

Food Establishment Inspection Report

Score: 98.0

Establishment Name: HELLBENDER PITSTOP
 Location Address: 11597 FONTANA RD
 City: FONTANA DAM State: North Carolina
 Zip: 28733-0000 County: GRAHAM
Permittee: FONTANA VILLAGE
Telephone: 828 498 2211
Wastewater System: Municipal/Community On-Site System
Water Supply: Municipal/Community On-Site Supply

Establishment ID: 038010090
 Inspection Re-Inspection
 Date: 12/16/2019 Status Code: A
 Time in: _____ Time out: _____
 Category#: 2
 FDA Establishment Type: _____
 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 <input type="checkbox"/> N/O				
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 <input type="checkbox"/> N/O				
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 <input type="checkbox"/> N/O				
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 <input type="checkbox"/> N/O				
Food separated & protected		3	1.5	0	
14	<input type="checkbox"/> IN <input type="checkbox"/> OUT				
Food-contact surfaces: cleaned & sanitized		3	1.5	0	
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 <input type="checkbox"/> N/O				
Proper cooking time & temperatures		3	1.5	0	
17	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O				
Proper reheating procedures for hot holding		3	1.5	0	
18	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O				
Proper cooling time & temperatures		3	1.5	0	
19	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O				
Proper hot holding temperatures		3	1.5	0	
20	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O				
Proper cold holding temperatures		3	1.5	0	X
21	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O				
Proper date marking & disposition		3	1.5	0	
22	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O				
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 <input type="checkbox"/> N/O				
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 <input type="checkbox"/> N/O				
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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County: GRAHAM **Zip:** 28733-0000
Wastewater System: **Municipal/Community** **On-Site System**
Water Supply: **Municipal/Community** **On-Site Supply**
Permittee: FONTANA VILLAGE
Telephone: 828 498 2211

Establishment ID: 038010090
 Inspection **Re-Inspection**
 Visit
 Verification
 Name Change
 Status Change
 Pre-Opening Visit
 Other _____

Date: 12/16/2019
Status Code: A
Category#: 2

TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Nacho Cheese/hot holding	141				
chili/ hot holding	145				
hot dog/ cold holding	39				
hot dog/ cold holding	45				
hot dog/cold holding	38				
onions/ cold holding	41				
jalapenos/ cold holding	38				
kraut/ cold holding	41				

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; A certified food safety manager shall be present at all times when food is being prepared or served. The PIC stated she has her certification, however she did not have her certification on her therefore it could not be verified.
20	NOT IN COMPLIANCE; CORRECTED DURING INSPECTION 3-501.16; Potentially hazardous foods shall be cold held at 41 degrees or below when taken out of their commercial packaging. Hot dogs in the cold drawer were found at 45 degrees. CDI by PIC who placed back in freezer to bring down to temperature. No points taken as all other cold holding was correct

Additional Comments

Person in charge (Print & Sign) _____
Regulatory Authority (Print & Sign): ALLI , GRAY

Verification Required Date: _____
REHS ID: 2765
REHS Contact Phone Number: --

