

The Town of Cross Roads Retail Food Establishment Inspection Report

Date: 5-3-22	Time in: 0810	Time out: 0930	License/Permit #	Est. Type: G.S.	Risk Category: low	Page 3 of 3	
Purpose of Inspection:		<input checked="" type="checkbox"/> 1-Compliance	<input type="checkbox"/> 2-Routine	<input type="checkbox"/> 3-Field Investigation	<input type="checkbox"/> 4-Visit	<input type="checkbox"/> 5-Other	Total Score
Establishment Name: Wal-Mart			Contact/Owner Name:		* Number of Repeat Violations: 0		96/100 96
Physical Address: 11700 Hwy 380			City/County: Town of Cross Roads		✓ Number of Violations COS: 0		
Follow-up: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			Zip Code:		Phone:		

Compliance Status: **Out** = not in compliance **IN** = in compliance **NO** = not observed **NA** = not applicable **COS** = corrected on site
 Mark the appropriate points in the **OUT** box for each numbered item R = repeat violation
 Mark an asterisk '*' in appropriate box for R

Priority Items (3 Points) violations Require Immediate Corrective Action not to exceed 3 days

Compliance Status						Compliance Status					
O	I	N	N	C	R	O	I	N	N	C	R
U	N	O	A	O		U	N	O	A	O	
T				S		T				S	
Time and Temperature for Food Safety (F = degrees Fahrenheit)						Employee Health					
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					1. Proper cooling time and temperature						12. Management, food employees and conditional employees, knowledge, responsibilities, and reporting
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					2. Proper Cold Holding temperature (41°F/ 45°F)						13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					3. Proper Hot Holding temperature (135°F)						Preventing Contamination by Hands
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					4. Proper cooking time and temperature						14. Hands cleaned and properly washed/ Gloves used properly
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					5. Proper reheating procedure for hot holding (165°F in 2 Hours)						15. No bare hand contact with ready to eat foods or approved alternate method properly followed (APPROVED Y,N)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					6. Time as a Public Health Control; procedures & records						Highly Susceptible Populations
Approved Source						<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							16. Pasteurized foods used; prohibited food not offered. Pasteurized eggs used when required
					7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction	Chemicals					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					8. Food Received at proper temperature						17. Food additives; approved and properly stored; Washing Fruits & Vegetables
Protection from Contamination						<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							18. Toxic substances properly identified, stored and used
					9. Food Separated & protected, prevented during food preparation, storage, display, and tasting	Water/ Plumbing					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					10. Food contact surfaces and Returnables; Cleaned and Sanitized at _____ ppm/temperature						19. Water from approved source; Plumbing installed; proper backflow device
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					11. Proper disposition of returned, previously served or reconditioned						20. Approved Sewage/Wastewater Disposal System, proper disposal

Priority Foundation Items (2 Points) violations Require Corrective Action within 10 days

Compliance Status						Compliance Status					
O	I	N	N	C	R	O	I	N	N	C	R
U	N	O	A	O		U	N	O	A	O	
T				S		T				S	
Demonstration of Knowledge/ Personnel						Food Temperature Control/ Identification					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					21. Person in charge present, demonstration of knowledge, and perform duties/ Certified Food Manager (CFM)						27. Proper cooling method used; <u>Equipment Adequate to Maintain Product Temperature</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					22. Food Handler/ no unauthorized persons/ personnel						28. Proper Date Marking and disposition
Safe Water, Recordkeeping and Food Package Labeling						<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips
					23. Hot and Cold Water available; adequate pressure, safe	Permit Requirement, Prerequisite for Operation					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					24. Required records available (shellshock tags; parasite destruction); <u>Packaged Food labeled</u>						30. Food Establishment Permit (Current & Valid)
Conformance with Approved Procedures						<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>							Utensils, Equipment, and Vending
					25. Compliance with Variance, Specialized Process, and HACCP plan; Variance obtained for specialized processing methods; manufacturer instructions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Consumer Advisory						<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							31. Adequate handwashing facilities; Accessible and properly supplied, used
					26. Posting of Consumer Advisories; raw or undercooked foods (Disclosure/Reminder/Buffer Plate)/ Allergen Label	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Core Items (1 Point) Violations Require Corrective Action Not to Exceed 90 Days or Next Inspection, Whichever Comes First

Compliance Status						Compliance Status					
O	I	N	N	C	R	O	I	N	N	C	R
U	N	O	A	O		U	N	O	A	O	
T				S		T				S	
Prevention of Food Contamination						Food Identification					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					34. No Evidence of Insect contamination, rodent/other animals						41. Original container labeling (Bulk Food)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					35. Personal Cleanliness/eating, drinking or tobacco use						Physical Facilities
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					36. Wiping Cloths, properly used and stored						42. Non-Food Contact surfaces clean
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					37. Environmental contamination						43. Adequate ventilation and lighting; designated areas used
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					38. Approved thawing method						44. Garbage and Refuse properly disposed; facilities maintained
Proper Use of Utensils						<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							45. Physical facilities installed, maintained, and clean
					39. Utensils, equipment, & linens; properly used, stored, dried, & handled/ In use utensils; properly used	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							46. Toilet Facilities; properly constructed, supplied, and clean
					40. Single-service & single-use articles; properly stored and used						47. Other Violations

Received by: <i>[Signature]</i>	Print: Shane Deal	Title: Person In Charge/ Owner
Inspected by: <i>[Signature]</i>	Print: John Glover	Business Email:

Corrective Actions to Ensure Safe Food

Item No.

- 1 Cooling**
 - TCS* food cooled from 135° F to 70° F more than 2 hours OR 135° F to 41° F (45° F) More than 6 hours; OR prepared food cooled to 41° F (45° F) more than 4 hours:
Action: Voluntary destruction, rapid reheating of cooked foods if less than 4 hours

- 2 Cold Hold**
 - TCS food held above 41° F (45° F) more than 4 hours:
Action: Voluntary destruction

 - TCS food held above 41° F (45° F) less than 4 hours:
Action: Rapid cool (e.g. ice bath)

- 3 Hot Hold**
 - TCS food held below 135° F more than 4 hours:
Action: Voluntary destruction

 - TCS food held below 135° F less than 4 hours:
Action: Rapid reheats to 165° F or more

- 4 Cooking**
 - TCS food undercooked:
Action: Re-cook to proper temperature

- 5 Rapid Reheating**
 - TCS food improperly reheated:
Action: Reheat rapidly to 165° F

- 7 Approved Source/Sound Condition**
 - Foods from unapproved sources/unsound condition:
Action: Voluntary destruction

- 9 Cross-Contamination of Raw/Cooked Foods**
 - Ready-To-Eat food contaminated by raw TCS food:
Action: Voluntary destruction of ready-to-eat foods

- 14 Handwashing**
 - Food employees observed not washing hands:
Action: Instruct employees to wash hands as specified in the Rules.

- 15 Proper Handling of Ready-to-Eat Foods**
 - Employee did not properly wash and sanitize hands before touching ready-to-eat food with Bare hands:
Action: Voluntary destruction

- 19, 23 Water Supply**
 - Facility does not have water for washing hands, preparing food, or cleaning equipment/utensils:
Action: Voluntary suspension of food preparation

* Time/Temperature Control for Safety (TCS)

