

Food Establishment Inspection Report

Score: 94.0

Establishment Name: CAFFE DE OLLA GRILLED, INC
Location Address: 810 TALLULAH ROAD
City: ROBBINSVILLE **State:** North Carolina
Zip: 28771 **County:** GRAHAM
Permittee: ESG EXCEPTIONAL EXPERIENCES, INC
Telephone: 828 557 2172
Wastewater System: Municipal/Community On-Site System
Water Supply: Municipal/Community On-Site Supply

Establishment ID: 038010142
 Inspection Re-Inspection
Date: 12/22/2020 **Status Code:** A
Time in: _____ **Time out:** _____
Category#: 4
FDA Establishment Type: Full Service Restaurants
No. of Risk Factor/ Intervention Violations: 4
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 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 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 | 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 | 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 | Required records available: shellstock tags, parasit destruction | 2 | 1 | 0 |
| Protection from Contamination .2653, .2654 | | | | | |
| 13 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | 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 | Proper cooking time & temperatures | 3 | 1.5 | 0 |
| 17 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | Proper reheating procedures for hot holding | 3 | 1.5 | 0 |
| 18 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | Proper cooling time & temperatures | 3 | 1.5 | 0 |
| 19 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | Proper hot holding temperatures | 3 | 1.5 | 0 |
| 20 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | Proper cold holding temperatures | 3 | 1.5 | 0 |
| 21 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | Proper date marking & disposition | 3 | 1.5 | 0 |
| 22 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | 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 | 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 | 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 | 0 |
| 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: | | | | | 6.0 |



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: ESG EXPECTONAL EXPERIENCES, INC
Telephone: 828 557 2172

Establishment ID: 038010142
 Inspection **Re-Inspection**
 Visit
 Verification
 Name Change
 Status Change
 Pre-Opening Visit
 Other _____

Date: 12/22/2020
Status Code: A
Category#: 4

TEMPERATURE OBSERVATIONS

| Item/Location | Temp | Item/Location | Temp | Item/Location | Temp |
|--------------------------|------|----------------------|------|---------------|------|
| Chicken wings/FCT | 174 | Chicken wings/cooler | 40 | | |
| Cheese/ Reach in | 35 | tomatoes/prep top | 40 | | |
| Chicken Wing/ Reach in | 39 | cheese/ pizza prep | 41 | | |
| raw shrimp/ cooler | 41 | noodles/cooler | 35 | | |
| Tomato soup/ hot holding | 147 | lettuce/cooler | 40 | | |
| Lettuce/Prep top | 40 | | | | |
| Pepperoni/Pizza prep | 39 | | | | |
| Jalapenos/Pizza reach in | 38 | | | | |

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**

| | |
|----|--|
| 01 | NOT IN COMPLIANCE 2-102.11; A certified food safety manager shall be present any time food is being prepared or served. No one present had such certification |
| 08 | NOT IN COMPLIANCE; CORRECTED DURING INSPECTION 5-202.12; Hand washing sink shall provide hot water of at least 100 degrees. The hand wash sink handle was not operating properly and it was required of them to turn the water supply on every time they washed their hands. Repair the sink in order to facilitate proper hand washing. 6-301.12; Hand washing sinks shall be provided with a hand drying provision, none was available. CDI by PIC |
| 13 | NOT IN COMPLIANCE; CORRECTED DURING INSPECTION; REPEAT VIOLATION 3-302.11; Foods shall be separated according to final cook temperature. Raw eggs were found being stored over several ready to eat foods. CDI by PIC who moved to bottom of cooler. |
| 21 | NOT IN COMPLIANCE; CORRECTED DURING INSPECTION; REPEAT VIOLATION 3-501.17; Ready to eat foods shall be date marked with date of preparation if kept more than 24 hours. Meats that had been sliced yesterday and frozen were found in the freezer with no date. CDI by PIC who placed date on items |
| 41 | NOT IN COMPLIANCE; CORRECTED DURING INSPECTION 3-304.12; In use utensils shall be kept to where the handle does not go down into the foods. The scoop in the sugar was found be have the handle down in the sugar. CDI by PIC who placed properly. No points taken as all other in use utensils were stored. |

Additional Comments

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

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

