

Food Establishment Inspection Report

Score: 100.0

Establishment Name: THE HUB
Location Address: PO BOX 1291
City: ROBBINSVILLE **State:** North Carolina
Zip: 28771 **County:** GRAHAM
Permittee: BLAKE ORR
Telephone: _____
Wastewater System: Municipal/Community On-Site System
Water Supply: Municipal/Community On-Site Supply

Establishment ID: 038010150
 Inspection Re-Inspection
Date: 01/21/2022 **Status Code:** A
Time in: _____ **Time out:** _____
Category#: 3
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

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										
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										
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										
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										
5	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	1	0.5	0		34	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	1	0.5	0	
	Procedures for responding to vomiting & diarrheal events										
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 type="checkbox"/> N/A <input type="checkbox"/> N/O	1	0.5	0	
	Proper eating, tasting, drinking, or tobacco use										
7	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	1	0.5	0		36	<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						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										
9	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input 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										
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										
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										
12	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input 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										
13	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	2	1	0		42	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	1	0.5	0	
	Food in good condition, safe & unadulterated										
14	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input 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 type="checkbox"/> N/A <input type="checkbox"/> N/O	3	1.5	0							
	Food separated & protected					45	<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							
	Food-contact surfaces: cleaned & sanitized					46	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	1	0.5	0	
17	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	2	1	0							
	Proper disposition of returned, previously served, reconditioned, & unsafe food					Physical Facilities .2654, .2655, .2656					
Potentially Hazardous Food Time/Temperature .2653						50	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	1	0.5	0	
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 cooking time & temperatures					51	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	2	1	0	
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 reheating procedures for hot holding					52	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	2	1	0	
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 cooling time & temperatures					53	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	1	0.5	0	
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 hot holding temperatures					54	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	1	0.5	0	
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					55	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	1	0.5	0	
23	<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					56	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	1	0.5	0	
24	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	3	1.5	0		Total Deductions: 0.0					
	Time as a public health control: procedures & records										
Consumer Advisory .2653											
25	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input 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: PO BOX 1291
City: ROBBINSVILLE **State:** NC
County: GRAHAM **Zip:** 28771
Wastewater System: **Municipal/Community** **On-Site System**
Water Supply: **Municipal/Community** **On-Site Supply**
Permittee: BLAKE ORR
Telephone: _____

Establishment ID: 038010150
 Inspection **Re-Inspection**
 Visit
 Verification
 Name Change
 Status Change
 Pre-Opening Visit
 Other _____

Date: 01/21/2022
Status Code: A
Category#: 3

TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Lettuce/ Prep unit	39				
Roast beef/ prep unit	38				
tomatoes/ prep unit	40				
Turkey/ reach 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

Additional Comments

Dry storage area needs to be better organized.

Person in charge (Print & Sign) _____
Regulatory Authority (Print & Sign): JONATHAN B, JONES

Verification Required Date: _____
REHS ID: 2082
REHS Contact Phone Number: --

