

# Food Establishment Inspection Report

**Score: 98.5**

**Establishment Name:** CROWN FOOD MART  
**Location Address:** 272 BY PASS  
**City:** ROBBINSVILLE **State:** North Carolina  
**Zip:** 28771-0000 **County:** GRAHAM  
**Permittee:** DIRK CODY  
**Telephone:** 828 479 8651  
**Wastewater System:**  Municipal/Community  On-Site System  
**Water Supply:**  Municipal/Community  On-Site Supply

**Establishment ID:** 038010022  
 Inspection  Re-Inspection  
**Date:** 01/21/2022 **Status Code:** A  
**Time in:** \_\_\_\_\_ **Time out:** \_\_\_\_\_  
**Category#:** 3  
**FDA Establishment Type:** \_\_\_\_\_  
**No. of Risk Factor/ Intervention Violations:** 1  
**No. of Repeat Risk Factor/Intervention Violations:** 1

**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 type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	PIC Present; Demonstration - Certification by accredited program and perform duties	1	0			30	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Pasteurized eggs used where required	1	0.5	0	
2	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Certified Food Protection Manager	1	0		X	31	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Water and ice from approved source	2	1	0	
<b>Employee Health</b> .2652							<b>Food Temperature Control</b> .2653, .2654						
3	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Management, employees knowledge; responsibilities & reporting	2	1	0		32	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Variance obtained for specialized processing methods	2	0.5	0	
4	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Proper use of reporting, restriction & exclusion	3	1.5	0		33	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Proper cooling methods used; adequate equipment temperature control	1	0.5	0	
5	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Procedures for responding to vomiting & diarrheal events	1	0.5	0		34	<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	
<b>Good Hygienic Practices</b> .2652, .2653							<b>Food Identification</b> .2653						
6	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Proper eating, tasting, drinking, or tobacco use	1	0.5	0		35	<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	
7	<input type="checkbox"/> IN <input type="checkbox"/> OUT	No discharge from eyes, nose, and mouth	1	0.5	0		36	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Thermometers provided & accurate	1	0.5	0	
<b>Preventing Contamination by Hands</b> .2652, .2653, .2655, .2656							<b>Prevention of Food Contamination</b> .2652, .2653, .2654, .2656, .2657						
8	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Hands clean & properly washed	4	2	0		37	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Food properly labeled: original container	2	1	0	
9	<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	4	2	0		38	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Insects & rodents not present; no unauthorized animals	2	1	0	
10	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Handwashing sinks supplied & accessible	2	1	0		39	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Contamination prevented during food preparation, storage & display	2	1	0	
<b>Approved Source</b> .2653, .2655							<b>Proper Use of Utensils</b> .2653, .2654						
11	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Food obtained from approved source	2	1	0		40	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Personal cleanliness	1	0.5	0	
12	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	Food received at proper temperature	2	1	0		41	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Wiping cloths: properly used & stored	1	0.5	0	
13	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Food in good condition, safe & unadulterated	2	1	0		42	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Washing fruits & vegetables	1	0.5	0	
14	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Required records available: shellstock tags, parasite destruction	2	1	0		<b>Utensils and Equipment</b> .2653, .2654, .2663						
<b>Protection from Contamination</b> .2653, .2654							43	<input type="checkbox"/> IN <input type="checkbox"/> OUT	In-use utensils: properly stored	1	0.5	0	
15	<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		44	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Utensils, equipment & linens: properly stored, dried, & handled	1	0.5	0	
16	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Food-contact surfaces: cleaned & sanitized	3	1.5	0		45	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Single-use & single-service articles: properly stored & used	1	0.5	0	
17	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Proper disposition of returned, previously served, reconditioned, & unsafe food	2	1	0		46	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Gloves used properly	1	0.5	0	
<b>Potentially Hazardous Food Time/Temperature</b> .2653							<b>Physical Facilities</b> .2654, .2655, .2656						
18	<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		47	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed, & used	1	0.5	0	
19	<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		48	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Warewashing facilities: installed, maintained, & used; test strips	1	0.5	0	
20	<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		49	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Non-food contact surfaces clean	1	0.5	0	
21	<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		<b>Consumer Advisory</b> .2653						
22	<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		25	<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	
23	<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		<b>Highly Susceptible Populations</b> .2653						
24	<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	3	1.5	0		26	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Pasteurized foods used; prohibited foods not offered	3	1.5	0	
<b>Chemical</b> .2653, .2657							<b>Conformance with Approved Procedures</b> .2653, .2654, .2658						
27	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Food additives: approved & properly used	1	0.5	0		27	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Food additives: approved & properly used	1	0.5	0	
28	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Toxic substances properly identified stored, & used	2	1	0		28	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Toxic substances properly identified stored, & used	2	1	0	
29	<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		<b>Total Deductions:</b> 1.5						



# Comment Addendum to Food Establishment Inspection Report

**Establishment Name:** CROWN FOOD MART  
**Location Address:** 272 BY PASS  
**City:** ROBBINSVILLE **State:** NC  
**County:** GRAHAM **Zip:** 28771-0000  
**Wastewater System:**  **Municipal/Community**  **On-Site System**  
**Water Supply:**  **Municipal/Community**  **On-Site Supply**  
**Permittee:** DIRK CODY  
**Telephone:** 828 479 8651

**Establishment ID:** 038010022  
 **Inspection**  **Re-Inspection**  
 **Visit**  
 **Verification**  
 **Name Change**  
 **Status Change**  
 **Pre-Opening Visit**  
 **Other** \_\_\_\_\_

**Date:** 01/21/2022  
**Status Code:** A  
**Category#:** 3

### TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Chicken strip	152				
Hush puppies	150				
fries	138				
slaw/cooling	44				
hot dog/ cooking	163				

### 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; REPEAT VIOLATION 2-102.12; PIC is not a certified food safety manager at least one person during operation shall be certified. Obtain training
33	NOT IN COMPLIANCE 3-501.15; Observed slaw that was prepped today at 44 degrees. The slaw was in a container with a lid. Allow to properly and completely cool before covering. The lid was removed to allow slaw to finish cooling.

### Additional Comments

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

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

