

# Inspection of Lodging Establishment

Score: 100

Establishment Name: APPALACHIAN INN

Establishment ID: 038-23-0001

Location Address: 300 KNOLL TOP ROAD

City: ROBBINSVILLE State: North Carolina

County: Graham Zip: 28771

Permittee: ELIZABETH BUTLER

Telephone: 828-479-8450

Date: 05/12/2020 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		
<b>MANAGEMENT AND PERSONNEL; EMPLOYEE HEALTH; GOOD HYGIENE PRACTICES; PREVENTING CONTAMINATION BY HANDS (.1822, .1823)</b>							
1	<input checked="" type="checkbox"/>	OUT	N/A		PIC Present; certification by accredited program; performs duties	2	0
2	<input checked="" type="checkbox"/>	OUT	N/A		Management; employee knowledge; responsibilities and reporting	2	0
3	<input checked="" type="checkbox"/>	OUT	N/A		Use of reporting, restriction and exclusion	2	0
4	<input checked="" type="checkbox"/>	OUT			Eating, tasting, drinking, or tobacco use	1	0
5	<input checked="" type="checkbox"/>	OUT			Personal cleanliness; hair restraints; clean outer clothing; no discharge from eyes, nose, or mouth	1	0
6	<input checked="" type="checkbox"/>	OUT			Hands clean; no bare hand contact with ready-to-eat food	4	0
<b>FOOD PROTECTION (.1823)</b>							
7	<input checked="" type="checkbox"/>	OUT	N/A		Food obtained from approved sources, received at proper temperature; food in good condition, safe, unadulterated shellstock identification; parasite destruction	3	0
8	<input checked="" type="checkbox"/>	OUT	N/A		Food separated and protected from contamination	3	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	0
10	<input checked="" type="checkbox"/>	OUT	N/A	<input checked="" type="checkbox"/>	Potentially hazardous (time/temperature control for safety) food cooked/reheated; consumer advisory	3	0
11	<input checked="" type="checkbox"/>	OUT	N/A	<input checked="" type="checkbox"/>	Potentially hazardous (time/temperature control for safety) food properly cooled; approved methods used	3	0
12	<input checked="" type="checkbox"/>	OUT	N/A	<input checked="" type="checkbox"/>	Potentially hazardous (time/temperature control for safety) food cold/hot held; time as a public health control	3	0
13	<input checked="" type="checkbox"/>	OUT	N/A	<input checked="" type="checkbox"/>	Potentially hazardous (time/temperature control for safety) food date marked	3	0
<b>EQUIPMENT AND UTENSILS; PROTECTION FROM CONTAMINATION; (.1824, .1827)</b>							
14	<input checked="" type="checkbox"/>	OUT	N/A		Equipment, food and non-food contact surfaces approved, cleanable, properly designed, constructed and used	1	0
15	<input checked="" type="checkbox"/>	OUT	N/A		Utensils, equipment properly stored, dried, and handled	1	0
16	<input checked="" type="checkbox"/>	OUT	N/A		Warewashing facilities installed, maintained and used; guest room sinks sanitized when necessary	2	0
17	<input checked="" type="checkbox"/>	OUT	N/A		Food-contact surfaces cleaned and sanitized; sanitizer maintained as required	3	0
18	<input checked="" type="checkbox"/>	OUT			Cooking surfaces of equipment and nonfood-contact surfaces clean	1	0
19	<input checked="" type="checkbox"/>	OUT			Single-use and single-service articles properly stored and used	1	0
20	<input checked="" type="checkbox"/>	OUT			Thermometer provided; test strips provided	2	0
<b>WATER, PLUMBING AND WASTE (.1823, .1825, .1826)</b>							
21	<input checked="" type="checkbox"/>	OUT			Handwashing sinks supplied and accessible; toilet tissue supplied	2	0
22	<input checked="" type="checkbox"/>	OUT			Water from approved source; backflow prevention; plumbing in good repair	4	0
23	<input checked="" type="checkbox"/>	OUT			Service sink or other approved method; mop storage	2	0
24	<input checked="" type="checkbox"/>	OUT			Sewage and waste water disposal	4	0
<b>PHYSICAL FACILITIES (.1826)</b>							
25	<input checked="" type="checkbox"/>	OUT			Meets natural ventilation and lighting requirements	2	0
26	<input checked="" type="checkbox"/>	OUT			Furnishings clean and in good repair; guest room fixtures clean and sanitized between guests	4	0
27	<input checked="" type="checkbox"/>	OUT			Physical facilities installed, maintained, and clean	4	0
28	<input checked="" type="checkbox"/>	OUT			Insects and rodents present; live animals prohibited from food preparation, storage, sales, display, or dining	4	0
<b>LAUNDRY AND LINENS (.1828)</b>							
29	<input checked="" type="checkbox"/>	OUT			Linen changed between guests and as required	3	0
30	<input checked="" type="checkbox"/>	OUT			Linen clean and in good repair; two sheets provided for each bed	4	0
31	<input checked="" type="checkbox"/>	OUT			Linen properly handled and stored	3	0
32	<input checked="" type="checkbox"/>	OUT	<input checked="" type="checkbox"/>		Items on housekeeping carts arranged to prevent crosscontamination; housekeeping carts clean, items protected from contamination	4	0
<b>PREMISES, STORAGE, POISONOUS OR TOXIC MATERIALS (.1825, .1826, .1827)</b>							
33	<input checked="" type="checkbox"/>	OUT			Garbage and refuse disposal; facilities maintained	2	0
34	<input checked="" type="checkbox"/>	OUT			Premises maintained to prevent breeding and harborages	3	0
35	<input checked="" type="checkbox"/>	OUT			Storage areas provided for maintenance equipment; stored to avoid contamination of food and food contact surfaces	3	0
36	<input checked="" type="checkbox"/>	OUT			Approved pesticide use	3	0
37	<input checked="" type="checkbox"/>	OUT			Household cleaning agents, medicines, and sanitizers properly stored and handled	3	0
38	<input checked="" type="checkbox"/>	OUT			Premises kept neat and clean	2	0
<b>TOTAL DEDUCTIONS</b>						<b>0</b>	



## Comment Addendum to Lodging Establishment Report

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

### Temperature Observations

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
refrigerator/ambient air	38				
water temp/side bedroom bath	120				

### Observations and Corrective Actions

Item Number	

### Additional Comments

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Person in Charge (Print & Sign): \_\_\_\_\_

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

