

# Food Establishment Inspection Report

Score: 99.0

**Establishment Name:** THE HUB  
**Location Address:** PO BOX 1291  
**City:** ROBBINSVILLE **State:** North Carolina  
**Zip:** 28771 **County:** GRAHAM  
**Permittee:** BLAKE ORR  
**Telephone:** \_\_\_\_\_  
**Wastewater System:**  Municipal/Community  On-Site System  
**Water Supply:**  Municipal/Community  On-Site Supply

**Establishment ID:** 038010150  
 Inspection  Re-Inspection  
**Date:** 10/18/2021 **Status Code:** A  
**Time in:** \_\_\_\_\_ **Time out:** \_\_\_\_\_  
**Category#:** 3  
**FDA Establishment Type:** N/A  
**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 .2652</b>						<b>Safe Food and Water .2653, .2655, .2658</b>					
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										
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										
<b>Employee Health .2652</b>						<b>Food Temperature Control .2653, .2654</b>					
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										
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										
5	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	1	0.5	0	X	34	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	1	0.5	0	
	Procedures for responding to vomiting & diarrheal events										
<b>Good Hygienic Practices .2652, .2653</b>						<b>Food Identification .2653</b>					
6	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	1	0.5	0		35	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	1	0.5	0	
	Proper eating, tasting, drinking, or tobacco use										
7	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	1	0.5	0		36	<input type="checkbox"/> IN <input type="checkbox"/> OUT	1	0.5	0	
	No discharge from eyes, nose, and mouth										
<b>Preventing Contamination by Hands .2652, .2653, .2655, .2656</b>						<b>Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657</b>					
8	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	4	2	0		37	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	2	1	0	
	Hands clean & properly washed										
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										
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										
<b>Approved Source .2653, .2655</b>						<b>Proper Use of Utensils .2653, .2654</b>					
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										
12	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input 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										
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										
14	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	2	1	0		<b>Utensils and Equipment .2653, .2654, .2663</b>					
	Required records available: shellstock tags, parasite destruction					43	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	1	0.5	0	
<b>Protection from Contamination .2653, .2654</b>						44	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	1	0.5	0	
15	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	3	1.5	0							
	Food separated & protected					45	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	1	0.5	0	
16	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	3	1.5	0							
	Food-contact surfaces: cleaned & sanitized					46	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	1	0.5	0	
17	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	2	1	0							
	Proper disposition of returned, previously served, reconditioned, & unsafe food					<b>Physical Facilities .2654, .2655, .2656</b>					
<b>Potentially Hazardous Food Time/Temperature .2653</b>						50	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	1	0.5	0	
18	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	3	1.5	0							
	Proper cooking time & temperatures					51	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	2	1	0	
19	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	3	1.5	0							
	Proper reheating procedures for hot holding					52	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	2	1	0	
20	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	3	1.5	0							
	Proper cooling time & temperatures					53	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	1	0.5	0	
21	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	3	1.5	0							
	Proper hot holding temperatures					54	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	1	0.5	0	
22	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	3	1.5	0							
	Proper cold holding temperatures					55	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	1	0.5	0	
23	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	3	1.5	0							
	Proper date marking & disposition					56	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	1	0.5	0	
24	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	3	1.5	0		<b>Total Deductions:</b> 1.0					
	Time as a public health control: procedures & records										
<b>Consumer Advisory .2653</b>											
25	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	1	0.5	0							
	Consumer advisory provided for raw or undercooked foods										
<b>Highly Susceptible Populations .2653</b>											
26	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	3	1.5	0							
	Pasteurized foods used; prohibited foods not offered										
<b>Chemical .2653, .2657</b>											
27	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	1	0.5	0							
	Food additives: approved & properly used										
28	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	2	1	0							
	Toxic substances properly identified stored, & used										
<b>Conformance with Approved Procedures .2653, .2654, .2658</b>											
29	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	2	1	0							
	Compliance with variance, specialized process, reduced oxygen packaging criteria or HACCP plan										



# Comment Addendum to Food Establishment Inspection Report

**Establishment Name:** THE HUB  
**Location Address:** PO BOX 1291  
**City:** ROBBINSVILLE **State:** NC  
**County:** GRAHAM **Zip:** 28771  
**Wastewater System:**  **Municipal/Community**  **On-Site System**  
**Water Supply:**  **Municipal/Community**  **On-Site Supply**  
**Permittee:** BLAKE ORR  
**Telephone:** \_\_\_\_\_

**Establishment ID:** 038010150  
 **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
Lettuce/ Prep top 1	41	Cheese/ prep top 1	41		
Lettuce/ reach in 1	40	Pulled pork/ Cooling 2 hrs	42		
Chicken/ Cooling 2 hours	86	Pulled pork/ 2 door cooler	40		
Lettuce/ 2 door cooler	39				
Tomatoes/ Prep top 1	40				
Blue cheese/ Reach in 1	38				
Sliced ham/ prep top 2	41				
Raw beef/ 2 door cooler	40				

## 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; CORRECTED DURING INSPECTION 2-501.11; A vomiting and diarrheal event policy shall be available in the establishment. CDI by PIC who printed off guidance from provided documents. No points taken as this is the 1st inspection after 2017 food code adoption
37	NOT IN COMPLIANCE 3-602.11; Food taken out of original container that cannot be readily identified has to be labeled with the common name of the food. Sugar was found unlabeled. CDI by PIC who put correct label.
43	NOT IN COMPLIANCE 3-304.12; In-use utensils shall be stored with the handle out of the food. The scoop in the sugar was found down in the sugar. CDI by PIC who stored correctly.

## Additional Comments

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

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

