

Food Establishment Inspection Report

Score: 100.0

Establishment Name: GRAHAM COUNTY SENIOR CENTER

Establishment ID: 038010118

Location Address: 185 WEST FORT HILL

Inspection Re-Inspection

City: ROBBINSVILLE **State:** North Carolina

Date: 02/17/2022 **Status Code:** A

Zip: 28771 **County:** GRAHAM

Time in: _____ **Time out:** _____

Permittee: GRAHAM COUNTY GOVERNMENT

Category#: 4

Telephone: 828 479 7977

FDA Establishment Type: N/A

Wastewater System: Municipal/Community On-Site System

No. of Risk Factor/ Intervention Violations: 2

Water Supply: Municipal/Community On-Site Supply

No. of Repeat Risk Factor/Intervention Violations: 0

Foodborne Illness Risk Factors and Public Health Interventions

Good Retail Practices

Risk factors: Contributing factors that increase the chance of developing foodborne illness

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 | 1 | 0 | | | 30 | <input checked="" type="checkbox"/> IN | <input type="checkbox"/> OUT | 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 | 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 | X | 32 | <input checked="" type="checkbox"/> IN | <input type="checkbox"/> OUT | 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 checked="" type="checkbox"/> IN | <input type="checkbox"/> OUT | 1 | 0.5 | 0 | X | 34 | <input checked="" type="checkbox"/> IN | <input type="checkbox"/> OUT | 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 | 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 checked="" 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 checked="" type="checkbox"/> IN | <input type="checkbox"/> OUT | 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 | 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 checked="" type="checkbox"/> IN | <input type="checkbox"/> OUT | 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 checked="" type="checkbox"/> IN | <input type="checkbox"/> OUT | 1 | 0.5 | 0 | |
| Food in good condition, safe & unadulterated | | | | | | | Washing fruits & vegetables | | | | | | |
| 14 | <input checked="" type="checkbox"/> IN | <input type="checkbox"/> OUT | 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 | 3 | 1.5 | 0 | | In-use utensils: properly stored | | | | | | |
| 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 | | Utensils, equipment & linens: properly stored, dried, & handled | | | | | | |
| 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 | | Single-use & single-service articles: properly stored & used | | | | | | |
| Proper disposition of returned, previously served, reconditioned, & unsafe food | | | | | | | 47 | <input checked="" type="checkbox"/> IN | <input type="checkbox"/> OUT | 1 | 0.5 | 0 | |
| Potentially Hazardous Food Time/Temperature .2653 | | | | | | | Physical Facilities .2654, .2655, .2656 | | | | | | |
| 18 | <input checked="" type="checkbox"/> IN | <input type="checkbox"/> OUT | 3 | 1.5 | 0 | | 50 | <input checked="" type="checkbox"/> IN | <input type="checkbox"/> OUT | 1 | 0.5 | 0 | |
| Proper cooking time & temperatures | | | | | | | Hot & cold water available; adequate pressure | | | | | | |
| 19 | <input checked="" type="checkbox"/> IN | <input type="checkbox"/> OUT | 3 | 1.5 | 0 | | 51 | <input checked="" type="checkbox"/> IN | <input type="checkbox"/> OUT | 2 | 1 | 0 | |
| Proper reheating procedures for hot holding | | | | | | | Plumbing installed; proper backflow devices | | | | | | |
| 20 | <input checked="" type="checkbox"/> IN | <input type="checkbox"/> OUT | 3 | 1.5 | 0 | | 52 | <input checked="" type="checkbox"/> IN | <input type="checkbox"/> OUT | 2 | 1 | 0 | |
| Proper cooling time & temperatures | | | | | | | Sewage & waste water properly disposed | | | | | | |
| 21 | <input checked="" type="checkbox"/> IN | <input type="checkbox"/> OUT | 3 | 1.5 | 0 | | 53 | <input checked="" type="checkbox"/> IN | <input type="checkbox"/> OUT | 1 | 0.5 | 0 | |
| Proper hot holding temperatures | | | | | | | Toilet facilities: properly constructed, supplied & cleaned | | | | | | |
| 22 | <input checked="" type="checkbox"/> IN | <input type="checkbox"/> OUT | 3 | 1.5 | 0 | | 54 | <input checked="" type="checkbox"/> IN | <input type="checkbox"/> OUT | 1 | 0.5 | 0 | |
| Proper cold holding temperatures | | | | | | | Garbage & refuse properly disposed; facilities maintained | | | | | | |
| 23 | <input checked="" type="checkbox"/> IN | <input type="checkbox"/> OUT | 3 | 1.5 | 0 | | 55 | <input checked="" type="checkbox"/> IN | <input type="checkbox"/> OUT | 1 | 0.5 | 0 | |
| Proper date marking & disposition | | | | | | | Physical facilities installed, maintained & clean | | | | | | |
| 24 | <input checked="" type="checkbox"/> IN | <input type="checkbox"/> OUT | 3 | 1.5 | 0 | | 56 | <input checked="" type="checkbox"/> IN | <input type="checkbox"/> OUT | 1 | 0.5 | 0 | |
| Time as a public health control: procedures & records | | | | | | | Meets ventilation & lighting requirements; designated areas used | | | | | | |
| Consumer Advisory .2653 | | | | | | | Total Deductions: 0.0 | | | | | | |
| 25 | <input checked="" type="checkbox"/> IN | <input type="checkbox"/> OUT | 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 | 3 | 1.5 | 0 | | | | | | | | |
| Pasteurized foods used; prohibited foods not offered | | | | | | | | | | | | | |
| Chemical .2653, .2657 | | | | | | | | | | | | | |
| 27 | <input checked="" type="checkbox"/> IN | <input type="checkbox"/> OUT | 1 | 0.5 | 0 | | | | | | | | |
| Food additives: approved & properly used | | | | | | | | | | | | | |
| 28 | <input checked="" type="checkbox"/> IN | <input type="checkbox"/> OUT | 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 | 2 | 1 | 0 | | | | | | | | |
| Compliance with variance, specialized process, reduced oxygen packaging criteria or HACCP plan | | | | | | | | | | | | | |



Comment Addendum to Food Establishment Inspection Report

Establishment Name: GRAHAM COUNTY SENIOR CENTE

Establishment ID: 038010118

Date: 02/17/2022

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 |
|-------------------|------|---------------|------|---------------|------|
| cheese/ reach in | 38 | | | | |
| Shrimp/ reach in | 138 | | | | |
| Tomato/ reach in | 40 | | | | |
| salad/ reach in | 40 | | | | |
| Salad/ reach in | 40 | | | | |
| veggies/ hot hold | 160 | | | | |
| | | | | | |
| | | | | | |

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

| | |
|----|---|
| 03 | NOT IN COMPLIANCE; CORRECTED DURING INSPECTION; Employee health policy shall include salmonella (non typhoidal). Employee health policy given to PIC. No points taken, taken next inspection if not in place |
| 05 | NOT IN COMPLIANCE; CORRECTED DURING INSPECTION; Written procedures to deal with diarrheal and vomiting events shall be in place. Examples of procedures provided to PIC. No points taken, taken next inspection if not in place |
| 51 | NOT IN COMPLIANCE; CORRECTED DURING INSPECTION; All plumbing including kitchen sink shall be indirectly drained. Drain was corrected onsite during inspection |

Additional Comments

Person in charge (Print & Sign) _____

Verification Required Date: _____

Regulatory Authority (Print & Sign): JONATHAN B, JONES

REHS ID: 2082

REHS Contact Phone Number: --

