

Inspection of Lodging Establishment

Score: 100

Establishment Name: DRAGONS REST CABINS LLC

Establishment ID: 038-20-0026

Location Address: 159 TALLULAH CARTWAY

City: ROBBINSVILLE State: North Carolina

County: Graham Zip: 28771

Permittee: MARY CATHERINE CHERRINGTON

Telephone: 828-479-4726

Date: 06/14/2021 Status Code: A

Time In: _____ Time Out: _____

Inspection

Re-Inspection

Wastewater System:

Municipal/Community On-Site

Water Supply:

Municipal/Community On-Site

| Compliance Status | | | | | | | | | | Points | | |
|--|----------------|-----|----------------|-----|--|---|-----|--|----------|--------|--|--|
| MANAGEMENT AND PERSONNEL; EMPLOYEE HEALTH; GOOD HYGIENE PRACTICES; PREVENTING CONTAMINATION BY HANDS (.1822, .1823) | | | | | | | | | | | | |
| 1 | IN | OUT | N/A | | PIC Present; certification by accredited program; performs duties | 2 | | | 0 | | | |
| 2 | IN | OUT | N/A | | Management; employee knowledge; responsibilities and reporting | 2 | 1 | | 0 | | | |
| 3 | IN | OUT | N/A | | Use of reporting, restriction and exclusion | 2 | 1 | | 0 | | | |
| 4 | N/A | OUT | | | Eating, tasting, drinking, or tobacco use | 1 | 0.5 | | 0 | | | |
| 5 | N/A | OUT | | | Personal cleanliness; hair restraints; clean outer clothing; no discharge from eyes, nose, or mouth | 1 | 0.5 | | 0 | | | |
| 6 | N/A | OUT | | | Hands clean; no bare hand contact with ready-to-eat food | 4 | 2 | | 0 | | | |
| FOOD PROTECTION (.1823) | | | | | | | | | | | | |
| 7 | IN | OUT | N/A | | Food obtained from approved sources, received at proper temperature; food in good condition, safe, unadulterated shellstock identification; parasite destruction | 3 | 1.5 | | 0 | | | |
| 8 | IN | OUT | N/A | | Food separated and protected from contamination | 3 | 1.5 | | 0 | | | |
| 9 | IN | OUT | N/A | | Food and ice protected from environmental or other sources of contamination; proper dispensing of ice | 3 | 1.5 | | 0 | | | |
| 10 | IN | OUT | N/A | N/O | Potentially hazardous (time/temperature control for safety) food cooked/reheated; consumer advisory | 3 | 1.5 | | 0 | | | |
| 11 | IN | OUT | N/A | N/O | Potentially hazardous (time/temperature control for safety) food properly cooled; approved methods used | 3 | 1.5 | | 0 | | | |
| 12 | IN | OUT | N/A | N/O | Potentially hazardous (time/temperature control for safety) food cold/hot held; time as a public health control | 3 | 1.5 | | 0 | | | |
| 13 | IN | OUT | N/A | N/O | Potentially hazardous (time/temperature control for safety) food date marked | 3 | 1.5 | | 0 | | | |
| EQUIPMENT AND UTENSILS; PROTECTION FROM CONTAMINATION; (.1824, .1827) | | | | | | | | | | | | |
| 14 | IN | OUT | N/A | | Equipment, food and non-food contact surfaces approved, cleanable, properly designed, constructed and used | 1 | 0.5 | | 0 | | | |
| 15 | IN | OUT | N/A | | Utensils, equipment properly stored, dried, and handled | 1 | 0.5 | | 0 | | | |
| 16 | IN | OUT | N/A | | Warewashing facilities installed, maintained and used; guest room sinks sanitized when necessary | 2 | 1 | | 0 | | | |
| 17 | N/A | OUT | N/A | | Food-contact surfaces cleaned and sanitized; sanitizer maintained as required | 3 | 1.5 | | 0 | | | |
| 18 | N/A | OUT | | | Cooking surfaces of equipment and nonfood-contact surfaces clean | 1 | 0.5 | | 0 | | | |
| 19 | N/A | OUT | | | Single-use and single-service articles properly stored and used | 1 | 0.5 | | 0 | | | |
| 20 | N/A | OUT | | | Thermometer provided; test strips provided | 2 | 1 | | 0 | | | |
| WATER, PLUMBING AND WASTE (.1823, .1825, .1826) | | | | | | | | | | | | |
| 21 | N/A | OUT | | | Handwashing sinks supplied and accessible; toilet tissue supplied | 2 | 1 | | 0 | | | |
| 22 | N/A | OUT | | | Water from approved source; backflow prevention; plumbing in good repair | 4 | 2 | | 0 | | | |
| 23 | N/A | OUT | | | Service sink or other approved method; mop storage | 2 | 1 | | 0 | | | |
| 24 | N/A | OUT | | | Sewage and waste water disposal | 4 | 2 | | 0 | | | |
| PHYSICAL FACILITIES (.1826) | | | | | | | | | | | | |
| 25 | N/A | OUT | | | Meets natural ventilation and lighting requirements | 2 | 1 | | 0 | | | |
| 26 | N/A | OUT | | | Furnishings clean and in good repair; guest room fixtures clean and sanitized between guests | 4 | 2 | | 0 | | | |
| 27 | N/A | OUT | | | Physical facilities installed, maintained, and clean | 4 | 2 | | 0 | | | |
| 28 | N/A | OUT | | | Insects and rodents present; live animals prohibited from food preparation, storage, sales, display, or dining | 4 | 2 | | 0 | | | |
| LAUNDRY AND LINENS (.1828) | | | | | | | | | | | | |
| 29 | N/A | OUT | | | Linen changed between guests and as required | 3 | 1.5 | | 0 | | | |
| 30 | N/A | OUT | | | Linen clean and in good repair; two sheets provided for each bed | 4 | 2 | | 0 | | | |
| 31 | N/A | OUT | | | Linen properly handled and stored | 3 | 1.5 | | 0 | | | |
| 32 | N/A | OUT | N/A | | Items on housekeeping carts arranged to prevent crosscontamination; housekeeping carts clean, items protected from contamination | 4 | 2 | | 0 | | | |
| PREMISES, STORAGE, POISONOUS OR TOXIC MATERIALS (.1825, .1826, .1827) | | | | | | | | | | | | |
| 33 | N/A | OUT | | | Garbage and refuse disposal; facilities maintained | 2 | 1 | | 0 | | | |
| 34 | N/A | OUT | | | Premises maintained to prevent breeding and harborages | 3 | 1.5 | | 0 | | | |
| 35 | N/A | OUT | | | Storage areas provided for maintenance equipment; stored to avoid contamination of food and food contact surfaces | 3 | 1.5 | | 0 | | | |
| 36 | N/A | OUT | | | Approved pesticide use | 3 | 1.5 | | 0 | | | |
| 37 | N/A | OUT | | | Household cleaning agents, medicines, and sanitizers properly stored and handled | 3 | 1.5 | | 0 | | | |
| 38 | N/A | OUT | | | Premises kept neat and clean | 2 | 1 | | 0 | | | |
| TOTAL DEDUCTIONS | | | | | | | | | 0 | | | |



Comment Addendum to Lodging Establishment Report

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 Wastewater system: Municipal/Community On-Site
 Water Supply: Municipal/Community On-Site
 Permittee: MARY CATHERINE CHERRINGTON
 Telephone: 828-479-4726

Establishment ID: 038-20-0026

Date: 06/14/2021
 Status Code: A

- Inspection Re-Inspection
 Visit
 Name Change
 Status Change
 Pre-Opening Visit
 Other

Temperature Observations

| Item/Location | Temp | Item/Location | Temp | Item/Location | Temp |
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Observations and Corrective Actions

| Item Number | |
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Additional Comments

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Person in Charge (Print & Sign): _____

Regulatory Authority (Print & Sign): ALLI GRAY REHSID: 2765

