

# Food Establishment Inspection Report

**Score: 99.0**

**Establishment Name:** JEB'S CORNER MARKET, LLC  
**Location Address:** 457 RODNEY ORR BYPASS  
**City:** ROBBINSVILLE **State:** North Carolina  
**Zip:** 28771 **County:** GRAHAM  
**Permittee:** AMY BURCHFIELD  
**Telephone:** 828 735 9025  
**Wastewater System:**  Municipal/Community  On-Site System  
**Water Supply:**  Municipal/Community  On-Site Supply

**Establishment ID:** 038010141  
 Inspection  Re-Inspection  
**Date:** 01/21/2022 **Status Code:** U  
**Time in:** \_\_\_\_\_ **Time out:** \_\_\_\_\_  
**Category#:** 2  
**FDA Establishment Type:** N/A  
**No. of Risk Factor/ Intervention Violations:** 3  
**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	<input type="checkbox"/> N/A	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	<input type="checkbox"/> N/A	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	<input type="checkbox"/> N/A	3	1.5	0	33	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	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	<input type="checkbox"/> N/A	1	0.5	0	34	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	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	<input type="checkbox"/> N/A	1	0.5	0	35	<input type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	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	<input type="checkbox"/> N/A	1	0.5	0	36	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	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	<input type="checkbox"/> N/A	4	2	0	37	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	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	4	2	0	38	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	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	<input type="checkbox"/> N/A	2	1	0	39	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	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	<input type="checkbox"/> N/A	1	0.5	0
Food obtained from approved source							Personal cleanliness						
12	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	2	1	0	41	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	1	0.5	0
Food received at proper temperature							Wiping cloths: properly used & stored						
13	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	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							Washing fruits & vegetables						
14	<input type="checkbox"/> IN	<input checked="" type="checkbox"/> OUT	<input type="checkbox"/> N/A	2	1	0	<b>Utensils and Equipment</b> .2653, .2654, .2663						
Required records available: shellstock tags, parasite destruction							43	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	1	0.5	0
<b>Protection from Contamination</b> .2653, .2654							44	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	1	0.5	0
15	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	3	1.5	0	In-use utensils: properly stored						
Food separated & protected							45	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	1	0.5	0
16	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	3	1.5	0	Utensils, equipment & linens: properly stored, dried, & handled						
Food-contact surfaces: cleaned & sanitized							46	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	1	0.5	0
17	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	2	1	0	Single-use & single-service articles: properly stored & used						
Proper disposition of returned, previously served, reconditioned, & unsafe food							47	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	1	0.5	0
<b>Potentially Hazardous Food Time/Temperature</b> .2653							<b>Physical Facilities</b> .2654, .2655, .2656						
18	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	3	1.5	0	50	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	1	0.5	0
Proper cooking time & temperatures							Hot & cold water available; adequate pressure						
19	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	3	1.5	0	51	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	2	1	0
Proper reheating procedures for hot holding							Plumbing installed; proper backflow devices						
20	<input type="checkbox"/> IN	<input checked="" type="checkbox"/> OUT	<input type="checkbox"/> N/A	3	1.5	0	52	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	2	1	0
Proper cooling time & temperatures							Sewage & waste water properly disposed						
21	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	3	1.5	0	53	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	1	0.5	0
Proper hot holding temperatures							Toilet facilities: properly constructed, supplied & cleaned						
22	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	3	1.5	0	54	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	1	0.5	0
Proper cold holding temperatures							Garbage & refuse properly disposed; facilities maintained						
23	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	3	1.5	0	55	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	1	0.5	0
Proper date marking & disposition							Physical facilities installed, maintained & clean						
24	<input type="checkbox"/> IN	<input checked="" type="checkbox"/> OUT	<input type="checkbox"/> N/A	3	1.5	0	56	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	1	0.5	0
Time as a public health control: procedures & records							Meets ventilation & lighting requirements; designated areas used						
<b>Consumer Advisory</b> .2653							<b>Total Deductions:</b> 1.0						
25	<input type="checkbox"/> IN	<input checked="" type="checkbox"/> OUT	<input type="checkbox"/> N/A	1	0.5	0							
Consumer advisory provided for raw or undercooked foods													
<b>Highly Susceptible Populations</b> .2653													
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</b> .2653, .2657													
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</b> .2653, .2654, .2658													
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

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**County:** GRAHAM **Zip:** 28771  
**Wastewater System:**  **Municipal/Community**  **On-Site System**  
**Water Supply:**  **Municipal/Community**  **On-Site Supply**  
**Permittee:** AMY BURCHFIELD  
**Telephone:** 828 735 9025

**Establishment ID:** 038010141  
 **Inspection**  **Re-Inspection**  
 **Visit**  
 **Verification**  
 **Name Change**  
 **Status Change**  
 **Pre-Opening Visit**  
 **Other** \_\_\_\_\_

**Date:** 01/21/2022  
**Status Code:** U  
**Category#:** 2

### TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Hamburger/ hot hold	150				
Tomato (time)	40				
Hot dog	152				

### 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

02	NOT IN COMPLIANCE PIC is not a certified food safety manager. At least one person during operation shall be certified. Obtain training
03	NOT IN COMPLIANCE; Employee health policy shall include salmonella (nontyphoidal) . New example of employee health policy given to PIC. No points taken, points taken next inspection if not in place.
05	NOT IN COMPLIANCE; CORRECTED DURING INSPECTION; No written procedures for vomiting or diarrheal events. Example of procedures given to PIC. No points taken, points taken next inspection if not in place.

### Additional Comments

**Person in charge (Print & Sign)** \_\_\_\_\_  
**Regulatory Authority (Print & Sign):** KENDRA , FRIZZELL

**Verification Required Date:** \_\_\_\_\_  
**REHS ID:** 2455  
**REHS Contact Phone Number:** --

