

Food Establishment Inspection Report

Score: 100.0

Establishment Name: INGLES MARKET
Location Address: 2 SWEETWATER ROAD
City: ROBBINSVILLE **State:** North Carolina
Zip: 28771 **County:** GRAHAM
Permittee: INGLES MARKETS INCORPORATED
Telephone: 828 479 6748
Wastewater System: Municipal/Community On-Site System
Water Supply: Municipal/Community On-Site Supply

Establishment ID: 038300003
 Inspection Re-Inspection
Date: 10/18/2021 **Status Code:** A
Time in: _____ **Time out:** _____
Category#: 3
FDA Establishment Type: _____
No. of Risk Factor/ Intervention Violations: 1
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

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	Compliance Status		OUT	CDI	R	VR
Supervision .2652						Safe Food and Water .2653, .2655, .2658					
1	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	1	0			30	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	1	0.5	0	
PIC Present; Demonstration - Certification by accredited program and perform duties						Pasteurized eggs used where required					
2	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	1	0			31	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	2	1	0	
Certified Food Protection Manager						Water and ice from approved source					
Employee Health .2652						Food Temperature Control .2653, .2654					
3	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	2	1	0		32	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	2	0.5	0	
Management, employees knowledge; responsibilities & reporting						Variance obtained for specialized processing methods					
4	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	3	1.5	0		33	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	1	0.5	0	
Proper use of reporting, restriction & exclusion						Proper cooling methods used; adequate equipment temperature control					
5	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	1	0.5	0		34	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	1	0.5	0	
Procedures for responding to vomiting & diarrheal events						Plant food properly cooked for hot holding					
Good Hygienic Practices .2652, .2653						Food Identification .2653					
6	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	1	0.5	0		35	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	1	0.5	0	
Proper eating, tasting, drinking, or tobacco use						Approved thawing methods used					
7	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	1	0.5	0		36	<input type="checkbox"/> IN <input type="checkbox"/> OUT	1	0.5	0	
No discharge from eyes, nose, and mouth						Thermometers provided & accurate					
Preventing Contamination by Hands .2652, .2653, .2655, .2656						Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657					
8	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	4	2	0		37	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	2	1	0	
Hands clean & properly washed						Food properly labeled: original container					
9	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	4	2	0		38	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	2	1	0	
No bare hand contact with RTE foods or preapproved alternate procedure properly followed						Insects & rodents not present; no unauthorized animals					
10	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	2	1	0		39	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	2	1	0	
Handwashing sinks supplied & accessible						Contamination prevented during food preparation, storage & display					
Approved Source .2653, .2655						Proper Use of Utensils .2653, .2654					
11	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	2	1	0		40	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	1	0.5	0	
Food obtained from approved source						Personal cleanliness					
12	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	2	1	0		41	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	1	0.5	0	
Food received at proper temperature						Wiping cloths: properly used & stored					
13	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	2	1	0		42	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	1	0.5	0	
Food in good condition, safe & unadulterated						Washing fruits & vegetables					
14	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	2	1	0		Utensils and Equipment .2653, .2654, .2663					
Required records available: shellstock tags, parasite destruction						43	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	1	0.5	0	
Protection from Contamination .2653, .2654						44	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	1	0.5	0	
15	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	3	1.5	0		45	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	1	0.5	0	
Food separated & protected						46	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	1	0.5	0	
16	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	3	1.5	0		Physical Facilities .2654, .2655, .2656					
Food-contact surfaces: cleaned & sanitized						50	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	1	0.5	0	
17	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	2	1	0		51	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	2	1	0	
Proper disposition of returned, previously served, reconditioned, & unsafe food						52	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	2	1	0	
Potentially Hazardous Food Time/Temperature .2653						53	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	1	0.5	0	
18	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	3	1.5	0		54	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	1	0.5	0	
Proper cooking time & temperatures						55	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	1	0.5	0	
19	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	3	1.5	0		56	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	1	0.5	0	
Proper reheating procedures for hot holding						Total Deductions: 0.0					
20	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	3	1.5	0							
Proper cooling time & temperatures											
21	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	3	1.5	0							
Proper hot holding temperatures											
22	<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											
23	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	3	1.5	0							
Proper date marking & disposition											
24	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	3	1.5	0							
Time as a public health control: procedures & records											
Consumer Advisory .2653											
25	<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											
26	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	3	1.5	0							
Pasteurized foods used; prohibited foods not offered											
Chemical .2653, .2657											
27	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	1	0.5	0							
Food additives: approved & properly used											
28	<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											
29	<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											



Comment Addendum to Food Establishment Inspection Report

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Location Address: 2 SWEETWATER ROAD
City: ROBBINSVILLE **State:** NC
County: GRAHAM **Zip:** 28771
Wastewater System: **Municipal/Community** **On-Site System**
Water Supply: **Municipal/Community** **On-Site Supply**
Permittee: INGLES MARKETS INCORPORATED
Telephone: 828 479 6748

Establishment ID: 038300003
 Inspection **Re-Inspection**
 Visit
 Verification
 Name Change
 Status Change
 Pre-Opening Visit
 Other _____

Date: 10/18/2021
Status Code: A
Category#: 3

TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Steak/display	41				
Roast/ display	38				
Ground beef/ display	40				
Ground beef/ walk in	39				
Chicken/ display	39				
Flank steak/ walk 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**

05 NOT IN COMPLIANCE 5.501.11; Vomiting and diarrheal policy shall be available.
 No points taken as it is 1st inspection after 2017 food code adoption

Additional Comments

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

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

