

Food Establishment Inspection Report

Score: 0.0

Establishment Name: BLUE WATERS MOUNTAIN LODGE
 Location Address: 292 PINE RIDGE RD
 City: ROBBINSVILLE State: North Carolina
 Zip: 28771-0000 County: GRAHAM
Permittee: MAURY & MIKE STEWART
Telephone: 828 479 8888
Wastewater System: Municipal/Community On-Site System
Water Supply: Municipal/Community On-Site Supply

Establishment ID: 038010074
 Inspection Re-Inspection
 Date: 10/13/2020 Status Code: A
 Time in: _____ Time out: _____
 Category#: 3
 FDA Establishment Type: _____
 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
Supervision .2652					
1	IN OUT N/A				
PIC Present; Demonstration - Certification by accredited program and perform duties		2	0		
Employee Health .2652					
2	IN OUT				
Management, employees knowledge; responsibilities & reporting		3	1.5	0	
3	IN OUT				
Proper use of reporting, restriction & exclusion		3	1.5	0	
Good Hygienic Practices .2652, .2653					
4	IN OUT				
Proper eating, tasting, drinking, or tobacco use		2	1	0	
5	IN OUT				
No discharge from eyes, nose, and mouth		1	0.5	0	
Preventing Contamination by Hands .2652, .2653, .2655, .2656					
6	IN OUT				
Hands clean & properly washed		4	2	0	
7	IN OUT N/A N/O				
No bare hand contact with RTE foods or preapproved alternate procedure properly followed		3	1.5	0	
8	IN OUT N/A				
Handwashing sinks supplied & accessible		2	1	0	
Approved Source .2653, .2655					
9	IN OUT				
Food obtained from approved source		2	1	0	
10	IN OUT				
Food received at proper temperature		2	1	0	
11	IN OUT				
Food in good condition, safe & unadulterated		2	1	0	
12	IN OUT N/A N/O				
Required records available: shellstock tags, parasite destruction		2	1	0	
Protection from Contamination .2653, .2654					
13	IN OUT N/A N/O				
Food separated & protected		3	1.5	0	
14	IN OUT				
Food-contact surfaces: cleaned & sanitized		3	1.5	0	
15	IN OUT				
Proper disposition of returned, previously served reconditioned, & unsafe food		2	1	0	
Potentially Hazardous Food Time/Temperature .2653					
16	IN OUT N/A N/O				
Proper cooking time & temperatures		3	1.5	0	
17	IN OUT N/A N/O				
Proper reheating procedures for hot holding		3	1.5	0	
18	IN OUT N/A N/O				
Proper cooling time & temperatures		3	1.5	0	
19	IN OUT N/A N/O				
Proper hot holding temperatures		3	1.5	0	
20	IN OUT N/A N/O				
Proper cold holding temperatures		3	1.5	0	
21	IN OUT N/A N/O				
Proper date marking & disposition		3	1.5	0	
22	IN OUT N/A N/O				
Time as a public health control: procedures & records		2	1	0	
Consumer Advisory .2653					
23	IN OUT N/A				
Consumer advisory provided for raw or undercooked foods		1	0.5	0	
Highly Susceptible Populations .2653					
24	IN OUT N/A				
Pasteurized foods used; prohibited foods not offered		3	1.5	0	
Chemical .2653, .2657					
25	IN OUT N/A				
Food additives: approved & properly used		1	0.5	0	
26	IN OUT N/A				
Toxic substances properly identified stored, & used		2	1	0	
Conformance with Approved Procedures .2653, .2654, .2658					
27	IN OUT 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	IN OUT N/A				
Pasteurized eggs used where required		1	0.5	0	
29	IN OUT				
Water and ice from approved source		2	1	0	
30	IN OUT N/A				
Variance obtained for specialized processing methods		1	0.5	0	
Food Temperature Control .2653, .2654					
31	IN OUT				
Proper cooling methods used; adequate equipment for temperature control		1	0.5	0	
32	IN OUT N/A N/O				
Plant food properly cooked for hot holding		1	0.5	0	
33	IN OUT N/A N/O				
Approved thawing methods used		1	0.5	0	
34	IN OUT				
Thermometers provided & accurate		1	0.5	0	
Food Identification .2653					
35	IN OUT				
Food properly labeled: original container		2	1	0	
Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657					
36	IN OUT				
Insects & rodents not present; no unauthorized animals		2	1	0	
37	IN OUT				
Contamination prevented during food preparation, storage & display		2	1	0	
38	IN OUT				
Personal cleanliness		1	0.5	0	
39	IN OUT				
Wiping cloths: properly used & stored		1	0.5	0	
40	IN OUT N/A				
Washing fruits & vegetables		1	0.5	0	
Proper Use of Utensils .2653, .2654					
41	IN OUT				
In-use utensils: properly stored		1	0.5	0	
42	IN OUT				
Utensils, equipment & linens: properly stored, dried, & handled		1	0.5	0	
43	IN OUT				
Single-use & single-service articles: properly stored & used		1	0.5	0	
44	IN OUT				
Gloves used properly		1	0.5	0	
Utensils and Equipment .2653, .2654, .2663					
45	IN OUT				
Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed, & used		2	1	0	
46	IN OUT				
Warewashing facilities: installed, maintained, & used; test strips		1	0.5	0	
47	IN OUT				
Non-food contact surfaces clean		1	0.5	0	
Physical Facilities .2654, .2655, .2656					
48	IN OUT N/A				
Hot & cold water available; adequate pressure		2	1	0	
49	IN OUT				
Plumbing installed; proper backflow devices		2	1	0	
50	IN OUT				
Sewage & waste water properly disposed		2	1	0	
51	IN OUT N/A				
Toilet facilities: properly constructed, supplied & cleaned		1	0.5	0	
52	IN OUT				
Garbage & refuse properly disposed; facilities maintained		1	0.5	0	
53	IN OUT				
Physical facilities installed, maintained & clean		1	0.5	0	
54	IN OUT				
Meets ventilation & lighting requirements; designated areas used		1	0.5	0	
Total Deductions:					100.0



Comment Addendum to Food Establishment Inspection Report

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Establishment ID: _____

Location Address: 292 PINE RIDGE RD

038010074

Date: 10/13/2020

City: ROBBINSVILLE State: NC

Inspection Re-Inspection

Status Code: A

County: GRAHAM Zip: 28771-0000

Visit

Category#: 3

Wastewater System: Municipal/Community On-Site System

Verification

Water Supply: Municipal/Community On-Site Supply

Name Change

Permittee: MAURY & MIKE STEWART

Status Change

Telephone: 828 479 8888

Pre-Opening Visit

Other _____

TEMPERATURE OBSERVATIONS

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

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

Additional Comments

Person in charge (Print & Sign) _____

Verification Required Date: _____

Regulatory Authority (Print & Sign): ALLI , GRAY

REHS ID: 2765

REHS Contact Phone Number: _____

