

Food Establishment Inspection Report

Score: 96.5

Establishment Name: MCDONALD'S RESTAURANT
Location Address: 374 RODNEY ORR BYPASS
City: ROBBINSVILLE **State:** North Carolina
Zip: 28771 **County:** GRAHAM
Permittee: S & B ENTERPRISES
Telephone: 828 479 6776
Wastewater System: Municipal/Community On-Site System
Water Supply: Municipal/Community On-Site Supply

Establishment ID: 038010112
 Inspection Re-Inspection
Date: 12/30/2020 **Status Code:** A
Time in: _____ **Time out:** _____
Category#: 2
FDA Establishment Type: _____
No. of Risk Factor/ Intervention Violations: 2
No. of Repeat Risk Factor/Intervention Violations: 2

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 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 type="checkbox"/> IN <input checked="" 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 checked="" 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 checked="" 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 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Washing fruits & vegetables	1	0.5	0
Proper Use of Utensils .2653, .2654					
41	<input type="checkbox"/> IN <input checked="" 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
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:					3.5



Comment Addendum to Food Establishment Inspection Report

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County: GRAHAM **Zip:** 28771
Wastewater System: **Municipal/Community** **On-Site System**
Water Supply: **Municipal/Community** **On-Site Supply**
Permittee: S & B ENTERPRISES
Telephone: 828 479 6776

Establishment ID: 038010112
 Inspection **Re-Inspection**
 Visit
 Verification
 Name Change
 Status Change
 Pre-Opening Visit
 Other _____

Date: 12/30/2020
Status Code: A
Category#: 2

TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Gravy/ Walk in/ Cooling 2 hrs	60	Sausage Patty/ Hot holding	145		
Beef Patty/ Hot Holding	140	Milk cooler/ Amb Temp	40		
Raw beef/ Cold drawer	41				
Hash Brown/ Hot Holding	135				
Gravy/ Walk in/ Cooling 2:15	58				
Chicken Patty/hot holding	138				
Chicken Patty/ Cold Drawer	41				
Lettuce/ Walk in	40				

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; REPEAT VIOLATION 2-301.14; Employees shall wash hands before donning new gloves. Employee was seen taking off gloves and putting on new gloves without washing his hands. CDI by PIC who stopped employee to wash hands properly before putting on new gloves. REPEAT ITEM
13	NOT IN COMPLIANCE; CORRECTED DURING INSPECTION; REPEAT VIOLATION 3-302.11; Foods shall be arranged according to final cook temperature. Cooked eggs were found being stored directly on top of raw shelled eggs. CDI by PIC who put in proper arrangement. REPEAT ITEM
41	NOT IN COMPLIANCE; CORRECTED DURING INSPECTION 3-304.12; In use utensils shall be stored to where the scoop does not go down to contaminate the food. There was a cup in the ice machine by the coffee station what was down in the ice. CDI by PIC who removed. No points taken as all other in use utensils were stored properly

Additional Comments

Person in charge (Print & Sign) _____
Regulatory Authority (Print & Sign): ALLI , GRAY

Verification Required Date: _____
REHS ID: 2765
REHS Contact Phone Number: --

