

Food Establishment Inspection Report

Score: 99.5

Establishment Name: JEB'S CORNER MARKET, LLC
Location Address: 457 RODNEY ORR BYPASS
City: ROBBINSVILLE **State:** North Carolina
Zip: 28771 **County:** GRAHAM
Permittee: AMY BURCHFIELD
Telephone: 828 735 9025
Wastewater System: Municipal/Community On-Site System
Water Supply: Municipal/Community On-Site Supply

Establishment ID: 038010141
 Inspection Re-Inspection
Date: 12/30/2020 **Status Code:** U
Time in: _____ **Time out:** _____
Category#: 2
FDA Establishment Type: N/A
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	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	2	0		
PIC Present; Demonstration - Certification by accredited program and perform duties					
Employee Health .2652					
2	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	3	1.5	0	
Management, employees knowledge; responsibilities & reporting					
3	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	3	1.5	0	
Proper use of reporting, restriction & exclusion					
Good Hygienic Practices .2652, .2653					
4	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	2	1	0	
Proper eating, tasting, drinking, or tobacco use					
5	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	1	0.5	0	
No discharge from eyes, nose, and mouth					
Preventing Contamination by Hands .2652, .2653, .2655, .2656					
6	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	4	2	0	
Hands clean & properly washed					
7	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	3	1.5	0	
No bare hand contact with RTE foods or preapproved alternate procedure properly followed					
8	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	2	1	0	
Handwashing sinks supplied & accessible					
Approved Source .2653, .2655					
9	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	2	1	0	
Food obtained from approved source					
10	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	2	1	0	
Food received at proper temperature					
11	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	2	1	0	
Food in good condition, safe & unadulterated					
12	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	2	1	0	
Required records available: shellstock tags, parasite destruction					
Protection from Contamination .2653, .2654					
13	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	3	1.5	0	
Food separated & protected					
14	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	3	1.5	0	
Food-contact surfaces: cleaned & sanitized					
15	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	2	1	0	
Proper disposition of returned, previously served reconditioned, & unsafe food					
Potentially Hazardous Food Time/Temperature .2653					
16	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	3	1.5	0	
Proper cooking time & temperatures					
17	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	3	1.5	0	
Proper reheating procedures for hot holding					
18	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	3	1.5	0	
Proper cooling time & temperatures					
19	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	3	1.5	0	
Proper hot holding temperatures					
20	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	3	1.5	0	
Proper cold holding temperatures					
21	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	3	1.5	0	
Proper date marking & disposition					
22	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	2	1	0	
Time as a public health control: procedures & records					
Consumer Advisory .2653					
23	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	1	0.5	0	
Consumer advisory provided for raw or undercooked foods					
Highly Susceptible Populations .2653					
24	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	3	1.5	0	
Pasteurized foods used; prohibited foods not offered					
Chemical .2653, .2657					
25	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	1	0.5	0	
Food additives: approved & properly used					
26	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	2	1	0	
Toxic substances properly identified stored, & used					
Conformance with Approved Procedures .2653, .2654, .2658					
27	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	2	1	0	
Compliance with variance, specialized process, reduced oxygen packaging criteria or HACCP plan					

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	1	0.5	0	
Pasteurized eggs used where required					
29	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	2	1	0	
Water and ice from approved source					
30	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	1	0.5	0	
Variance obtained for specialized processing methods					
Food Temperature Control .2653, .2654					
31	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	1	0.5	0	
Proper cooling methods used; adequate equipment for temperature control					
32	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	1	0.5	0	
Plant food properly cooked for hot holding					
33	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	1	0.5	0	
Approved thawing methods used					
34	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	1	0.5	0	
Thermometers provided & accurate					
Food Identification .2653					
35	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	2	1	0	
Food properly labeled: original container					
Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657					
36	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	2	1	0	
Insects & rodents not present; no unauthorized animals					
37	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	2	1	0	
Contamination prevented during food preparation, storage & display					
38	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	1	0.5	0	
Personal cleanliness					
39	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	1	0.5	0	
Wiping cloths: properly used & stored					
40	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	1	0.5	0	
Washing fruits & vegetables					
Proper Use of Utensils .2653, .2654					
41	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	1	0.5	0	
In-use utensils: properly stored					
42	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	1	0.5	0	
Utensils, equipment & linens: properly stored, dried, & handled					
43	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	1	0.5	0	
Single-use & single-service articles: properly stored & used					
44	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	1	0.5	0	
Gloves used properly					
Utensils and Equipment .2653, .2654, .2663					
45	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	2	1	0	
Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed, & used					
46	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	1	0.5	0	X
Warewashing facilities: installed, maintained, & used; test strips					
47	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	1	0.5	0	
Non-food contact surfaces clean					
Physical Facilities .2654, .2655, .2656					
48	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	2	1	0	
Hot & cold water available; adequate pressure					
49	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	2	1	0	
Plumbing installed; proper backflow devices					
50	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	2	1	0	
Sewage & waste water properly disposed					
51	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	1	0.5	0	
Toilet facilities: properly constructed, supplied & cleaned					
52	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	1	0.5	0	
Garbage & refuse properly disposed; facilities maintained					
53	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	1	0.5	0	
Physical facilities installed, maintained & clean					
54	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	1	0.5	0	
Meets ventilation & lighting requirements; designated areas used					
Total Deductions:					0.5



Comment Addendum to Food Establishment Inspection Report

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Wastewater System: **Municipal/Community** **On-Site System**
Water Supply: **Municipal/Community** **On-Site Supply**
Permittee: AMY BURCHFIELD
Telephone: 828 735 9025

Establishment ID: 038010141
 Inspection **Re-Inspection**
 Visit
 Verification
 Name Change
 Status Change
 Pre-Opening Visit
 Other _____

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

TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Sausage Patty/Walk in	40				
Hot Dog/ Hot Holding	140				
Chicken/FCT	174				
Ham/Walk In	41				
Beef Patty/FCT	170				
Lettuce/Reach in	39				
Tomatoes/Reach In	41				
BBQ/Reheat/15 min/Micro	180				

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**

46 NOT IN COMPLIANCE 4-302.14; Test strips shall be provided in order to test sanitizing solution. The establishment was using QUAT sanitizer but did not have the proper test strips. They did have chlorine test strips. When the sanitizer was tested with the inspector's test strips the sanitizer was at the proper level. VERIFICATION REQUIRED IN 10 DAYS

Additional Comments

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

Verification Required Date: 01/09/2021
REHS ID: 2765
REHS Contact Phone Number: --

