South Carolina Department of Health and Environmental Control

Retail Food Establishment Inspection Report

Facility Information		Audit Information	
Permit Number:	24-206-03084	**Audit Name:**	Retail Food Establishment Inspection Report
Facility Name:	MAIN STREET MARKET	**Audit Type:**	15_Follow-Up Inspection
Address:	338 MAIN STREET	**Start Date:**	18 Jul 2016 12:15 PM
Facility Service (Full/Limited):	F	**End Date:**	18 Jul 2016 12:24 PM
City/State/Zip:	GREENWOOD, SC 296460000 GREENWOOD	**Inspector:**	Bob Bailey

Overall Score
100%

Foodborne Illness Risk Factors & Interventions and Good Retail Practices

Item	Answer	Points Current	Points to Total
1. PIC Present, Demonstration - Certification by accredited program, and Performs duties. **Comments** • Provided Fact Sheet for Certified Food Protection Manager • Provided Fact Sheet for Delayed Implementation	Delayed Implementation	2	2
2. Management and food employee knowledge, and conditional employee; responsibilities and reporting. **Comments** • Provided Fact Sheet for Employee Health • 2-103.11(O) - Policy / References observed for employee health exclusion, restriction and reinstatement.	In	2	2
3. Proper use of reporting, restriction and exclusion	In	2	2
4. Proper eating, tasting, drinking, or tobacco use	In	2	2
5. No discharge from eyes, nose, and mouth	In	2	2
6. Hands clean and properly washed	In	4	4
7. No bare hand contact with RTE foods **Comments** • Provided Fact Sheet for No Bare Hand Contact	Not Observed	3	3
8. Handwashing sinks, properly supplied and accessible	In	2	2
9. Food obtained from approved source	In	2	2
10. Food received at proper temperature	Not Observed	2	2
11. Food in good condition, safe and unadulterated	In	2	2
12. Required records available: shellstock tags, parasite destruction **Comments** • Provided Fact Sheet for Shellfish/Shellstock	Not Applicable	2	2
13. Food separated and protected	In	3	3

14. Food-contact surfaces: cleaned and sanitized	In	3	3
15. Proper disposition of returned, previously served, reconditioned, and unsafe food	In	2	2
16. Proper cooking time and temperatures **Comments** • Provided Fact Sheet for Proper Cooking/Reheating (proper cooking)	Not Applicable	3	3
17. Proper reheating procedures for hot holding **Comments** • Provided Fact Sheet for Proper Cooking/Reheating (proper reheating)	Not Applicable	3	3
18. Proper cooling time and temperatures **Comments** • Provided Fact Sheet for Proper Cooling (cooling temps)	Not Applicable	3	3
19. Proper hot holding temperatures **Comments** • Provided Fact Sheet for Proper Holding (hot holding)	Not Applicable	3	3
20. Proper cold holding temperatures **Comments** • Provided Fact Sheet for Proper Holding (cold holding) • Non-Violation Notes	Not Observed	3	3
21. Proper date marking and disposition **Comments** • Provided Fact Sheet for Delayed Implementation	Delayed Implementation	3	3
22. Time as a Public Health Control: procedures and records **Comments** • Provided Fact Sheet for Time as a PH Control	Not Applicable	2	2
23. Consumer advisory provided for raw or undercooked foods **Comments** • Provided Fact Sheet for Consumer Advisory	Not Applicable	1	1
24. Pasteurized foods used; prohibited foods not offered	Not Applicable	2	2
25. Food additives: approved and properly used	Not Applicable	2	2
26. Toxic substances properly identified, stored, and used	In	2	2
27. Compliance with variance, specialized process, reduced oxygen packaging criteria or HACCP plan	Not Applicable	2	2
28. Pasteurized eggs used where required	Not Applicable	1	1
29. Water and ice from approved source	In	2	2
30. Variance obtained for specialized processing methods	Not Applicable	1	1
31. Proper cooling methods used; adequate equipment for temperature control	In	1	1
32. Plant food properly cooked for hot holding	Not Applicable	1	1
33. Approved thawing methods used	Not Observed	1	1
34.Thermometers provided and accurate	In	1	1
35. Food properly labeled: original container	In	1	1
36. Insects and rodents not present; no unauthorized animals	In	2	2
37. Contamination prevented during food preparation, storage and display	In	2	2
38. Personal cleanliness	In	2	2
39. Wiping cloths: properly used and stored	In	1	1
40. Washing fruits and vegetables	In	1	1
41. In-use utensils: properly stored	In	1	1

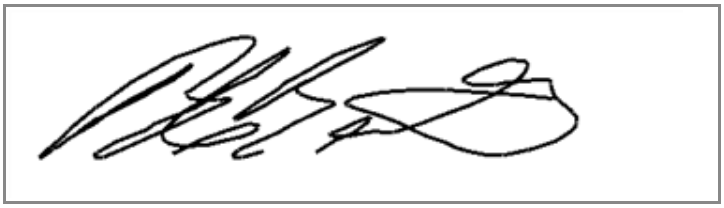
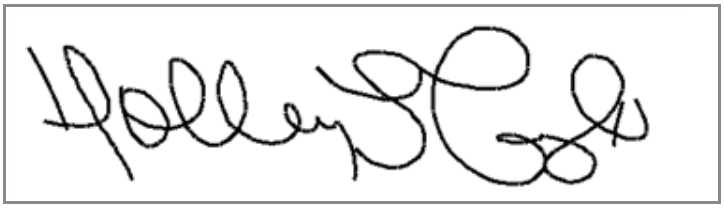
42. Utensils, equipment and linens: properly stored, dried & handled	In	1	1
43. Single-use and single-service articles; properly stored and used	In	1	1
44. Gloves used properly	In	1	1
45. Equipment, food and non-food-contact surfaces approved; cleanable, properly designed, constructed and used	In	2	2
46. Warewashing facilities: installed, maintained and used; test strips	In	1	1
47. Non-food-contact surfaces clean	In	1	1
48. Hot and cold water available; adequate pressure	In	2	2
49. Plumbing installed; proper backflow devices	In	2	2
50. Sewage and waste water properly disposed	In	2	2
51. Toilet facilities: properly constructed, supplied and cleaned	In	1	1
52. Garbage and refuse properly disposed; facilities maintained	In	1	1
53. Physical facilities installed, maintained and clean	In	1	1
54. Meets ventilation and lighting requirements; designated areas used	In	1	1
55. Chapter 8 - Meets all requirements of Chapter 8: Compliance & Enforcement	In	0	0
56. Chapter 9 - Meets all applicable requirements of Chapter 9: Standards for Additional Operations	In	1	1
Totals		**100**	**100**

Temperature Observations

Item	Answer	Points Current	Points to Total
PRODUCT, PROCESS, LOCATION AND TEMPERATURE - Documented **Comments** • *see below.*	Yes		
Totals			

Inspection Report Information

Item	Answer	Points Current	Points to Total
Facility Category	Category 1		
Grade Posted	A		
Is a Follow-Up required within 10 days?	Yes		
A Follow-up Inspection will be performed by the date indicated.	30 Jun 2016		
DHEC Contact Phone and Fax Number.	Upstate EQC Greenwood - (864)227-5915 Fax- (864)942-3680		
Violations may be subject to enforcement action and penalty. Information collected on this form is subject to public scrutiny or release as well as the Freedom of Information Act. For fact sheets, the regulation, and additional information, please see **www.scdhec.gov/food**.	Notification	0	0
Totals			

Auditor Signature: Bob Bailey

Account Signature: