Food Establishment Inspection Report

Score: _____

Establishment Name:_____ **Establishment ID:** _____

Location Address: _____

City:_____ State: North Carolina

Zip:_____County: _____

Permittee:_____

Telephone: _____

◉ Inspection ○ Re-Inspection

Wastewater System:

◉ Municipal/Community ○ On-Site System

Water Supply:

◉ Municipal/Community ○ On-Site Supply

Date:_____Status Code: _____

Time In:_____Time Out: _____

Category#: _____

FDA Establishment Type: _____

No. of Risk Factor/Intervention Violations: _____

No. of Repeat Risk Factor/Intervention Violations: _____

Foodborne Illness Risk Factors and Public Health Interventions

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

Public Health Interventions: Control measures to prevent foodborne illness or injury

	Compliance Status						OUT			CDI	R	VR
	Supervision					**.2652**						
1	IN	OUT	N/A			PIC Present, demonstrates knowledge, & performs duties	1		0			
2	IN	OUT	N/A			Certified Food Protection Manager	1		0			
	Employee Health					**.2652**						
3	IN	OUT				Management, food & conditional employee; knowledge, responsibilities & reporting	2	1	0			
4	IN	OUT				Proper use of reporting, restriction & exclusion	3	1.5	0			
5	IN	OUT				Procedures for responding to vomiting & diarrheal events	1	0.5	0			
	Good Hygienic Practices					**.2652, .2653**						
6	IN	OUT				Proper eating, tasting, drinking or tobacco use	1	0.5	0			
7	IN	OUT				No discharge from eyes, nose, and mouth	1	0.5	0			
	Preventing Contamination by Hands					**.2652, .2653, .2655, .2656**						
8	IN	OUT				Hands clean & properly washed	4	2	0			
9	IN	OUT	N/A	N/O		No bare hand contact with RTE foods or pre-approved alternate procedure properly followed	4	2	0			
10	IN	OUT	N/A			Handwashing sinks supplied & accessible	2	1	0			
	Approved Source					**.2653, .2655**						
11	IN	OUT				Food obtained from approved source	2	1	0			
12	IN	OUT		N/O		Food received at proper temperature	2	1	0			
13	IN	OUT				Food in good condition, safe & unadulterated	2	1	0			
14	IN	OUT	N/A	N/O		Required records available: shellstock tags, parasite destruction	2	1	0			
	Protection from Contamination					**.2653, .2654**						
15	IN	OUT	N/A	N/O		Food separated & protected	3	1.5	0			
16	IN	OUT				Food-contact surfaces: cleaned & sanitized	3	1.5	0			
17	IN	OUT				Proper disposition of returned, previously served, reconditioned & unsafe food	2	1	0			
	Potentially Hazardous Food Time/Temperature					**.2653**						
18	IN	OUT	N/A	N/O		Proper cooking time & temperatures	3	1.5	0			
19	IN	OUT	N/A	N/O		Proper reheating procedures for hot holding	3	1.5	0			
20	IN	OUT	N/A	N/O		Proper cooling time & temperatures	3	1.5	0			
21	IN	OUT	N/A	N/O		Proper hot holding temperatures	3	1.5	0			
22	IN	OUT	N/A	N/O		Proper cold holding temperatures	3	1.5	0			
23	IN	OUT	N/A	N/O		Proper date marking & disposition	3	1.5	0			
24	IN	OUT	N/A	N/O		Time as a Public Health Control; procedures & records	3	1.5	0			
	Consumer Advisory					**.2653**						
25	IN	OUT	N/A			Consumer advisory provided for raw/ undercooked foods	1	0.5	0			
	Highly Susceptible Populations					**.2653**						
26	IN	OUT	N/A			Pasteurized foods used; prohibited foods not offered	3	1.5	0			
	Chemical					**.2653, .2657**						
27	IN	OUT	N/A			Food additives: approved & properly used	1	0.5	0			
28	IN	OUT	N/A			Toxic substances properly identified stored & used	2	1	0			
	Conformance with Approved Procedures					**.2653, .2654, .2658**						
29	IN	OUT	N/A			Compliance with variance, specialized process, reduced oxygen packaging criteria or HACCP plan	2	1	0			

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
	Safe Food and Water					**.2653, .2655, .2658**						
30	IN	OUT	N/A			Pasteurized eggs used where required	1	0.5	0			
31	IN	OUT				Water and ice from approved source	2	1	0			
32	IN	OUT	N/A			Variance obtained for specialized processing methods	2	1	0			
	Food Temperature Control					**.2653, .2654**						
33	IN	OUT				Proper cooling methods used; adequate equipment for temperature control	1	0.5	0			
34	IN	OUT	N/A	N/O		Plant food properly cooked for hot holding	1	0.5	0			
35	IN	OUT	N/A	N/O		Approved thawing methods used	1	0.5	0			
36	IN	OUT				Thermometers provided & accurate	1	0.5	0			
	Food Identification					**.2653**						
37	IN	OUT				Food properly labeled: original container	2	1	0			
	Prevention of Food Contamination					**.2652, .2653, .2654, .2656, .2657**						
38	IN	OUT				Insects & rodents not present; no unauthorized animals	2	1	0			
39	IN	OUT				Contamination prevented during food preparation, storage & display	2	1	0			
40	IN	OUT				Personal cleanliness	1	0.5	0			
41	IN	OUT				Wiping cloths: properly used & stored	1	0.5	0			
42	IN	OUT	N/A			Washing fruits & vegetables	1	0.5	0			
	Proper Use of Utensils					**.2653, .2654**						
43	IN	OUT				In-use utensils: properly stored	1	0.5	0			
44	IN	OUT				Utensils, equipment & linens: properly stored, dried & handled	1	0.5	0			
45	IN	OUT				Single-use & single-service articles: properly stored & used	1	0.5	0			
46	IN	OUT				Gloves used properly	1	0.5	0			
	Utensils and Equipment					**.2653, .2654, .2663**						
47	IN	OUT				Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed & used	1	0.5	0			
48	IN	OUT				Warewashing facilities: installed, maintained & used; test strips	1	0.5	0			
49	IN	OUT				Non-food contact surfaces clean	1	0.5	0			
	Physical Facilities					**.2654, .2655, .2656**						
50	IN	OUT	N/A			Hot & cold water available; adequate pressure	1	0.5	0			
51	IN	OUT				Plumbing installed; proper backflow devices	2	1	0			
52	IN	OUT				Sewage & wastewater properly disposed	2	1	0			
53	IN	OUT	N/A			Toilet facilities: properly constructed, supplied & cleaned	1	0.5	0			
54	IN	OUT				Garbage & refuse properly disposed; facilities maintained	1	0.5	0			
55	IN	OUT				Physical facilities installed, maintained & clean	1	0.5	0			
56	IN	OUT				Meets ventilation & lighting requirements; designated areas used	1	0.5	0			
						TOTAL DEDUCTIONS:						

Comment Addendum to Food Establishment Report

Establishment Name: _____
Location Address: _____
City: _____ State: NC
County: _____ Zip: _____

Wastewater System: ◯ Municipal/Community ◯ On-Site System
Water Supply: ◯ Municipal/Community ◯ On-Site Supply

Permittee: _____
Telephone: _____

Establishment ID:
_ _ _ _ _ _ _ _ _ _ _

◯ Inspection ◯ Re-Inspection
◯ Visit
◯ Verification
◯ Name Change
◯ Status Change
◯ Pre-Opening Visit
◯ Other _____

Date: _____
Status Code: _____
Category#: _____

Temperature Observations

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp

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 food code.

Person in Charge (Print & Sign): _____ **Verification Required Date:** _____

Regulatory Authority (Print & Sign): _____ **REHS ID:** _____

REHS Contact Phone Number: _____

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