

Food Establishment Inspection Report

Score: 100

Establishment Name: BAUCOM ELEMENTARY SCHOOL CAFETERIA

Establishment ID: 4092110552

Location Address: 400 HUNTER ST

City: APEX State: North Carolina

Zip: 27502 County: 92 Wake

Permittee: WAKE COUNTY PUBLIC SCHOOLS CHILD NUTRITION

Telephone: _____

Inspection Re-Inspection Educational Visit

Wastewater System:

Municipal/Community On-Site System

Water Supply:

Municipal/Community On-Site Supply

Date: 09/03/2025 Status Code: A

Time In: 9:00 AM Time Out: 10:00 AM

Category#: IV

FDA Establishment Type: _____

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 | <input checked="" type="checkbox"/> OUT/N/A | | | | |
| PIC Present, demonstrates knowledge, & performs duties | | 1 | 0 | | |
| 2 | <input checked="" type="checkbox"/> OUT/N/A | | | | |
| Certified Food Protection Manager | | 1 | 0 | | |
| Employee Health .2652 | | | | | |
| 3 | <input checked="" type="checkbox"/> OUT | | | | |
| Management, food & conditional employee; knowledge, responsibilities & reporting | | 2 | 1 | 0 | |
| 4 | <input checked="" type="checkbox"/> OUT | | | | |
| Proper use of reporting, restriction & exclusion | | 3 | 1.5 | 0 | |
| 5 | <input checked="" type="checkbox"/> OUT | | | | |
| Procedures for responding to vomiting & diarrheal events | | 1 | 0.5 | 0 | |
| Good Hygienic Practices .2652, .2653 | | | | | |
| 6 | <input checked="" type="checkbox"/> OUT | | | | |
| Proper eating, tasting, drinking or tobacco use | | 1 | 0.5 | 0 | |
| 7 | <input checked="" type="checkbox"/> OUT | | | | |
| No discharge from eyes, nose, and mouth | | 1 | 0.5 | 0 | |
| Preventing Contamination by Hands .2652, .2653, .2655, .2656 | | | | | |
| 8 | <input checked="" type="checkbox"/> OUT | | | | |
| Hands clean & properly washed | | 4 | 2 | 0 | |
| 9 | <input checked="" type="checkbox"/> OUT/N/A/N/O | | | | |
| No bare hand contact with RTE foods or pre-approved alternate procedure properly followed | | 4 | 2 | 0 | |
| 10 | <input checked="" type="checkbox"/> OUT/N/A | | | | |
| Handwashing sinks supplied & accessible | | 2 | 1 | 0 | |
| Approved Source .2653, .2655 | | | | | |
| 11 | <input checked="" type="checkbox"/> OUT | | | | |
| Food obtained from approved source | | 2 | 1 | 0 | |
| 12 | <input checked="" type="checkbox"/> IN/OUT | | | | |
| Food received at proper temperature | | 2 | 1 | 0 | |
| 13 | <input checked="" type="checkbox"/> OUT | | | | |
| Food in good condition, safe & unadulterated | | 2 | 1 | 0 | |
| 14 | <input checked="" type="checkbox"/> IN/OUT/N/A/N/O | | | | |
| Required records available: shellstock tags, parasite destruction | | 2 | 1 | 0 | |
| Protection from Contamination .2653, .2654 | | | | | |
| 15 | <input checked="" type="checkbox"/> OUT/N/A/N/O | | | | |
| Food separated & protected | | 3 | 1.5 | 0 | |
| 16 | <input checked="" type="checkbox"/> OUT | | | | |
| Food-contact surfaces: cleaned & sanitized | | 3 | 1.5 | 0 | |
| 17 | <input checked="" type="checkbox"/> OUT | | | | |
| Proper disposition of returned, previously served, reconditioned & unsafe food | | 2 | 1 | 0 | |
| Potentially Hazardous Food Time/Temperature .2653 | | | | | |
| 18 | <input checked="" type="checkbox"/> IN/OUT/N/A/N/O | | | | |
| Proper cooking time & temperatures | | 3 | 1.5 | 0 | |
| 19 | <input checked="" type="checkbox"/> IN/OUT/N/A/N/O | | | | |
| Proper reheating procedures for hot holding | | 3 | 1.5 | 0 | |
| 20 | <input checked="" type="checkbox"/> IN/OUT/N/A/N/O | | | | |
| Proper cooling time & temperatures | | 3 | 1.5 | 0 | |
| 21 | <input checked="" type="checkbox"/> OUT/N/A/N/O | | | | |
| Proper hot holding temperatures | | 3 | 1.5 | 0 | |
| 22 | <input checked="" type="checkbox"/> OUT/N/A/N/O | | | | |
| Proper cold holding temperatures | | 3 | 1.5 | 0 | |
| 23 | <input checked="" type="checkbox"/> OUT/N/A/N/O | | | | |
| Proper date marking & disposition | | 3 | 1.5 | 0 | |
| 24 | <input checked="" type="checkbox"/> IN/OUT/N/A/N/O | | | | |
| Time as a Public Health Control; procedures & records | | 3 | 1.5 | 0 | |
| Consumer Advisory .2653 | | | | | |
| 25 | <input checked="" type="checkbox"/> IN/OUT/N/A | | | | |
| Consumer advisory provided for raw/undercooked foods | | 1 | 0.5 | 0 | |
| Highly Susceptible Populations .2653 | | | | | |
| 26 | <input checked="" type="checkbox"/> IN/OUT/N/A | | | | |
| Pasteurized foods used; prohibited foods not offered | | 3 | 1.5 | 0 | |
| Chemical .2653, .2657 | | | | | |
| 27 | <input checked="" type="checkbox"/> IN/OUT/N/A | | | | |
| Food additives: approved & properly used | | 1 | 0.5 | 0 | |
| 28 | <input checked="" type="checkbox"/> OUT/N/A | | | | |
| Toxic substances properly identified stored & used | | 2 | 1 | 0 | |
| Conformance with Approved Procedures .2653, .2654, .2658 | | | | | |
| 29 | <input checked="" type="checkbox"/> 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 | | | | | |
| 30 | <input checked="" type="checkbox"/> OUT/N/A | | | | |
| Pasteurized eggs used where required | | 1 | 0.5 | 0 | |
| 31 | <input checked="" type="checkbox"/> OUT | | | | |
| Water and ice from approved source | | 2 | 1 | 0 | |
| 32 | <input checked="" type="checkbox"/> IN/OUT | | | | |
| Variance obtained for specialized processing methods | | 2 | 1 | 0 | |
| Food Temperature Control .2653, .2654 | | | | | |
| 33 | <input checked="" type="checkbox"/> OUT | | | | |
| Proper cooling methods used; adequate equipment for temperature control | | 1 | 0.5 | 0 | |
| 34 | <input checked="" type="checkbox"/> IN/OUT/N/A/N/O | | | | |
| Plant food properly cooked for hot holding | | 1 | 0.5 | 0 | |
| 35 | <input checked="" type="checkbox"/> IN/OUT/N/A/N/O | | | | |
| Approved thawing methods used | | 1 | 0.5 | 0 | |
| 36 | <input checked="" type="checkbox"/> OUT | | | | |
| Thermometers provided & accurate | | 1 | 0.5 | 0 | |
| Food Identification .2653 | | | | | |
| 37 | <input checked="" type="checkbox"/> OUT | | | | |
| Food properly labeled: original container | | 2 | 1 | 0 | |
| Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657 | | | | | |
| 38 | <input checked="" type="checkbox"/> OUT | | | | |
| Insects & rodents not present; no unauthorized animals | | 2 | 1 | 0 | |
| 39 | <input checked="" type="checkbox"/> OUT | | | | |
| Contamination prevented during food preparation, storage & display | | 2 | 1 | 0 | |
| 40 | <input checked="" type="checkbox"/> OUT | | | | |
| Personal cleanliness | | 1 | 0.5 | 0 | |
| 41 | <input checked="" type="checkbox"/> OUT | | | | |
| Wiping cloths: properly used & stored | | 1 | 0.5 | 0 | |
| 42 | <input checked="" type="checkbox"/> OUT/N/A | | | | |
| Washing fruits & vegetables | | 1 | 0.5 | 0 | |
| Proper Use of Utensils .2653, .2654 | | | | | |
| 43 | <input checked="" type="checkbox"/> OUT | | | | |
| In-use utensils: properly stored | | 1 | 0.5 | 0 | |
| 44 | <input checked="" type="checkbox"/> OUT | | | | |
| Utensils, equipment & linens: properly stored, dried & handled | | 1 | 0.5 | 0 | |
| 45 | <input checked="" type="checkbox"/> OUT | | | | |
| Single-use & single-service articles: properly stored & used | | 1 | 0.5 | 0 | |
| 46 | <input checked="" type="checkbox"/> OUT | | | | |
| Gloves used properly | | 1 | 0.5 | 0 | |
| Utensils and Equipment .2653, .2654, .2663 | | | | | |
| 47 | <input checked="" type="checkbox"/> OUT | | | | |
| Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed & used | | 1 | 0.5 | 0 | |
| 48 | <input checked="" type="checkbox"/> OUT | | | | |
| Warewashing facilities: installed, maintained & used; test strips | | 1 | 0.5 | 0 | |
| 49 | <input checked="" type="checkbox"/> OUT | | | | |
| Non-food contact surfaces clean | | 1 | 0.5 | 0 | |
| Physical Facilities .2654, .2655, .2656 | | | | | |
| 50 | <input checked="" type="checkbox"/> OUT/N/A | | | | |
| Hot & cold water available; adequate pressure | | 1 | 0.5 | 0 | |
| 51 | <input checked="" type="checkbox"/> OUT | | | | |
| Plumbing installed; proper backflow devices | | 2 | 1 | 0 | |
| 52 | <input checked="" type="checkbox"/> OUT | | | | |
| Sewage & wastewater properly disposed | | 2 | 1 | 0 | |
| 53 | <input checked="" type="checkbox"/> OUT/N/A | | | | |
| Toilet facilities: properly constructed, supplied & cleaned | | 1 | 0.5 | 0 | |
| 54 | <input checked="" type="checkbox"/> OUT | | | | |
| Garbage & refuse properly disposed; facilities maintained | | 1 | 0.5 | 0 | |
| 55 | <input checked="" type="checkbox"/> OUT | | | | |
| Physical facilities installed, maintained & clean | | 1 | 0.5 | 0 | |
| 56 | <input checked="" type="checkbox"/> OUT | | | | |
| Meets ventilation & lighting requirements; designated areas used | | 1 | 0.5 | 0 | |
| TOTAL DEDUCTIONS: 0 | | | | | |



Comment Addendum to Food Establishment Inspection Report

BAUCOM ELEMENTARY SCHOOL

Establishment Name: CAFETERIA

Location Address: 400 HUNTER ST

City: APEX State: NC

County: 92 Wake Zip: 27502

Wastewater System: Municipal/Community On-Site System

Water Supply: Municipal/Community On-Site System

Permittee: WAKE COUNTY PUBLIC SCHOOLS CHILD

Telephone: _____

Establishment ID: 4092110552

Inspection Re-Inspection Date: 09/03/2025

Educational Visit Status Code: A

Comment Addendum Attached? Category #: IV

Email 1: Twhite2@wcpss.net

Email 2: _____

Email 3: _____

Temperature Observations

| Item/Location | Temp | Item/Location | Temp | Item/Location | Temp |
|---------------------------|------|---------------|------|---------------|------|
| scrambled eggs/front line | 136 | | | | |
| tater tots/front line | 135 | | | | |
| chicken pattie/hot box | 141 | | | | |
| burger pattie/hot box | 140 | | | | |
| scrambled eggs/hot box | 137 | | | | |
| tater tots/hot box | 139 | | | | |
| salad/cold cabinet | 41 | | | | |
| salsa/cold cabinet | 40 | | | | |
| burger pattie/hot box | 139 | | | | |
| cheese bites/hot box | 140 | | | | |
| shredded cheese/WIC | 40 | | | | |
| salsa/WIC | 39 | | | | |
| sliced cheese/WIC | 40 | | | | |
| milk/WIC | 40 | | | | |
| cut lettuce/WIC | 39 | | | | |
| ambient air/WIC | 34 | | | | |

Person in Charge (Print & Sign): *Tracey* White

Tracey White

Regulatory Authority (Print & Sign): *Carla* Pressley

Carla Pressley

REHS ID: 2800 - Pressley, Carla Verification Dates: Priority:

Priority Foundation: _____ Core: _____

REHS Contact Phone Number: (984) 239-0850

Authorize final report to be received via Email: _____

Tracey White

