

# Food Establishment Inspection Report

Score: 98.5

Establishment Name: Cutter Creek G.C.

Establishment ID: 06040010080

Location Address: 28 Nina Lake Drive

City: Snow Hill State: North Carolina

Zip: 28580 County: Greene

Permittee: Cutter Crk. Inc.

Telephone: (252) 747-4653

Inspection  Re-Inspection

**Wastewater System:**

Municipal/Community  On-Site

**Water Supply:**

Municipal/Community  On-Site

Date: 03/02/16 Status Code: A  
 Time In: 10:00 Time Out: 11:40 AM  
 Category#: 2  
 FDA Establishment Type: fast food

No. of Risk Factor/Intervention Violations: \_\_\_\_\_

No. of Repeat Risk Factor/Intervention Violations: \_\_\_\_\_

Compliance Status		OUT	CDI	R	VR
Supervision .2652					
1	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A PIC Present; Demonstration - Certification by accredited program & performs duties	2	0		
Employee Health .2652					
2	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT Management, employees knowledge; responsibilities & reporting	3	1.5	0	
3	<input checked="" type="checkbox"/> IN <input checked="" 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 checked="" type="checkbox"/> OUT Proper eating, tasting, drinking or tobacco use	2	1	0	
5	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT No discharge from eyes, nose or mouth	1	0.5	0	
Preventing Contamination by Hands .2652, .2653, .2655, .2656					
6	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT Hands clean & properly washed	4	2	0	
7	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O No bare hand contact with RTE foods or pre-approved alternate procedure properly followed	3	1.5	0	
8	<input checked="" type="checkbox"/> IN <input checked="" 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 checked="" type="checkbox"/> OUT Food obtained from approved source	2	1	0	
10	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O Food received at proper temperature	2	1	0	
11	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT Food in good condition, safe & unadulterated	2	1	0	
12	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Required records available: shellstock tags, parasite destruction	2	1	0	
Protection from Contamination .2653, .2654					
13	<input checked="" type="checkbox"/> IN <input checked="" 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 checked="" type="checkbox"/> OUT Food-contact surfaces: cleaned & sanitized	3	1.5	0	
15	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT Proper disposition of returned, previously served, reconditioned & unsafe food	2	1	0	
Potentially Hazardous Food Time/Temperature .2653					
16	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cooking time & temperatures	3	1.5	0	
17	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper reheating procedures for hot holding	3	1.5	0	
18	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cooling time & temperatures	3	1.5	0	
19	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper hot holding temperatures	3	1.5	0	
20	<input checked="" type="checkbox"/> IN <input checked="" 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 checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper date marking & disposition	3	1.5	0	X
22	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input 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 checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A Consumer advisory provided for raw or undercooked foods	1	0.5	0	
Highly Susceptible Populations .2653					
24	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A Pasteurized foods used; prohibited foods not offered	3	1.5	0	
Chemical .2653, .2657					
25	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A Food additives: approved & properly used	1	0.5	0	
26	<input checked="" type="checkbox"/> IN <input checked="" 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 checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A Compliance with variance, specialized process, reduced oxygen packaging criteria or HACCP plan	2	1	0	

Compliance Status		OUT	CDI	R	VR
Good Retail Practices					
Good Retail Practices: Preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.					
Safe Food and Water .2653, .2655, .2658					
28	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A Pasteurized eggs used where required	1	0.5	0	
29	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT Water and ice from approved source	2	1	0	
30	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input 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 checked="" type="checkbox"/> OUT Proper cooling methods used; adequate equipment for temperature control	1	0.5	0	
32	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Plant food properly cooked for hot holding	1	0.5	0	
33	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Approved thawing methods used	1	0.5	0	
34	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT Thermometers provided & accurate	1	0.5	0	
Food Identification .2653					
35	<input checked="" type="checkbox"/> IN <input checked="" 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 checked="" type="checkbox"/> OUT Insects & rodents not present; no unauthorized animals	2	1	0	
37	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT Contamination prevented during food preparation, storage & display	2	1	0	
38	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT Personal cleanliness	1	0.5	0	
39	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT Wiping cloths, properly used & stored	1	0.5	0	
40	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A Washing fruits & vegetables	1	0.5	0	
Proper Use of Utensils .2653, .2654					
41	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT In-use utensils: properly stored	1	0.5	0	
42	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT Utensils, equipment & linens: properly stored, dried & handled	1	0.5	0	
43	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT Single-use & single-service articles: properly stored & used	1	0.5	0	
44	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT Gloves used properly	1	0.5	0	
Utensils and Equipment .2653, .2654, .2663					
45	<input checked="" type="checkbox"/> IN <input checked="" 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 checked="" type="checkbox"/> OUT Warewashing facilities: installed, maintained & used; test strips	1	0.5	0	
47	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT Non-food contact surfaces clean	1	0.5	0	
Physical Facilities .2654, .2655, .2656					
48	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A Hot & cold water available; adequate pressure	2	1	0	
49	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT Plumbing installed; proper backflow devices	2	1	0	
50	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT Sewage & waste water properly disposed	2	1	0	
51	<input checked="" type="checkbox"/> IN <input checked="" 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 checked="" type="checkbox"/> OUT Garbage & refuse properly disposed; facilities maintained	1	0.5	0	
53	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT Physical facilities installed, maintained & clean	1	0.5	0	
54	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT Meets ventilation & lighting requirements; designated areas used	1	0.5	0	
<b>TOTAL DEDUCTIONS:</b>					



