0.5	0
26	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Toxic substances properly identified stored, & used	2	1	0
Conformance with Approved Procedures .2653, .2654, .2658					
27	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Compliance with variance, specialized process, reduced oxygen packaging criteria or HACCP plan	2	1	0

Good Retail Practices

Good Retail Practices: Preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Compliance Status		OUT	CDI	R	VR
Safe Food and Water .2653, .2655, .2658					
28	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Pasteurized eggs used where required	1	0.5	0
29	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Water and ice from approved source	2	1	0
30	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Variance obtained for specialized processing methods	1	0.5	0
Food Temperature Control .2653, .2654					
31	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Proper cooling methods used; adequate equipment for temperature control	1	0.5	0
32	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Plant food properly cooked for hot holding	1	0.5	0
33	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Approved thawing methods used	1	0.5	0
34	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Thermometers provided & accurate	1	0.5	0
Food Identification .2653					
35	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Food properly labeled: original container	2	1	0
Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657					
36	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Insects & rodents not present; no unauthorized animals	2	1	0
37	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Contamination prevented during food preparation, storage & display	2	1	0
38	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Personal cleanliness	1	0.5	0
39	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Wiping cloths: properly used & stored	1	0.5	0
40	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Washing fruits & vegetables	1	0.5	0
Proper Use of Utensils .2653, .2654					
41	<input type="checkbox"/> IN <input type="checkbox"/> OUT	In-use utensils: properly stored	1	0.5	0
42	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Utensils, equipment & linens: properly stored, dried, & handled	1	0.5	0
43	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Single-use & single-service articles: properly stored & used	1	0.5	0
44	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Gloves used properly	1	0.5	0
Utensils and Equipment .2653, .2654, .2663					
45	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed, & used	2	1	0
46	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Warewashing facilities: installed, maintained, & used; test strips	1	0.5	0
47	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Non-food contact surfaces clean	1	0.5	0
Physical Facilities .2654, .2655, .2656					
48	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Hot & cold water available; adequate pressure	2	1	0
49	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Plumbing installed; proper backflow devices	2	1	0
50	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Sewage & waste water properly disposed	2	1	0
51	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Toilet facilities: properly constructed, supplied & cleaned	1	0.5	0
52	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Garbage & refuse properly disposed; facilities maintained	1	0.5	0
53	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Physical facilities installed, maintained & clean	1	0.5	0
54	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Meets ventilation & lighting requirements; designated areas used	1	0.5	0
Total Deductions:					2.0



Comment Addendum to Food Establishment Inspection Report

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Permittee: FONTANA VILLAGE, INC.

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Inspection **Re-Inspection**

Visit

Verification

Name Change

Status Change

Pre-Opening Visit

Other _____

Date: 06/29/2019

Status Code: A

Category#: 2

TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Hot dogs/Reach in	41				
Hot dogs/ roller	140				
Cheese/ hot holding	135				
water/ 3 comp	127				

Observations and Corrective Actions

Item Number **Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 of the fo**

01	NOT IN COMPLIANCE 2-102.12; At least one food worker present shall have food safety certification. None did
14	NOT IN COMPLIANCE; CORRECTED DURING INSPECTION; 4-501.114 Have sanitizer made up and available at all times. None was ready upon entry for inspection. No points taken as PIC made some

Additional Comments

Person in charge (Print & Sign) _____

Regulatory Authority (Print & Sign): JUSTIN , MINTZ

Verification Required Date: _____

REHS ID: 2177

REHS Contact Phone Number: --

