

# Food Establishment Inspection Report

**Score: 96.5**

**Establishment Name:** SKYWAY CONVENIENCE  
**Location Address:** 1037 TAPOCO ROAD  
**City:** ROBBINSVILLE **State:** North Carolina  
**Zip:** 28771 **County:** GRAHAM  
**Permittee:** SKYWAY CONVENIENCE INC  
**Telephone:** 828 479 6868  
**Wastewater System:**  Municipal/Community  On-Site System  
**Water Supply:**  Municipal/Community  On-Site Supply

**Establishment ID:** 038010096  
 Inspection  Re-Inspection  
**Date:** 12/22/2020 **Status Code:** A  
**Time in:** \_\_\_\_\_ **Time out:** \_\_\_\_\_  
**Category#:** 2  
**FDA Establishment Type:** Fast Food Restaurants  
**No. of Risk Factor/ Intervention Violations:** 3  
**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 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 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 checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	Required records available: shellstock tags, parasit destruction	2	1	0
<b>Protection from Contamination .2653, .2654</b>					
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
<b>Potentially Hazardous Food Time/Temperature .2653</b>					
16	<input checked="" 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 checked="" 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 checked="" 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	Time as a public health control: procedures & records	2	1	0
<b>Consumer Advisory .2653</b>					
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
<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 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Food properly labeled: original container	2	1	0
<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>					<b>3.5</b>



# Comment Addendum to Food Establishment Inspection Report

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**County:** GRAHAM **Zip:** 28771  
**Wastewater System:**  **Municipal/Community**  **On-Site System**  
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**Permittee:** SKYWAY CONVENIENCE INC  
**Telephone:** 828 479 6868

**Establishment ID:** 038010096  
 **Inspection**  **Re-Inspection**  
 **Visit**  
 **Verification**  
 **Name Change**  
 **Status Change**  
 **Pre-Opening Visit**  
 **Other** \_\_\_\_\_

**Date:** 12/22/2020  
**Status Code:** A  
**Category#:** 2

### TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Sausage biscuit/hot holding	135	BBQ/ Reheat 5 min	66		
Chicken soup/counter top	46	BBQ/ Reheat 30 min	160		
Chili/counter top	47	Gravy/Hot Holding	145		
Chicken Soup/Reheat 5 min	70	Onions/ Counter top	60		
Chicken soup/reheat 30 min	115	Chili/ 1 door cooler	40		
Bacon & Egg biscuit/HH	135	Chili/ Reheat 5 min	70		
BBQ/Counter top	46	Chili/ Reheat 30 min	167		
Slaw/ 1 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**

06	NOT IN COMPLIANCE; CORRECTED DURING INSPECTION 2-301.14; Hands shall be washed before donning new gloves. PIC did not was hands before donning new gloves. CDI by PIC who washed hands and put on new gloves before continuing.
13	NOT IN COMPLIANCE; CORRECTED DURING INSPECTION 3-302.11; Foods shall be separated according to final cook temperatures. Raw bacon was found over fully cooked hot dogs. CDI by PC who arranged in proper storage order.
20	NOT IN COMPLIANCE; CORRECTED DURING INSPECTION 3-501.16; Ready to eat potentially hazardous foods shall be cold held at 41 degrees or below. Chicken soup, BBQ, chili, and onions were found on the counter top ranging from 46 to 60 degrees. CDI by PIC who put in cooler or on stove to reheat. No points taken.
33	NOT IN COMPLIANCE 3-501.13; Thawing foods shall be done as part of the final cook process, under refrigeration, or under running cold water at no higher temperature than 70 degrees. Chicken soup, BBQ, chili, and onions were found thawing on the counter top before being cooked. CDI by PIC who placed on stove to thaw as part of the final cooking process.

## Additional Comments

**Person in charge (Print & Sign)** \_\_\_\_\_  
**Regulatory Authority (Print & Sign):** ALLI , GRAY

**Verification Required Date:** \_\_\_\_\_  
**REHS ID:** 2765  
**REHS Contact Phone Number:** --

