

# Food Establishment Inspection Report

**Score: 99.0**

**Establishment Name:** GRAHAM COUNTY SENIOR CENTER  
**Location Address:** 185 WEST FORT HILL  
**City:** ROBBINSVILLE **State:** North Carolina  
**Zip:** 28771 **County:** GRAHAM  
**Permittee:** GRAHAM COUNTY GOVERNMENT  
**Telephone:** 828 479 7977  
**Wastewater System:**  Municipal/Community  On-Site System  
**Water Supply:**  Municipal/Community  On-Site Supply

**Establishment ID:** 038010118  
 Inspection  Re-Inspection  
**Date:** 06/07/2021 **Status Code:** A  
**Time in:** \_\_\_\_\_ **Time out:** \_\_\_\_\_  
**Category#:** 4  
**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 |
|---|---|--|-----|-----|----|
| <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, parasite destruction                              | 2   | 1   | 0  |
| <b>Protection from Contamination .2653, .2654</b>                   |   |  |     |     |    |
| 13  | <input checked="" type="checkbox"/> IN <input 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 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 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 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   |
| <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 type="checkbox"/> IN <input checked="" 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   |
| <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>  |   |   |     |     | 1.0 |



# Comment Addendum to Food Establishment Inspection Report

**Establishment Name:** GRAHAM COUNTY SENIOR CENTE

**Establishment ID:** 038010118

Date: 06/07/2021

Location Address: 185 WEST FORT HILL

City: ROBBINSVILLE State: NC

County: GRAHAM Zip: 28771

Wastewater System:  Municipal/Community  On-Site System

Water Supply:  Municipal/Community  On-Site Supply

Permittee: GRAHAM COUNTY GOVERNMENT

Telephone: 828 479 7977

Inspection  Re-Inspection

Visit

Verification

Name Change

Status Change

Pre-Opening Visit

Other \_\_\_\_\_

Status Code: A

Category#: 4

### TEMPERATURE OBSERVATIONS

| Item/Location            | Temp | Item/Location | Temp | Item/Location | Temp |
|--------------------------|------|---------------|------|---------------|------|
| Omelet/FCT               | 205  |               |      |               |      |
| Cheese/ 3 door cooler    | 41   |               |      |               |      |
| Carrots/1 door cooler    | 40   |               |      |               |      |
| Omelet/hot holding       | 145  |               |      |               |      |
| raw beef/ 3 door cooler  | 40   |               |      |               |      |
| lettuce/3 door cooler    | 40   |               |      |               |      |
| tuna salad/3 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

|    |   |
|----|---|
| 37 | NOT IN COMPLIANCE; CORRECTED DURING INSPECTION 3-305.11; Foods shall be stored at least 6 inches off the finished floor. Boxes of food were found on the floor of the pantry.<br>CDI by PIC |
|----|---|

### Additional Comments

Person in charge (Print & Sign) \_\_\_\_\_

Regulatory Authority (Print & Sign): ALLI , GRAY

Verification Required Date: \_\_\_\_\_

REHS ID: 2765

REHS Contact Phone Number: --

