

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; Demonstration - Certification by accredited program & performs duties	2	0		
Employee Health .2652								
2	IN	OUT		Management, employees knowledge; responsibilities & reporting	3	1.5	0	
3	IN	OUT		Proper use of reporting, restriction & exclusion	3	1.5	0	
Good Hygienic Practices .2652, .2653								
4	IN	OUT		Proper eating, tasting, drinking or tobacco use	2	1	0	
5	IN	OUT		No discharge from eyes, nose or mouth	1	0.5	0	
Preventing Contamination by Hands .2652, .2653, .2655, .2656								
6	IN	OUT		Hands clean & properly washed	4	2	0	
7	IN	OUT	N/A	No bare hand contact with RTE foods or pre-approved alternate procedure properly followed	3	1.5	0	
8	IN	OUT	N/A	Handwashing sinks supplied & accessible	2	1	0	
Approved Source .2653, .2656								
9	IN	OUT		Food obtained from approved source	2	1	0	
10	IN	OUT	N/A	Food received at proper temperature	2	1	0	
11	IN	OUT		Food in good condition, safe & unadulterated	2	1	0	
12	IN	OUT	N/A	Required records available: shellstock tags, parasite destruction	2	1	0	
Protection from Contamination .2653, .2654								
13	IN	OUT	N/A	Food separated & protected	3	1.5	0	
14	IN	OUT		Food-contact surfaces: cleaned & sanitized	3	1.5	0	
15	IN	OUT		Proper disposition of returned, previously served, reconditioned & unsafe food	2	1	0	
Potentially Hazardous Food Time/Temperature .2653								
16	IN	OUT	N/A	Proper cooking time & temperatures	3	1.5	0	
17	IN	OUT	N/A	Proper reheating procedures for hot holding	3	1.5	0	
18	IN	OUT	N/A	Proper cooling time & temperatures	3	1.5	0	
19	IN	OUT	N/A	Proper hot holding temperatures	3	1.5	0	
20	IN	OUT	N/A	Proper cold holding temperatures	3	1.5	0	
21	IN	OUT	N/A	Proper date marking & disposition	3	1.5	0	
22	IN	OUT	N/A	Time as a public health control: procedures & records	2	1	0	
Consumer Advisory .2653								
23	IN	OUT	N/A	Consumer advisory provided for raw or undercooked foods	1	0.5	0	
Highly Susceptible Populations .2653								
24	IN	OUT	N/A	Pasteurized foods used; prohibited foods not offered	3	1.5	0	
Chemical .2653, .2657								
25	IN	OUT	N/A	Food additives: approved & properly used	1	0.5	0	
26	IN	OUT	N/A	Toxic substances properly identified stored & used	2	1	0	
Conformance with Approved Procedures .2653, .2654, .2658								
27	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								
28	IN	OUT	N/A	Pasteurized eggs used where required	1	0.5	0	
29	IN	OUT		Water and ice from approved source	2	1	0	
30	IN	OUT	N/A	Variance obtained for specialized processing methods	1	0.5	0	
Food Temperature Control .2653, .2654								
31	IN	OUT		Proper cooling methods used; adequate equipment for temperature control	1	0.5	0	
32	IN	OUT	N/A	Plant food properly cooked for hot holding	1	0.5	0	
33	IN	OUT	N/A	Approved thawing methods used	1	0.5	0	
34	IN	OUT		Thermometers provided & accurate	1	0.5	0	
Food Identification .2653								
35	IN	OUT		Food properly labeled: original container	2	1	0	
Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657								
36	IN	OUT		Insects & rodents not present; no unauthorized animals	2	1	0	
37	IN	OUT		Contamination prevented during food preparation, storage & display	2	1	0	
38	IN	OUT		Personal cleanliness	1	0.5	0	
39	IN	OUT		Wiping cloths: properly used & stored	1	0.5	0	
40	IN	OUT	N/A	Washing fruits & vegetables	1	0.5	0	
Proper Use of Utensils .2653, .2654								
41	IN	OUT		In-use utensils: properly stored	1	0.5	0	
42	IN	OUT		Utensils, equipment & linens: properly stored, dried & handled	1	0.5	0	
43	IN	OUT		Single-use & single-service articles: properly stored & used	1	0.5	0	
44	IN	OUT		Gloves used properly	1	0.5	0	
Utensils and Equipment .2653, .2654, .2653								
45	IN	OUT		Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed & used	2	1	0	
46	IN	OUT		Warewashing facilities: installed, maintained & used; test strips	1	0.5	0	
47	IN	OUT		Non-food contact surfaces clean	1	0.5	0	
Physical Facilities .2654, .2655, .2656								
48	IN	OUT	N/A	Hot & cold water available; adequate pressure	2	1	0	
49	IN	OUT		Plumbing installed; proper backflow devices	2	1	0	
50	IN	OUT		Sewage & waste water properly disposed	2	1	0	
51	IN	OUT	N/A	Toilet facilities: properly constructed, supplied & cleaned	1	0.5	0	
52	IN	OUT		Garbage & refuse properly disposed; facilities maintained	1	0.5	0	
53	IN	OUT		Physical facilities installed, maintained & clean	1	0.5	0	
54	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: <input type="radio"/> Municipal/Community <input type="radio"/> On-Site System Water Supply: <input type="radio"/> Municipal/Community <input type="radio"/> On-Site Supply Permittee: _____ Telephone: _____	Establishment ID: _____ <input type="radio"/> Inspection <input type="radio"/> Re-Inspection <input type="radio"/> Visit <input type="radio"/> Verification <input type="radio"/> Name Change <input type="radio"/> Status Change <input type="radio"/> Pre-Opening Visit <input type="radio"/> Other _____	Date: _____ Status Code: _____ Category#: _____
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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): _____

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

