

Inspection of Lodging Establishment

Score: 100

Establishment Name: SNOWBIRD MTN LODGE

Establishment ID: 038-20-0017

Location Address: 4633 SANTEE LAH RD.

City: ROBBINSVILLE State: North Carolina

County: Graham Zip: 28771

Permittee: ROBERT AND KAREN RANKIN

Telephone: _____

Date: 05/14/2019 Status Code: A

Time In: _____ Time Out: _____

Inspection

Re-Inspection

Wastewater System:

Municipal/Community On-Site

Water Supply:

Municipal/Community On-Site

Compliance Status										Points		
MANAGEMENT AND PERSONNEL; EMPLOYEE HEALTH; GOOD HYGIENE PRACTICES; PREVENTING CONTAMINATION BY HANDS (.1822, .1823)												
1	IN	OUT	<input checked="" type="checkbox"/>		PIC Present; certification by accredited program; performs duties	2			0			
2	IN	OUT	<input checked="" type="checkbox"/>		Management; employee knowledge; responsibilities and reporting	2	1		0			
3	IN	OUT	<input checked="" type="checkbox"/>		Use of reporting, restriction and exclusion	2	1		0			
4	<input checked="" type="checkbox"/>	OUT			Eating, tasting, drinking, or tobacco use	1	0.5		0			
5	<input checked="" type="checkbox"/>	OUT			Personal cleanliness; hair restraints; clean outer clothing; no discharge from eyes, nose, or mouth	1	0.5		0			
6	<input checked="" type="checkbox"/>	OUT			Hands clean; no bare hand contact with ready-to-eat food	4	2		0			
FOOD PROTECTION (.1823)												
7	IN	OUT	<input checked="" type="checkbox"/>		Food obtained from approved sources, received at proper temperature; food in good condition, safe, unadulterated shellstock identification; parasite destruction	3	1.5		0			
8	IN	OUT	<input checked="" type="checkbox"/>		Food separated and protected from contamination	3	1.5		0			
9	<input checked="" type="checkbox"/>	OUT		N/A	Food and ice protected from environmental or other sources of contamination; proper dispensing of ice	3	1.5		0			
10	IN	OUT	<input checked="" type="checkbox"/>	N/O	Potentially hazardous (time/temperature control for safety) food cooked/reheated; consumer advisory	3	1.5		0			
11	IN	OUT	<input checked="" type="checkbox"/>	N/O	Potentially hazardous (time/temperature control for safety) food properly cooled; approved methods used	3	1.5		0			
12	IN	OUT	<input checked="" type="checkbox"/>	N/O	Potentially hazardous (time/temperature control for safety) food cold/hot held; time as a public health control	3	1.5		0			
13	IN	OUT	<input checked="" type="checkbox"/>	N/O	Potentially hazardous (time/temperature control for safety) food date marked	3	1.5		0			
EQUIPMENT AND UTENSILS; PROTECTION FROM CONTAMINATION; (.1824, .1827)												
14	IN	OUT	<input checked="" type="checkbox"/>		Equipment, food and non-food contact surfaces approved, cleanable, properly designed, constructed and used	1	0.5		0			
15	IN	OUT	<input checked="" type="checkbox"/>		Utensils, equipment properly stored, dried, and handled	1	0.5		0			
16	IN	OUT	<input checked="" type="checkbox"/>		Warewashing facilities installed, maintained and used; guest room sinks sanitized when necessary	2	1		0			
17	IN	OUT	<input checked="" type="checkbox"/>		Food-contact surfaces cleaned and sanitized; sanitizer maintained as required	3	1.5		0			
18	<input checked="" type="checkbox"/>	OUT			Cooking surfaces of equipment and nonfood-contact surfaces clean	1	0.5		0			
19	<input checked="" type="checkbox"/>	OUT			Single-use and single-service articles properly stored and used	1	0.5		0			
20	<input checked="" type="checkbox"/>	OUT			Thermometer provided; test strips provided	2	1		0			
WATER, PLUMBING AND WASTE (.1823, .1825, .1826)												
21	<input checked="" type="checkbox"/>	OUT			Handwashing sinks supplied and accessible; toilet tissue supplied	2	1		0			
22	<input checked="" type="checkbox"/>	OUT			Water from approved source; backflow prevention; plumbing in good repair	4	2		0			
23	<input checked="" type="checkbox"/>	OUT			Service sink or other approved method; mop storage	2	1		0			
24	<input checked="" type="checkbox"/>	OUT			Sewage and waste water disposal	4	2		0			
PHYSICAL FACILITIES (.1826)												
25	<input checked="" type="checkbox"/>	OUT			Meets natural ventilation and lighting requirements	2	1		0			
26	<input checked="" type="checkbox"/>	OUT			Furnishings clean and in good repair; guest room fixtures clean and sanitized between guests	4	2		0			
27	<input checked="" type="checkbox"/>	OUT			Physical facilities installed, maintained, and clean	4	2		0			
28	<input checked="" type="checkbox"/>	OUT			Insects and rodents present; live animals prohibited from food preparation, storage, sales, display, or dining	4	2		0			
LAUNDRY AND LINENS (.1828)												
29	<input checked="" type="checkbox"/>	OUT			Linen changed between guests and as required	3	1.5		0			
30	<input checked="" type="checkbox"/>	OUT			Linen clean and in good repair; two sheets provided for each bed	4	2		0			
31	<input checked="" type="checkbox"/>	OUT			Linen properly handled and stored	3	1.5		0			
32	IN	OUT	<input checked="" type="checkbox"/>		Items on housekeeping carts arranged to prevent crosscontamination; housekeeping carts clean, items protected from contamination	4	2		0			
PREMISES, STORAGE, POISONOUS OR TOXIC MATERIALS (.1825, .1826, .1827)												
33	<input checked="" type="checkbox"/>	OUT			Garbage and refuse disposal; facilities maintained	2	1		0			
34	<input checked="" type="checkbox"/>	OUT			Premises maintained to prevent breeding and harborages	3	1.5		0			
35	<input checked="" type="checkbox"/>	OUT			Storage areas provided for maintenance equipment; stored to avoid contamination of food and food contact surfaces	3	1.5		0			
36	<input checked="" type="checkbox"/>	OUT			Approved pesticide use	3	1.5		0			
37	<input checked="" type="checkbox"/>	OUT			Household cleaning agents, medicines, and sanitizers properly stored and handled	3	1.5		0			
38	<input checked="" type="checkbox"/>	OUT			Premises kept neat and clean	2	1		0			
TOTAL DEDUCTIONS												0



Comment Addendum to Lodging Establishment Report

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 County: Graham Zip: 28771
 Wastewater system: Municipal/Community On-Site
 Water Supply: Municipal/Community On-Site
 Permittee: ROBERT AND KAREN RANKIN
 Telephone: _____

Establishment ID: _____
038-20-0017

Date: 05/14/2019
 Status Code: A

- Inspection Re-Inspection
 Visit
 Name Change
 Status Change
 Pre-Opening Visit
 Other

Temperature Observations

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp

Observations and Corrective Actions

Item Number	

Additional Comments

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Person in Charge (Print & Sign): _____

Regulatory Authority (Print & Sign): ALLI HOOPER REHSID: 2765

