

Food Establishment Inspection Report

Score: 100.0

Establishment Name: STECOAH VALLEY FOOD VENTURES

Establishment ID: 038010084

Location Address: 121 SCHOOL HOUSE RD.

Inspection Re-Inspection

City: ROBBINSVILLE **State:** North Carolina

Date: 04/22/2022 **Status Code:** A

Zip: 28771 **County:** GRAHAM

Time in: _____ **Time out:** _____

Permittee: STECOAH VALLEY CENTER

Category#: 3

Telephone: 828 479 1466

FDA Establishment Type: Full Service Restaurants

Wastewater System: Municipal/Community On-Site System

No. of Risk Factor/ Intervention Violations: 0

Water Supply: Municipal/Community On-Site Supply

No. of Repeat Risk Factor/Intervention Violations: 0

Foodborne Illness Risk Factors and Public Health Interventions

Good Retail Practices

Risk factors: Contributing factors that increase the chance of developing foodborne illness

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						
Supervision .2652							Safe Food and Water .2653, .2655, .2658												
1	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30	<input type="checkbox"/> IN	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Certified Food Protection Manager							Water and ice from approved source												
3	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32	<input type="checkbox"/> IN	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Management, employees knowledge; responsibilities & reporting							Variance obtained for specialized processing methods												
4	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food Temperature Control .2653, .2654												
Proper use of reporting, restriction & exclusion							33	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
5	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment temperature control												
Procedures for responding to vomiting & diarrheal events							34	<input type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/O	<input type="checkbox"/>	<input type="checkbox"/>						
Proper eating, tasting, drinking, or tobacco use							Plant food properly cooked for hot holding												
6	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	35	<input type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/O	<input type="checkbox"/>	<input type="checkbox"/>						
No discharge from eyes, nose, and mouth							Approved thawing methods used												
7	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	36	<input type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Proper disposal of returned, previously served, reconditioned, & unsafe food							Thermometers provided & accurate												
Preventing Contamination by Hands .2652, .2653, .2655, .2656							Food Identification .2653												
8	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	37	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
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"/>	<input type="checkbox"/>	<input type="checkbox"/>	Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657												
No bare hand contact with RTE foods or preapproved alternate procedure properly followed							38	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
10	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects & rodents not present; no unauthorized animals												
Handwashing sinks supplied & accessible							39	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Food obtained from approved source							Contamination prevented during food preparation, storage & display												
11	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Food received at proper temperature							Personal cleanliness												
12	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	41	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Food in good condition, safe & unadulterated							Wiping cloths: properly used & stored												
13	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	42	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Required records available: shellstock tags, parasite destruction							Washing fruits & vegetables												
Protection from Contamination .2653, .2654							Proper Use of Utensils .2653, .2654												
15	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	43	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Food separated & protected							In-use utensils: properly stored												
16	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	44	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Food-contact surfaces: cleaned & sanitized							Utensils, equipment & linens: properly stored, dried, & handled												
17	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Proper cooking time & temperatures							Single-use & single-service articles: properly stored & used												
Potentially Hazardous Food Time/Temperature .2653							46							<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18	<input type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils and Equipment .2653, .2654, .2663												
Proper reheating procedures for hot holding							47	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
19	<input type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed, & used												
Proper cooling time & temperatures							48	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
20	<input type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained, & used; test strips												
Proper hot holding temperatures							49	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
21	<input type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical Facilities .2654, .2655, .2656												
Proper cold holding temperatures							50	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
22	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot & cold water available; adequate pressure												
Proper date marking & disposition							51	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
23	<input type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices												
Time as a public health control: procedures & records							52	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Consumer Advisory .2653							Sewage & waste water properly disposed												
25	<input type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	53	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Consumer advisory provided for raw or undercooked foods							Toilet facilities: properly constructed, supplied & cleaned												
Highly Susceptible Populations .2653							54							<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
26	<input type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Garbage & refuse properly disposed; facilities maintained												
Pasteurized foods used; prohibited foods not offered							55	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Chemical .2653, .2657							Physical facilities installed, maintained & clean												
27	<input type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	56	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Food additives: approved & properly used							Meets ventilation & lighting requirements; designated areas used												
28	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Conformance with Approved Procedures .2653, .2654, .2658												
Toxic substances properly identified stored, & used							29							<input type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compliance with variance, specialized process, reduced oxygen packaging criteria or HACCP plan							Total Deductions:							0.0					



Comment Addendum to Food Establishment Inspection Report

Establishment Name: STECOAH VALLEY FOOD VENTUR

Location Address: 121 SCHOOL HOUSE RD.

City: ROBBINSVILLE State: NC

County: GRAHAM Zip: 28771

Wastewater System: Municipal/Community On-Site System

Water Supply: Municipal/Community On-Site Supply

Permittee: STECOAH VALLEY CENTER

Telephone: 828 479 1466

Establishment ID:

038010084

Date: 04/22/2022

Inspection Re-Inspection

Visit

Verification

Name Change

Status Change

Pre-Opening Visit

Other _____

Status Code: A

Category#: 3

TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
ambient air/ reach in	41				
ambient air/ reach in	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

Additional Comments

Person in charge (Print & Sign) _____

Regulatory Authority (Print & Sign): KENDRA , FRIZZELL

Verification Required Date: _____

REHS ID: 2455

REHS Contact Phone Number: --

