

# Food Establishment Inspection Report

# Score: 100.0

**Establishment Name:** T. DUBBS  
**Location Address:** 448 RODNEY ORR BYPASS  
**City:** ROBBINSVILLE **State:** North Carolina  
**Zip:** 28771 **County:** GRAHAM  
**Permittee:** TRACY WILLIAMS  
**Telephone:** 828 606 1807  
**Wastewater System:**  Municipal/Community  On-Site System  
**Water Supply:**  Municipal/Community  On-Site Supply

**Establishment ID:** 038020026  
 Inspection  Re-Inspection  
**Date:** 10/18/2021 **Status Code:** A  
**Time in:** \_\_\_\_\_ **Time out:** \_\_\_\_\_  
**Category#:** 3  
**FDA Establishment Type:** Fast Food Restaurants  
**No. of Risk Factor/ Intervention Violations:** 1  
**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

## 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	Compliance Status		OUT	CDI	R	VR
<b>Supervision</b> .2652						<b>Safe Food and Water</b> .2653, .2655, .2658					
1	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	1	0			30	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	1	0.5	0	
PIC Present; Demonstration - Certification by accredited program and perform duties						Pasteurized eggs used where required					
2	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	1	0			31	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	2	1	0	
Certified Food Protection Manager						Water and ice from approved source					
<b>Employee Health</b> .2652						<b>Food Temperature Control</b> .2653, .2654					
3	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	2	1	0		32	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	2	0.5	0	
Management, employees knowledge; responsibilities & reporting						Variance obtained for specialized processing methods					
4	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	3	1.5	0		33	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	1	0.5	0	
Proper use of reporting, restriction & exclusion						Proper cooling methods used; adequate equipment temperature control					
5	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	1	0.5	0		34	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	1	0.5	0	
Procedures for responding to vomiting & diarrheal events						Plant food properly cooked for hot holding					
<b>Good Hygienic Practices</b> .2652, .2653						<b>Food Identification</b> .2653					
6	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	1	0.5	0		35	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	1	0.5	0	
Proper eating, tasting, drinking, or tobacco use						Approved thawing methods used					
7	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	1	0.5	0		36	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	1	0.5	0	
No discharge from eyes, nose, and mouth						Thermometers provided & accurate					
<b>Preventing Contamination by Hands</b> .2652, .2653, .2655, .2656						<b>Prevention of Food Contamination</b> .2652, .2653, .2654, .2656, .2657					
8	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	4	2	0		37	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	2	1	0	
Hands clean & properly washed						Food properly labeled: original container					
9	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	4	2	0		38	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	2	1	0	
No bare hand contact with RTE foods or preapproved alternate procedure properly followed						Insects & rodents not present; no unauthorized animals					
10	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	2	1	0		39	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	2	1	0	
Handwashing sinks supplied & accessible						Contamination prevented during food preparation, storage & display					
<b>Approved Source</b> .2653, .2655						<b>Proper Use of Utensils</b> .2653, .2654					
11	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	2	1	0		40	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	1	0.5	0	
Food obtained from approved source						Personal cleanliness					
12	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	2	1	0		41	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	1	0.5	0	
Food received at proper temperature						Wiping cloths: properly used & stored					
13	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	2	1	0		42	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	1	0.5	0	
Food in good condition, safe & unadulterated						<b>Utensils and Equipment</b> .2653, .2654, .2663					
14	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	2	1	0		43	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	1	0.5	0	
Required records available: shellstock tags, parasite destruction						In-use utensils: properly stored					
<b>Protection from Contamination</b> .2653, .2654						<b>Physical Facilities</b> .2654, .2655, .2656					
15	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	3	1.5	0		44	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	1	0.5	0	
Food separated & protected						Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed, & used					
16	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	3	1.5	0		45	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	1	0.5	0	
Food-contact surfaces: cleaned & sanitized						Warewashing facilities: installed, maintained, & used; test strips					
17	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	2	1	0		46	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	1	0.5	0	
Proper disposition of returned, previously served, reconditioned, & unsafe food						Non-food contact surfaces clean					
<b>Potentially Hazardous Food Time/Temperature</b> .2653						<b>Consumer Advisory</b> .2653					
18	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	3	1.5	0		25	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	1	0.5	0	
Proper cooking time & temperatures						Consumer advisory provided for raw or undercooked foods					
19	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	3	1.5	0		<b>Highly Susceptible Populations</b> .2653					
Proper reheating procedures for hot holding						Pasteurized foods used; prohibited foods not offered					
20	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	3	1.5	0		<b>Chemical</b> .2653, .2657					
Proper cooling time & temperatures						Food additives: approved & properly used					
21	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	3	1.5	0		27	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	1	0.5	0	
Proper hot holding temperatures						Toxic substances properly identified stored, & used					
22	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	3	1.5	0		28	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	2	1	0	
Proper cold holding temperatures						<b>Conformance with Approved Procedures</b> .2653, .2654, .2658					
23	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	3	1.5	0		29	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	2	1	0	
Proper date marking & disposition						Compliance with variance, specialized process, reduced oxygen packaging criteria or HACCP plan					
24	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	3	1.5	0		<b>Total Deductions:</b> 0.0					
Time as a public health control: procedures & records											



# Comment Addendum to Food Establishment Inspection Report

**Establishment Name:** T. DUBBS  
**Location Address:** 448 RODNEY ORR BYPASS  
**City:** ROBBINSVILLE **State:** NC  
**County:** GRAHAM **Zip:** 28771  
**Wastewater System:**  **Municipal/Community**  **On-Site System**  
**Water Supply:**  **Municipal/Community**  **On-Site Supply**  
**Permittee:** TRACY WILLIAMS  
**Telephone:** 828 606 1807

**Establishment ID:** 038020026  
 **Inspection**  **Re-Inspection**  
 **Visit**  
 **Verification**  
 **Name Change**  
 **Status Change**  
 **Pre-Opening Visit**  
 **Other** \_\_\_\_\_

**Date:** 10/18/2021  
**Status Code:** A  
**Category#:** 3

### TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Brisket/ FCT	175	Fries/ FCT	155		
Chicken/ Prep top 1	40	Pulled pork/ reach in 1	40		
brisket/reach in 1	40	lettuce/ prep top 2	41		
Slaw/ Reach in 2	41	brisket/ smoker	154		
Pulled Pork/ FCT	170				
Pulled Pork/ prep top 1	41				
Tomatoes/ prep top 2	40				
boston butt/ Smoker	120				

### 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**

05      NOT IN COMPLIANCE 2-501.11; Establishment shall have a vomiting and diarrheal event policy available. No points taken as it is the 1st inspection after 2017 food code adoption

### Additional Comments

**Person in charge (Print & Sign)** \_\_\_\_\_  
**Regulatory Authority (Print & Sign):** ALLI , GRAY

**Verification Required Date:** \_\_\_\_\_  
**REHS ID:** 2765  
**REHS Contact Phone Number:** --

