

Food Establishment Inspection Report

Score: 99

Establishment Name: Debra Dail Catering

Establishment ID: 06040010094

Location Address: 771 Middle Sch. Road

City: Snow Hill State: North Carolina

Zip: 28580 County: Greene

Permittee: Debra Dail

Telephone: 252-714-4437

Inspection Re-Inspection

Wastewater System:

Municipal/Community On-Site System

Water Supply:

Municipal/Community On-Site Supply

Date: 12-28-15 Status Code: A
 Time In: 10:00 Time Out: _____
 Category#: 2
 FDA Establishment Type: Full service
 No. of Risk Factor/Intervention Violations: 0
 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.										
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	N/O		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, .2655										
9	IN	OUT				Food obtained from approved source	2	1	0	
10	IN	OUT		N/O		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	N/O		Required records available: shellstock tags, parasite destruction	2	1	0	
Protection from Contamination .2653, .2654										
13	IN	OUT	N/A	N/O		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	N/O		Proper cooking time & temperatures	3	1.5	0	
17	IN	OUT	N/A	N/O		Proper reheating procedures for hot holding	3	1.5	0	
18	IN	OUT	N/A	N/O		Proper cooling time & temperatures	3	1.5	0	
19	IN	OUT	N/A	N/O		Proper hot holding temperatures	3	1.5	0	
20	IN	OUT	N/A	N/O		Proper cold holding temperatures	3	1.5	0	
21	IN	OUT	N/A	N/O		Proper date marking & disposition	3	1.5	0	
22	IN	OUT	N/A	N/O		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	N/O		Plant food properly cooked for hot holding	1	0.5	0	
33	IN	OUT	N/A	N/O		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, .2663										
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:							1			



COMMENT ADDENDUM

Health Department: Crowder
 Facility ID: 2-044010094
 Date: 10-21-11
 Status Code: # Time: 11:00

Name of Establishment: Dalton Dairy Company
 Location Address: 171 Market St. W.
 City: Cornelius State: NC Zip: 28004

Water Sample taken today? YES NO
 Inspection Pre-opening Visit Critical Violation Visit
 Re-Inspection Visit Other _____

TEMPERATURE OBSERVATIONS					
Item/Location/Time*	Temp	Item/Location/Time*	Temp	Item/Location/Time*	Temp
Cooler	45°F				

*when cooling

COMMENTS

#35 Label all dry goods. Salt container must be labeled.

EHS Signature: [Signature] EHS ID #: 1089 Received by: [Signature]

Instructions:
Purpose: This form is developed to be used for making explanatory comments observed during inspections, visits and/or notices of permit actions at establishments inspected by Environmental Health Specialists under rules adopted by the Commission for Health Services. **Preparation:** Local Environmental Health Specialists shall complete form DENR 4008 when necessary during inspections, visits and or notices of permit actions. The original and two copies will be distributed with the inspection form about which they provide comments. **Disposition:** This form may be destroyed in accordance with Standard-8.B.6., Inspection Records, of the Records Retention and Disposition Schedule for County/District Health Departments published by the North Carolina Division of Archives & History. **Additional forms may be ordered from:** Division of Environmental Health, 1632 Mail Service Center, Raleigh, NC 27699-1632. (Courier 52-01-00)