

Food Establishment Inspection Report

Score: 100.0

Establishment Name: ROBBINSVILLE HIGH & MIDDLE SCH
Location Address: 301 SWEETWATER RD.
City: ROBBINSVILLE **State:** North Carolina
Zip: 28771 **County:** GRAHAM
Permittee: GRAHAM COUNTY SCHOOLS
Telephone: 828 479 9850
Wastewater System: Municipal/Community On-Site System
Water Supply: Municipal/Community On-Site Supply

Establishment ID: 038110003
 Inspection Re-Inspection
Date: 02/17/2022 **Status Code:** A
Time in: _____ **Time out:** _____
Category#: 4
FDA Establishment Type: _____
No. of Risk Factor/ Intervention Violations: 2
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30	<input type="checkbox"/> IN	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Certified Food Protection Manager							Water and ice from approved source							
Employee Health .2652							Food Temperature Control .2653, .2654							
3	<input type="checkbox"/> IN	<input checked="" type="checkbox"/> OUT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32	<input type="checkbox"/> IN	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Management, employees knowledge; responsibilities & reporting							Variance obtained for specialized processing methods							
4	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	33	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper use of reporting, restriction & exclusion							Proper cooling methods used; adequate equipment temperature control							
5	<input type="checkbox"/> IN	<input checked="" type="checkbox"/> OUT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	34	<input type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/O	<input type="checkbox"/>	<input type="checkbox"/>	
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	35	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input type="checkbox"/> N/O	<input type="checkbox"/>	<input type="checkbox"/>	
Proper eating, tasting, drinking, or tobacco use							Approved thawing methods used							
7	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	36	<input type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	37	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hands clean & properly washed							Food properly labeled: original container							
9	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input type="checkbox"/> N/O	<input type="checkbox"/>	<input type="checkbox"/>	38	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	39	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Food obtained from approved source							Personal cleanliness							
12	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	41	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Food received at proper temperature							Wiping cloths: properly used & stored							
13	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	42	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Food in good condition, safe & unadulterated							Washing fruits & vegetables							
14	<input type="checkbox"/> IN	<input checked="" type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input type="checkbox"/> N/O	<input type="checkbox"/>	<input type="checkbox"/>	Proper Use of Utensils .2653, .2654							
Required records available: shellstock tags, parasite destruction							43	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protection from Contamination .2653, .2654							In-use utensils: properly stored							
15	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input type="checkbox"/> N/O	<input type="checkbox"/>	<input type="checkbox"/>	44	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Food separated & protected							Utensils, equipment & linens: properly stored, dried, & handled							
16	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Food-contact surfaces: cleaned & sanitized							Single-use & single-service articles: properly stored & used							
17	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	46	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper disposition of returned, previously served, reconditioned, & unsafe food							Gloves used properly							
Potentially Hazardous Food Time/Temperature .2653							Utensils and Equipment .2653, .2654, .2663							
18	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input type="checkbox"/> N/O	<input type="checkbox"/>	<input type="checkbox"/>	47	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper cooking time & temperatures							Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed, & used							
19	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input type="checkbox"/> N/O	<input type="checkbox"/>	<input type="checkbox"/>	48	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper reheating procedures for hot holding							Warewashing facilities: installed, maintained, & used; test strips							
20	<input type="checkbox"/> IN	<input checked="" type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input type="checkbox"/> N/O	<input type="checkbox"/>	<input type="checkbox"/>	49	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper cooling time & temperatures							Non-food contact surfaces clean							
21	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input type="checkbox"/> N/O	<input type="checkbox"/>	<input type="checkbox"/>	Physical Facilities .2654, .2655, .2656							
Proper hot holding temperatures							50	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input type="checkbox"/> N/O	<input type="checkbox"/>	<input type="checkbox"/>	Hot & cold water available; adequate pressure							
Proper cold holding temperatures							51	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input type="checkbox"/> N/O	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices							
Proper date marking & disposition							52	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	<input type="checkbox"/> IN	<input checked="" type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input type="checkbox"/> N/O	<input type="checkbox"/>	<input type="checkbox"/>	Sewage & waste water properly disposed							
Time as a public health control: procedures & records							53	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consumer Advisory .2653							Toilet facilities: properly constructed, supplied & cleaned							
25	<input type="checkbox"/> IN	<input checked="" type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	54	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Consumer advisory provided for raw or undercooked foods							Garbage & refuse properly disposed; facilities maintained							
Highly Susceptible Populations .2653							Physical Facilities .2654, .2655, .2656							
26	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	55	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pasteurized foods used; prohibited foods not offered							Physical facilities installed, maintained & clean							
Chemical .2653, .2657							Meets ventilation & lighting requirements; designated areas used							
27	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	56	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Food additives: approved & properly used							Total Deductions: 0.0							
28	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Conformance with Approved Procedures .2653, .2654, .2658							
Toxic substances properly identified stored, & used							29	<input type="checkbox"/> IN	<input checked="" type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compliance with Approved Procedures .2653, .2654, .2658							Compliance with variance, specialized process, reduced oxygen packaging criteria or HACCP plan							



Comment Addendum to Food Establishment Inspection Report

Establishment Name: ROBBINSVILLE HIGH & MIDDLE SC

Establishment ID: 038110003

Date: 02/17/2022

Location Address: 301 SWEETWATER RD.

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 SCHOOLS

Telephone: 828 479 9850

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
french toast	135				
milk	41				
chicken/walk in	40				
cheese/ walk in	41				
lunch meat/ 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

03	NOT IN COMPLIANCE; Employee health policy shall include salmonella (non typhoidal). Employee health policy given onsite to PIC
05	NOT IN COMPLIANCE; Must have procedures for vomiting and diarrhea events. Example given onsite to PIC

Additional Comments

Person in charge (Print & Sign) _____

Verification Required Date: _____

Regulatory Authority (Print & Sign): KENDRA , FRIZZELL

REHS ID: 2455

REHS Contact Phone Number: --

