

Food Establishment Inspection Report

Score: 100.0

Establishment Name: GRAHAM COFFEE CO.
Location Address: 1725B MOUNTAIN CREEK RD
City: ROBBINSVILLE **State:** North Carolina
Zip: 28771 **County:** GRAHAM
Permittee: KENNY GRAHAM
Telephone: 828 735 5187
Wastewater System: Municipal/Community On-Site System
Water Supply: Municipal/Community On-Site Supply

Establishment ID: 038030011
 Inspection Re-Inspection
Date: 06/24/2021 **Status Code:** A
Time in: _____ **Time out:** _____
Category#: 1
FDA Establishment Type: _____
No. of Risk Factor/ Intervention Violations: 1
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

| Compliance Status | | OUT | CDI | R | VR |
|---|---|--|-----|-----|----|
| Supervision .2652 | | | | | |
| 1 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | PIC Present; Demonstration - Certification by accredited program and perform duties | 2 | 0 | |
| Employee Health .2652 | | | | | |
| 2 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | Management, employees knowledge; responsibilities & reporting | 3 | 1.5 | 0 |
| 3 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | Proper use of reporting, restriction & exclusion | 3 | 1.5 | 0 |
| Good Hygienic Practices .2652, .2653 | | | | | |
| 4 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | Proper eating, tasting, drinking, or tobacco use | 2 | 1 | 0 |
| 5 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | No discharge from eyes, nose, and mouth | 1 | 0.5 | 0 |
| Preventing Contamination by Hands .2652, .2653, .2655, .2656 | | | | | |
| 6 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | Hands clean & properly washed | 4 | 2 | 0 |
| 7 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | No bare hand contact with RTE foods or preapproved alternate procedure properly followed | 3 | 1.5 | 0 |
| 8 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | Handwashing sinks supplied & accessible | 2 | 1 | 0 |
| Approved Source .2653, .2655 | | | | | |
| 9 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | Food obtained from approved source | 2 | 1 | 0 |
| 10 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Food received at proper temperature | 2 | 1 | 0 |
| 11 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | Food in good condition, safe & unadulterated | 2 | 1 | 0 |
| 12 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O | Required records available: shellstock tags, parasit destruction | 2 | 1 | 0 |
| Protection from Contamination .2653, .2654 | | | | | |
| 13 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Food separated & protected | 3 | 1.5 | 0 |
| 14 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | Food-contact surfaces: cleaned & sanitized | 3 | 1.5 | 0 |
| 15 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | Proper disposition of returned, previously served reconditioned, & unsafe food | 2 | 1 | 0 |
| Potentially Hazardous Food Time/Temperature .2653 | | | | | |
| 16 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O | Proper cooking time & temperatures | 3 | 1.5 | 0 |
| 17 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O | Proper reheating procedures for hot holding | 3 | 1.5 | 0 |
| 18 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O | Proper cooling time & temperatures | 3 | 1.5 | 0 |
| 19 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Proper hot holding temperatures | 3 | 1.5 | X |
| 20 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Proper cold holding temperatures | 3 | 1.5 | 0 |
| 21 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Proper date marking & disposition | 3 | 1.5 | 0 |
| 22 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O | Time as a public health control: procedures & records | 2 | 1 | 0 |
| Consumer Advisory .2653 | | | | | |
| 23 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A | Consumer advisory provided for raw or undercooked foods | 1 | 0.5 | 0 |
| Highly Susceptible Populations .2653 | | | | | |
| 24 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A | Pasteurized foods used; prohibited foods not offered | 3 | 1.5 | 0 |
| Chemical .2653, .2657 | | | | | |
| 25 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A | Food additives: approved & properly used | 1 | 0.5 | 0 |
| 26 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | Toxic substances properly identified stored, & used | 2 | 1 | 0 |
| Conformance with Approved Procedures .2653, .2654, .2658 | | | | | |
| 27 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> 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 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A | Pasteurized eggs used where required | 1 | 0.5 | 0 |
| 29 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | Water and ice from approved source | 2 | 1 | 0 |
| 30 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A | Variance obtained for specialized processing methods | 1 | 0.5 | 0 |
| Food Temperature Control .2653, .2654 | | | | | |
| 31 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | Proper cooling methods used; adequate equipment for temperature control | 1 | 0.5 | 0 |
| 32 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O | Plant food properly cooked for hot holding | 1 | 0.5 | 0 |
| 33 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O | Approved thawing methods used | 1 | 0.5 | 0 |
| 34 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | Thermometers provided & accurate | 1 | 0.5 | 0 |
| Food Identification .2653 | | | | | |
| 35 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | Food properly labeled: original container | 2 | 1 | 0 |
| Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657 | | | | | |
| 36 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | Insects & rodents not present; no unauthorized animals | 2 | 1 | 0 |
| 37 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | Contamination prevented during food preparation, storage & display | 2 | 1 | 0 |
| 38 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | Personal cleanliness | 1 | 0.5 | 0 |
| 39 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | Wiping cloths: properly used & stored | 1 | 0.5 | 0 |
| 40 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A | Washing fruits & vegetables | 1 | 0.5 | 0 |
| Proper Use of Utensils .2653, .2654 | | | | | |
| 41 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | In-use utensils: properly stored | 1 | 0.5 | 0 |
| 42 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | Utensils, equipment & linens: properly stored, dried, & handled | 1 | 0.5 | 0 |
| 43 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | Single-use & single-service articles: properly stored & used | 1 | 0.5 | 0 |
| 44 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | Gloves used properly | 1 | 0.5 | 0 |
| Utensils and Equipment .2653, .2654, .2663 | | | | | |
| 45 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed, & used | 2 | 1 | 0 |
| 46 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | Warewashing facilities: installed, maintained, & used; test strips | 1 | 0.5 | 0 |
| 47 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | Non-food contact surfaces clean | 1 | 0.5 | 0 |
| Physical Facilities .2654, .2655, .2656 | | | | | |
| 48 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | Hot & cold water available; adequate pressure | 2 | 1 | 0 |
| 49 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | Plumbing installed; proper backflow devices | 2 | 1 | 0 |
| 50 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | Sewage & waste water properly disposed | 2 | 1 | 0 |
| 51 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | Toilet facilities: properly constructed, supplied & cleaned | 1 | 0.5 | 0 |
| 52 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | Garbage & refuse properly disposed; facilities maintained | 1 | 0.5 | 0 |
| 53 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | Physical facilities installed, maintained & clean | 1 | 0.5 | 0 |
| 54 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | Meets ventilation & lighting requirements; designated areas used | 1 | 0.5 | 0 |
| Total Deductions: | | | | | 0.0 |



Comment Addendum to Food Establishment Inspection Report

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County: GRAHAM **Zip:** 28771
Wastewater System: **Municipal/Community** **On-Site System**
Water Supply: **Municipal/Community** **On-Site Supply**
Permittee: KENNY GRAHAM
Telephone: 828 735 5187

Establishment ID: 038030011
 Inspection **Re-Inspection**
 Visit
 Verification
 Name Change
 Status Change
 Pre-Opening Visit
 Other _____

Date: 06/24/2021
Status Code: A
Category#: 1

TEMPERATURE OBSERVATIONS

| Item/Location | Temp | Item/Location | Temp | Item/Location | Temp |
|-------------------------------|------|---------------|------|---------------|------|
| Gravy/ Hot holding | 145 | | | | |
| Eggs/ Hot holding | 135 | | | | |
| Butter/ 1 door cooler | 39 | | | | |
| Sausage/ Hot holding | 150 | | | | |
| Sliced Strawberries/ prep top | 39 | | | | |
| Eggs/hot holding | 133 | | | | |
| Cheese/ 1 door cooler | 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**

| | |
|----|--|
| 19 | NOT IN COMPLIANCE; CORRECTED DURING INSPECTION 3-501.16; Ready to eat potentially hazardous foods shall be hot held at 135 degrees or above. Eggs were found in the hot holding unit at 133 degrees. CDI by PIC who turned up to proper temperature. No points taken as all other items were being held properly |
|----|--|

Additional Comments

Person in charge (Print & Sign) _____
Regulatory Authority (Print & Sign): ALLI , GRAY

Verification Required Date: _____
REHS ID: 2765
REHS Contact Phone Number: --

