

Food Establishment Inspection Report

Score: 100.0

Establishment Name: T. DUBBS
Location Address: 448 RODNEY ORR BYPASS
City: ROBBINSVILLE **State:** North Carolina
Zip: 28771 **County:** GRAHAM
Permittee: TRACY WILLIAMS
Telephone: 828 606 1807
Wastewater System: Municipal/Community On-Site System
Water Supply: Municipal/Community On-Site Supply

Establishment ID: 038020026
 Inspection Re-Inspection
Date: 02/23/2021 **Status Code:** A
Time in: _____ **Time out:** _____
Category#: 3
FDA Establishment Type: Fast Food Restaurants
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 type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" 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 type="checkbox"/> N/A <input checked="" 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	1	0.5	0	
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:					0.0



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: TRACY WILLIAMS
Telephone: 828 606 1807

Establishment ID:
038020026

Date: 02/23/2021

- Inspection Re-Inspection
 Visit
 Verification
 Name Change
 Status Change
 Pre-Opening Visit
 Other _____

Status Code: <u>A</u>
Category#: <u>3</u>

TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Pulled pork/ Reach in	40				
Onions/ Prep top	38				
Burger Patty/ Reach in 2	40				
Raw beef patty/ Reach in	40				
Tomatoes/ Prep top 2	41				
Burger/FCT	175				
Mushrooms/ Cool 1 hr	88				
Lettuce/ Prep top 2	41				

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

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

