

# Food Establishment Inspection Report

**Score: 97.5**

**Establishment Name:** CROWN FOOD MART  
**Location Address:** 272 BY PASS  
**City:** ROBBINSVILLE **State:** North Carolina  
**Zip:** 28771-0000 **County:** GRAHAM  
**Permittee:** DIRK CODY  
**Telephone:** 828 479 8651  
**Wastewater System:**  Municipal/Community  On-Site System  
**Water Supply:**  Municipal/Community  On-Site Supply

**Establishment ID:** 038010022  
 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:** 5  
**No. of Repeat Risk Factor/Intervention Violations:** 1

## 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
<b>Supervision</b> .2652							<b>Safe Food and Water</b> .2653, .2655, .2658						
1	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	PIC Present; Demonstration - Certification by accredited program and perform duties	1	0			30	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Pasteurized eggs used where required	1	0.5	0	
2	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Certified Food Protection Manager	1	0		X	31	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Water and ice from approved source	2	1	0	
<b>Employee Health</b> .2652							<b>Food Temperature Control</b> .2653, .2654						
3	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Management, employees knowledge; responsibilities & reporting	2	1	0		32	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Variance obtained for specialized processing methods	2	0.5	0	
4	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Proper use of reporting, restriction & exclusion	3	1.5	0		33	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Proper cooling methods used; adequate equipment temperature control	1	0.5	0	
5	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Procedures for responding to vomiting & diarrheal events	1	0.5	0		34	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Plant food properly cooked for hot holding	1	0.5	0	
<b>Good Hygienic Practices</b> .2652, .2653							<b>Food Identification</b> .2653						
6	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Proper eating, tasting, drinking, or tobacco use	1	0.5	0		35	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Approved thawing methods used	1	0.5	0	
7	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	No discharge from eyes, nose, and mouth	1	0.5	0		36	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Thermometers provided & accurate	1	0.5	0	
<b>Preventing Contamination by Hands</b> .2652, .2653, .2655, .2656							<b>Prevention of Food Contamination</b> .2652, .2653, .2654, .2656, .2657						
8	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Hands clean & properly washed	4	2	0		37	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Food properly labeled: original container	2	1	0	
9	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	No bare hand contact with RTE foods or preapproved alternate procedure properly followed	4	2	0		38	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Insects & rodents not present; no unauthorized animals	2	1	0	
10	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Handwashing sinks supplied & accessible	2	1	0		39	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Contamination prevented during food preparation, storage & display	2	1	0	
<b>Approved Source</b> .2653, .2655							<b>Proper Use of Utensils</b> .2653, .2654						
11	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Food obtained from approved source	2	1	0		40	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Personal cleanliness	1	0.5	0	
12	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Food received at proper temperature	2	1	0		41	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Wiping cloths: properly used & stored	1	0.5	0	
13	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Food in good condition, safe & unadulterated	2	1	0		42	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Washing fruits & vegetables	1	0.5	0	
14	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Required records available: shellstock tags, parasite destruction	2	1	0		<b>Utensils and Equipment</b> .2653, .2654, .2663						
<b>Protection from Contamination</b> .2653, .2654							43	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	In-use utensils: properly stored	1	0.5	0	
15	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Food separated & protected	3	1.5	0		44	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Utensils, equipment & linens: properly stored, dried, & handled	1	0.5	0	
16	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Food-contact surfaces: cleaned & sanitized	3	1.5	0		45	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Single-use & single-service articles: properly stored & used	1	0.5	0	
17	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Proper disposition of returned, previously served, reconditioned, & unsafe food	2	1	0		46	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Gloves used properly	1	0.5	0	
<b>Potentially Hazardous Food Time/Temperature</b> .2653							<b>Physical Facilities</b> .2654, .2655, .2656						
18	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Proper cooking time & temperatures	3	1.5	0		47	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed, & used	1	0.5	0	
19	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Proper reheating procedures for hot holding	3	1.5	0		48	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Warewashing facilities: installed, maintained, & used; test strips	1	0.5	0	X
20	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Proper cooling time & temperatures	3	1.5	0		49	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Non-food contact surfaces clean	1	0.5	0	
21	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Proper hot holding temperatures	3	1.5	0		<b>Consumer Advisory</b> .2653						
22	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Proper cold holding temperatures	3	1.5	0	X	25	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Consumer advisory provided for raw or undercooked foods	1	0.5	0	
23	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Proper date marking & disposition	3	1.5	0	X	<b>Highly Susceptible Populations</b> .2653						
24	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Time as a public health control: procedures & records	3	1.5	0		26	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Pasteurized foods used; prohibited foods not offered	3	1.5	0	
<b>Chemical</b> .2653, .2657							<b>Conformance with Approved Procedures</b> .2653, .2654, .2658						
27	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Food additives: approved & properly used	1	0.5	0		27	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Food additives: approved & properly used	1	0.5	0	
28	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Toxic substances properly identified stored, & used	2	1	0		28	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Toxic substances properly identified stored, & used	2	1	0	
29	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Compliance with variance, specialized process, reduced oxygen packaging criteria or HACCP plan	2	1	0		<b>Total Deductions:</b> 2.5						



# Comment Addendum to Food Establishment Inspection Report

**Establishment Name:** CROWN FOOD MART  
**Location Address:** 272 BY PASS  
**City:** ROBBINSVILLE **State:** NC  
**County:** GRAHAM **Zip:** 28771-0000  
**Wastewater System:**  **Municipal/Community**  **On-Site System**  
**Water Supply:**  **Municipal/Community**  **On-Site Supply**  
**Permittee:** DIRK CODY  
**Telephone:** 828 479 8651

**Establishment ID:** 038010022  
 **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
Chicken tender/ HH	155				
Slaw/ Cold hold	46				
Potato wedges/HH	150				
Slaw/ walk in	41				
Egg roll/FCT	205				
Raw chicken/ walk in	40				

## 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**

01	NOT IN COMPLIANCE 2-102.11; PIC shall be able to demonstrate knowledge of food safety. PIC was able to answer some but not all questions asked.
02	NOT IN COMPLIANCE 2-102.2; A certified food protection manager shall be present any time food is being prepared or served. No one present had the certification.; REPEAT VIOLATION
05	NOT IN COMPLIANCE 2-501.11; A vomiting and diarrheal policy shall be in place in the establishment. None was present. No points were taken as it is the 1st inspection after 2017 food code adoption
22	NOT IN COMPLIANCE; CORRECTED DURING INSPECTION 3-501.16; TCSF foods shall be cold held at 41 degrees or below. Slaw was found at 46 degrees. CDI by PIC who placed more ice around the container to hold at 41 degrees. No points taken as all other cold holding temps were correct
23	NOT IN COMPLIANCE; CORRECTED DURING INSPECTION 3-501.17; Food containers with TCSF foods shall be date marked if kept more than 24 hours. Slaw container was found without a date being made on 10/14 as stated by PIC. CDI by PIC who put a date on the container. No points taken as all other date marking was correct
48	NOT IN COMPLIANCE; CORRECTED DURING INSPECTION 4-501.16; Warewashing sinks shall be not be used for food preparation other than thawing or washing foods. PIC was found breadng chicken to be fried in the warewashing sink and not in the food prep sink. CDI by PIC who moved to correct sink

## Additional Comments

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

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

