

# Food Establishment Inspection Report

**Score: 99.0**

**Establishment Name:** IRON HORSE MOTORCYCLE LODGE  
 Location Address: 1755 LOWER STECOAH RD  
 City: ROBBINSVILLE State: North Carolina  
 Zip: 28771 County: GRAHAM  
**Permittee:** JERRY GOSS  
**Telephone:** 828 479 3864  
**Wastewater System:**  Municipal/Community  On-Site System  
**Water Supply:**  Municipal/Community  On-Site Supply

**Establishment ID:** 038010143  
 Inspection  Re-Inspection  
 Date: 09/21/2020 Status Code: A  
 Time in: \_\_\_\_\_ Time out: \_\_\_\_\_  
 Category#: 4  
 FDA Establishment Type: Full Service Restaurants  
 No. of Risk Factor/ Intervention Violations: 0  
 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
<b>Supervision .2652</b>					
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	
<b>Employee Health .2652</b>					
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
<b>Good Hygienic Practices .2652, .2653</b>					
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
<b>Preventing Contamination by Hands .2652, .2653, .2655, .2656</b>					
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 checked="" 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
<b>Approved Source .2653, .2655</b>					
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 checked="" 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, parasite destruction	2	1	0
<b>Protection from Contamination .2653, .2654</b>					
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
<b>Potentially Hazardous Food Time/Temperature .2653</b>					
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 checked="" 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 checked="" type="checkbox"/> N/O	Proper date marking & disposition	3	1.5	0
22	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Time as a public health control: procedures & records	2	1	0
<b>Consumer Advisory .2653</b>					
23	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Consumer advisory provided for raw or undercooked foods	1	0.5	0
<b>Highly Susceptible Populations .2653</b>					
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
<b>Chemical .2653, .2657</b>					
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
<b>Conformance with Approved Procedures .2653, .2654, .2658</b>					
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
<b>Safe Food and Water .2653, .2655, .2658</b>					
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
<b>Food Temperature Control .2653, .2654</b>					
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
<b>Food Identification .2653</b>					
35	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Food properly labeled: original container	2	1	X
<b>Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657</b>					
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
<b>Proper Use of Utensils .2653, .2654</b>					
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 checked="" type="checkbox"/> IN <input 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
<b>Utensils and Equipment .2653, .2654, .2663</b>					
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
<b>Physical Facilities .2654, .2655, .2656</b>					
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
<b>Total Deductions:</b>					1.0



# Comment Addendum to Food Establishment Inspection Report

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Location Address: 1755 LOWER STECOAH RD

City: ROBBINSVILLE State: NC

County: GRAHAM Zip: 28771

Wastewater System:  Municipal/Community  On-Site System

Water Supply:  Municipal/Community  On-Site Supply

Permittee: JERRY GOSS

Telephone: 828 479 3864

**Establishment ID:** 038010143

Date: 09/21/2020

- Inspection  Re-Inspection
- Visit
- Verification
- Name Change
- Status Change
- Pre-Opening Visit
- Other \_\_\_\_\_

Status Code: <u>A</u>
Category#: <u>4</u>

### TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
BBQ Ribs/ Walk in	40				
Lettuce/salad cooler	39				
Roast beef/ walk in	39				
Mac & Cheese/2 door cooler	39				

### 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

35	NOT IN COMPLIANCE 3-302.12; If food is taken out of the original container it shall be labeled with the common name of the food. Sugar was found with no label. CDI by PIC who placed label on container. No points taken as all other food items were labeled correctly.; CORRECTED DURING INSPECTION
37	NOT IN COMPLIANCE; 3-305.11; Food shall be stored at least 6" above the finished floor. Boxes of food were found on the floor of the walk in freezer.

### Additional Comments

Person in charge (Print & Sign) \_\_\_\_\_

Regulatory Authority (Print & Sign): ALLI , GRAY

Verification Required Date: \_\_\_\_\_

REHS ID: 2765

REHS Contact Phone Number: --

