

Food Establishment Inspection Report

Score: 98.0

Establishment Name: SOUTHERN GALS COUNTRY COOKING

Establishment ID: 038010122

Location Address: 400 RODNEY ORR BY PASS

Inspection Re-Inspection

City: ROBBINSVILLE **State:** North Carolina

Date: 09/30/2020 **Status Code:** A

Zip: 28771 **County:** GRAHAM

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

Permittee: STEPHANIE GLADDEN

Category#: 4

Telephone: 828 479 9405

FDA Establishment Type: _____

Wastewater System: Municipal/Community On-Site System

No. of Risk Factor/ Intervention Violations: 1

Water Supply: Municipal/Community On-Site Supply

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 type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	PIC Present; Demonstration - Certification by accredited program and perform duties	2	0	X
Employee Health .2652					
2	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Management, employees knowledge; responsibilities & reporting	3	1.5	0
3	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Proper use of reporting, restriction & exclusion	3	1.5	0
Good Hygienic Practices .2652, .2653					
4	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Proper eating, tasting, drinking, or tobacco use	2	1	0
5	<input 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 type="checkbox"/> IN <input type="checkbox"/> OUT	Hands clean & properly washed	4	2	0
7	<input 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 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 type="checkbox"/> IN <input type="checkbox"/> OUT	Food obtained from approved source	2	1	0
10	<input 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 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 type="checkbox"/> N/A <input type="checkbox"/> N/O	Required records available: shellstock tags, parasite destruction	2	1	0
Protection from Contamination .2653, .2654					
13	<input 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 type="checkbox"/> IN <input type="checkbox"/> OUT	Food-contact surfaces: cleaned & sanitized	3	1.5	0
15	<input 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 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 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 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 type="checkbox"/> N/O	Proper hot holding temperatures	3	1.5	0
20	<input 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 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 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 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 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 type="checkbox"/> N/A	Food additives: approved & properly used	1	0.5	0
26	<input 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 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 type="checkbox"/> N/A	Pasteurized eggs used where required	1	0.5	0
29	<input 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 type="checkbox"/> N/A	Variance obtained for specialized processing methods	1	0.5	0
Food Temperature Control .2653, .2654					
31	<input 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 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 type="checkbox"/> N/O	Approved thawing methods used	1	0.5	0
34	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Thermometers provided & accurate	1	0.5	0
Food Identification .2653					
35	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Food properly labeled: original container	2	1	X
Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657					
36	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Insects & rodents not present; no unauthorized animals	2	1	0
37	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Contamination prevented during food preparation, storage & display	2	1	0
38	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Personal cleanliness	1	0.5	0
39	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Wiping cloths: properly used & stored	1	0.5	0
40	<input 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 type="checkbox"/> IN <input type="checkbox"/> OUT	In-use utensils: properly stored	1	0.5	0
42	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Utensils, equipment & linens: properly stored, dried, & handled	1	0.5	0
43	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Single-use & single-service articles: properly stored & used	1	0.5	0
44	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Gloves used properly	1	0.5	0
Utensils and Equipment .2653, .2654, .2663					
45	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed, & used	2	1	0
46	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Warewashing facilities: installed, maintained, & used; test strips	1	0.5	0
47	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Non-food contact surfaces clean	1	0.5	0
Physical Facilities .2654, .2655, .2656					
48	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Hot & cold water available; adequate pressure	2	1	0
49	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Plumbing installed; proper backflow devices	2	1	0
50	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Sewage & waste water properly disposed	2	1	0
51	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Toilet facilities: properly constructed, supplied & cleaned	1	0.5	0
52	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Garbage & refuse properly disposed; facilities maintained	1	0.5	0
53	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Physical facilities installed, maintained & clean	1	0.5	0
54	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Meets ventilation & lighting requirements; designated areas used	1	0.5	0
Total Deductions:					2.0



Comment Addendum to Food Establishment Inspection Report

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Location Address: 400 RODNEY ORR BY PASS

City: ROBBINSVILLE State: NC

County: GRAHAM Zip: 28771

Wastewater System: Municipal/Community On-Site System

Water Supply: Municipal/Community On-Site Supply

Permittee: STEPHANIE GLADDEN

Telephone: 828 479 9405

Establishment ID: 038010122

Date: 09/30/2020

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
Burger Patty/ FCGT	180	potatoes/cool 4 hrs/walk in	40		
Lettuce/ Prep Top	41	lemons/ waitress prep	39		
Mac & Cheese/2 door cooler	38	mashed potatoes/ hot holding	137		
Chili/cool 2 hrs/walk in	65	burgers/reach in	39		
ground beef/walk in	40	chicken soup/cool 20 min/wi	68		
green beans/ hot holding	145	pintos/walk in	39		
tomatoes/ prep top	40				
chicken breast/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

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|----|---|
| 01 | NOT IN COMPLIANCE; CORRECTED DURING INSPECTION 2-103.11; PIC shall restrict persons unnecessary to the food establishment operation from food preparation, food storage, or warewashing areas. Several Children were found in the dry food/warewashing area. CDI by PIC who removed |
| 35 | NOT IN COMPLIANCE; CORRECTED DURING INSPECTION 3-302.12; Foods taken out of their original containers that cannot be easily identified shall be labeled with the common name of the item . Flour was found without a label. No points taken as all other containers were labeled correctly. |

Additional Comments

Person in charge (Print & Sign) _____

Regulatory Authority (Print & Sign): ALLI , GRAY

Verification Required Date: _____

REHS ID: 2765

REHS Contact Phone Number: --

