

Food Establishment Inspection Report

Score: 97.0

Establishment Name: GRAHAM COUNTY SENIOR CENTER
Location Address: 185 WEST FORT HILL
City: ROBBINSVILLE **State:** North Carolina
Zip: 28771 **County:** GRAHAM
Permittee: GRAHAM COUNTY GOVERNMENT
Telephone: 828 479 7977
Wastewater System: Municipal/Community On-Site System
Water Supply: Municipal/Community On-Site Supply

Establishment ID: 038010118
 Inspection Re-Inspection
Date: 08/24/2020 **Status Code:** A
Time in: _____ **Time out:** _____
Category#: 4
FDA Establishment Type: N/A
No. of Risk Factor/ Intervention Violations: 2
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

| Compliance Status | | OUT | CDI | R | VR |
|---|---|--|-----|-----|----|
| Supervision .2652 | | | | | |
| 1 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | PIC Present; Demonstration - Certification by accredited program and perform duties | 2 | 0 | |
| Employee Health .2652 | | | | | |
| 2 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | Management, employees knowledge; responsibilities & reporting | 3 | 1.5 | 0 |
| 3 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | Proper use of reporting, restriction & exclusion | 3 | 1.5 | 0 |
| Good Hygienic Practices .2652, .2653 | | | | | |
| 4 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | Proper eating, tasting, drinking, or tobacco use | 2 | 1 | 0 |
| 5 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | No discharge from eyes, nose, and mouth | 1 | 0.5 | 0 |
| Preventing Contamination by Hands .2652, .2653, .2655, .2656 | | | | | |
| 6 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | Hands clean & properly washed | 4 | 2 | 0 |
| 7 | <input checked="" 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 | 3 | 1.5 | 0 |
| 8 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | Handwashing sinks supplied & accessible | 2 | 1 | 0 |
| Approved Source .2653, .2655 | | | | | |
| 9 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | Food obtained from approved source | 2 | 1 | 0 |
| 10 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Food received at proper temperature | 2 | 1 | 0 |
| 11 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | Food in good condition, safe & unadulterated | 2 | 1 | 0 |
| 12 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O | Required records available: shellstock tags, parasit destruction | 2 | 1 | 0 |
| Protection from Contamination .2653, .2654 | | | | | |
| 13 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Food separated & protected | 3 | 1.5 | 0 |
| 14 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | Food-contact surfaces: cleaned & sanitized | 3 | 1.5 | 0 |
| 15 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | Proper disposition of returned, previously served reconditioned, & unsafe food | 2 | 1 | 0 |
| Potentially Hazardous Food Time/Temperature .2653 | | | | | |
| 16 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O | Proper cooking time & temperatures | 3 | 1.5 | 0 |
| 17 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O | Proper reheating procedures for hot holding | 3 | 1.5 | 0 |
| 18 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O | Proper cooling time & temperatures | 3 | 1.5 | 0 |
| 19 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O | Proper hot holding temperatures | 3 | 1.5 | 0 |
| 20 | <input checked="" 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 |
| 21 | <input checked="" 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 |
| 22 | <input checked="" 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 | 2 | 1 | 0 |
| Consumer Advisory .2653 | | | | | |
| 23 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A | Consumer advisory provided for raw or undercooked foods | 1 | 0.5 | 0 |
| Highly Susceptible Populations .2653 | | | | | |
| 24 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A | Pasteurized foods used; prohibited foods not offered | 3 | 1.5 | 0 |
| Chemical .2653, .2657 | | | | | |
| 25 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A | Food additives: approved & properly used | 1 | 0.5 | 0 |
| 26 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | Toxic substances properly identified stored, & used | 2 | 1 | 0 |
| Conformance with Approved Procedures .2653, .2654, .2658 | | | | | |
| 27 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A | Compliance with variance, specialized process, reduced oxygen packaging criteria or HACCP plan | 2 | 1 | 0 |

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 |
|---|---|---|-----|-----|------------|
| Safe Food and Water .2653, .2655, .2658 | | | | | |
| 28 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A | Pasteurized eggs used where required | 1 | 0.5 | 0 |
| 29 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | Water and ice from approved source | 2 | 1 | 0 |
| 30 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A | Variance obtained for specialized processing methods | 1 | 0.5 | 0 |
| Food Temperature Control .2653, .2654 | | | | | |
| 31 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | Proper cooling methods used; adequate equipment for temperature control | 1 | 0.5 | 0 |
| 32 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O | Plant food properly cooked for hot holding | 1 | 0.5 | 0 |
| 33 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O | Approved thawing methods used | 1 | 0.5 | 0 |
| 34 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | Thermometers provided & accurate | 1 | 0.5 | 0 |
| Food Identification .2653 | | | | | |
| 35 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | Food properly labeled: original container | 2 | 1 | 0 |
| Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657 | | | | | |
| 36 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | Insects & rodents not present; no unauthorized animals | 2 | 1 | 0 |
| 37 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | Contamination prevented during food preparation, storage & display | 2 | 1 | 0 |
| 38 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | Personal cleanliness | 1 | 0.5 | 0 |
| 39 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | Wiping cloths: properly used & stored | 1 | 0.5 | 0 |
| 40 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | Washing fruits & vegetables | 1 | 0.5 | 0 |
| Proper Use of Utensils .2653, .2654 | | | | | |
| 41 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | In-use utensils: properly stored | 1 | 0.5 | 0 |
| 42 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | Utensils, equipment & linens: properly stored, dried, & handled | 1 | 0.5 | 0 |
| 43 | <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT | Single-use & single-service articles: properly stored & used | 1 | 0.5 | 0 |
| 44 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | Gloves used properly | 1 | 0.5 | 0 |
| Utensils and Equipment .2653, .2654, .2663 | | | | | |
| 45 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed, & used | 2 | 1 | 0 |
| 46 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | Warewashing facilities: installed, maintained, & used; test strips | 1 | 0.5 | 0 |
| 47 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | Non-food contact surfaces clean | 1 | 0.5 | 0 |
| Physical Facilities .2654, .2655, .2656 | | | | | |
| 48 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | Hot & cold water available; adequate pressure | 2 | 1 | 0 |
| 49 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | Plumbing installed; proper backflow devices | 2 | 1 | 0 |
| 50 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | Sewage & waste water properly disposed | 2 | 1 | 0 |
| 51 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | Toilet facilities: properly constructed, supplied & cleaned | 1 | 0.5 | 0 |
| 52 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | Garbage & refuse properly disposed; facilities maintained | 1 | 0.5 | 0 |
| 53 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | Physical facilities installed, maintained & clean | 1 | 0.5 | 0 |
| 54 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | Meets ventilation & lighting requirements; designated areas used | 1 | 0.5 | 0 |
| Total Deductions: | | | | | 3.0 |



Comment Addendum to Food Establishment Inspection Report

Establishment Name: GRAHAM COUNTY SENIOR CENTE

Establishment ID: 038010118

Date: 08/24/2020

Location Address: 185 WEST FORT HILL

City: ROBBINSVILLE State: NC

County: GRAHAM Zip: 28771

Wastewater System: Municipal/Community On-Site System

Water Supply: Municipal/Community On-Site Supply

Permittee: GRAHAM COUNTY GOVERNMENT

Telephone: 828 479 7977

Inspection Re-Inspection

Visit

Verification

Name Change

Status Change

Pre-Opening Visit

Other _____

Status Code: A

Category#: 4

TEMPERATURE OBSERVATIONS

| Item/Location | Temp | Item/Location | Temp | Item/Location | Temp |
|------------------------------|------|---------------|------|---------------|------|
| fried chicken/ 3 door cooler | 40 | | | | |
| raw beef/ 3 door cooler | 39 | | | | |
| sliced ham/ 3 door cooler | 39 | | | | |
| bologna/ 1 door cooler | 39 | | | | |
| slaw/ 3 door cooler | 38 | | | | |
| milk cooler/ ambient air | 35 | | | | |
| | | | | | |

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

| | |
|----|---|
| 06 | NOT IN COMPLIANCE; CORRECTED DURING INSPECTION 2-301.14; Employees shall wash hands before donning gloves. Employee was preparing trays and did not wash hands before donning new gloves. CDI by taking off gloves and washing hands before getting a new pair. |
| 21 | NOT IN COMPLIANCE; CORRECTED DURING INSPECTION 3-501.17; Ready to eat foods shall be labeled with the date of preparation if kept more than 24 hours. Fried chicken was found with no date. PIC stated she was unsure but believed they were from the weekend. CDI by PIC who threw away. No points taken as all other items were dated properly. |
| 37 | NOT IN COMPLIANCE; 3-305.11; Food shall be stored at least 6 inches above finished floor. Several food items were found stored on the floor. |
| 43 | NOT IN COMPLIANCE 4-903.11; Single use/ single service items shall be stored at least 6 inches about the finished floor. No points taken as only a few items were found. |

Additional Comments

Person in charge (Print & Sign) _____

Regulatory Authority (Print & Sign): ALLI , GRAY

Verification Required Date: _____

REHS ID: 2765

REHS Contact Phone Number: --

