

# Food Establishment Inspection Report

Score: 98.5

Establishment Name: CHICK-FIL-A APEX

Establishment ID: 4092019509

Location Address: 1110 BEAVER CREEK COMMONS DR

City: APEX State: North Carolina

Zip: 27502 County: Wake

Permittee: WORX 323

Telephone:

☒ Inspection ☐ Re-Inspection ☐ Educational Visit

Wastewater System:

☒ Municipal/Community ☐ On-Site System

Water Supply:

☒ Municipal/Community ☐ On-Site Supply

Date: 08/04/2026 Status Code: A

Time In: 10:15 AM Time Out: 12:15 PM

Category#: III

FDA Establishment Type: Fast Food Restaurant

No. of Risk Factor/Intervention Violations: 1

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  |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|-----|-----|-----|
| <b>Supervision .2652</b>                                            |                                                                                                                            |                                                                                                |     |     |     |
| 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   |     |
| <b>Employee Health .2652</b>                                        |                                                                                                                            |                                                                                                |     |     |     |
| 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   |
| <b>Good Hygienic Practices .2652, .2653</b>                         |                                                                                                                            |                                                                                                |     |     |     |
| 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   |
| <b>Preventing Contamination by Hands .2652, .2653, .2655, .2656</b> |                                                                                                                            |                                                                                                |     |     |     |
| 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"/> IN <input checked="" type="checkbox"/> OUT/N/A                                         | Handwashing sinks supplied & accessible                                                        | 2   | X   | 0 X |
| <b>Approved Source .2653, .2655</b>                                 |                                                                                                                            |                                                                                                |     |     |     |
| 11                                                                  | <input checked="" type="checkbox"/> OUT                                                                                    | Food obtained from approved source                                                             | 2   | 1   | 0   |
| 12                                                                  | <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A/N/O | Required records available: shellstock tags, parasite destruction                              | 2   | 1   | 0   |
| <b>Protection from Contamination .2653, .2654</b>                   |                                                                                                                            |                                                                                                |     |     |     |
| 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   |
| <b>Potentially Hazardous Food Time/Temperature .2653</b>            |                                                                                                                            |                                                                                                |     |     |     |
| 18                                                                  | <input checked="" type="checkbox"/> OUT/N/A/N/O                                                                            | Proper cooking time & temperatures                                                             | 3   | 1.5 | 0   |
| 19                                                                  | <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT/N/A/N/O                                     | Proper reheating procedures for hot holding                                                    | 3   | 1.5 | 0   |
| 20                                                                  | <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> 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"/> OUT/N/A/N/O                                                                            | Time as a Public Health Control; procedures & records                                          | 3   | 1.5 | 0   |
| <b>Consumer Advisory .2653</b>                                      |                                                                                                                            |                                                                                                |     |     |     |
| 25                                                                  | <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A     | Consumer advisory provided for raw/undercooked foods                                           | 1   | 0.5 | 0   |
| <b>Highly Susceptible Populations .2653</b>                         |                                                                                                                            |                                                                                                |     |     |     |
| 26                                                                  | <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A     | Pasteurized foods used; prohibited foods not offered                                           | 3   | 1.5 | 0   |
| <b>Chemical .2653, .2657</b>                                        |                                                                                                                            |                                                                                                |     |     |     |
| 27                                                                  | <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> 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   |
| <b>Conformance with Approved Procedures .2653, .2654, .2658</b>     |                                                                                                                            |                                                                                                |     |     |     |
| 29                                                                  | <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> 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  |
|---------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|-----|-----|-----|
| <b>Safe Food and Water .2653, .2655, .2658</b>                            |                                                                                                                                                                |                                                                                                        |     |     |     |
| 30                                                                        | <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A                                         | Variance obtained for specialized processing methods                                                   | 2   | 1   | 0   |
| <b>Food Temperature Control .2653, .2654</b>                              |                                                                                                                                                                |                                                                                                        |     |     |     |
| 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 <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O | Plant food properly cooked for hot holding                                                             | 1   | 0.5 | 0   |
| 35                                                                        | <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O                                        | Approved thawing methods used                                                                          | 1   | 0.5 | 0   |
| 36                                                                        | <input checked="" type="checkbox"/> OUT                                                                                                                        | Thermometers provided & accurate                                                                       | 1   | 0.5 | 0   |
| <b>Food Identification .2653</b>                                          |                                                                                                                                                                |                                                                                                        |     |     |     |
| 37                                                                        | <input checked="" type="checkbox"/> OUT                                                                                                                        | Food properly labeled: original container                                                              | 2   | 1   | 0   |
| <b>Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657</b> |                                                                                                                                                                |                                                                                                        |     |     |     |
| 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   |
| <b>Proper Use of Utensils .2653, .2654</b>                                |                                                                                                                                                                |                                                                                                        |     |     |     |
| 43                                                                        | <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT                                                                                 | In-use utensils: properly stored                                                                       | 1   | X   | 0 X |
| 44                                                                        | <input checked="" type="checkbox"/> OUT                                                                                                                        | Utensils, equipment & linens: properly stored, dried & handled                                         | 1   | 0.5 | 0   |
| 45                                                                        | <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT                                                                                 | Single-use & single-service articles: properly stored & used                                           | 1   | 0.5 | X X |
| 46                                                                        | <input checked="" type="checkbox"/> OUT                                                                                                                        | Gloves used properly                                                                                   | 1   | 0.5 | 0   |
| <b>Utensils and Equipment .2653, .2654, .2663</b>                         |                                                                                                                                                                |                                                                                                        |     |     |     |
| 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   |
| <b>Physical Facilities .2654, .2655, .2656</b>                            |                                                                                                                                                                |                                                                                                        |     |     |     |
| 50                                                                        | <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> 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"/> IN <input checked="" type="checkbox"/> OUT                                                                                 | Physical facilities installed, maintained & clean                                                      | 1   | 0.5 | X   |
| 56                                                                        | <input checked="" type="checkbox"/> OUT                                                                                                                        | Meets ventilation & lighting requirements; designated areas used                                       | 1   | 0.5 | 0   |
| TOTAL DEDUCTIONS:                                                         |                                                                                                                                                                |                                                                                                        |     |     | 1.5 |



# Comment Addendum to Food Establishment Inspection Report

Establishment Name: CHICK-FIL-A APEX  
 Location Address: 1110 BEAVER CREEK COMMONS DR  
 City: APEX State: NC  
 County: 92 Wake Zip: 27502  
 Wastewater System: ☒ Municipal/Community ☐ On-Site System  
 Water Supply: ☒ Municipal/Community ☐ On-Site System  
 Permittee: WORX 323  
 Telephone: \_\_\_\_\_

Establishment ID: 4092019509  
☒ Inspection ☐ Re-Inspection Date: 08/04/2026  
☐ Educational Visit Status Code: A  
 Comment Addendum Attached? ☒ Category #: III  
 Email 1: 01588@chick-fil-a.com  
 Email 2: \_\_\_\_\_  
 Email 3: \_\_\_\_\_

## Temperature Observations

| Item/Location                                  | Temp      | Item/Location | Temp | Item/Location | Temp |
|------------------------------------------------|-----------|---------------|------|---------------|------|
| Egg mix /Cooler drawer unit                    | 40        |               |      |               |      |
| Chicken tenders /Final cook                    | 180+      |               |      |               |      |
| Fried chicken breast /Final cook               | 190 - 200 |               |      |               |      |
| Cheese /Reach-in, makeline                     | 41        |               |      |               |      |
| Mac n Cheese /Hot holding cabinet              | 150       |               |      |               |      |
| Grilled chicken /Hot holding cabinet           | 150 - 160 |               |      |               |      |
| Mac n Cheese /Glass door reach-in              | 39 - 40   |               |      |               |      |
| Chicken/Cheese/Cut lettuce/Salad prep flip top | 39 - 40   |               |      |               |      |
| Salads /Sald prep reach-in                     | 40        |               |      |               |      |
| Salad /Small reach-in                          | 41        |               |      |               |      |
| Dairy mix /Reach-in, drink station             | 40        |               |      |               |      |
| Half n Half /Reach-in, drink station           | 41        |               |      |               |      |
| Kale salad /Reach-in, drive thru               | 41        |               |      |               |      |
| Cut lettuce/Chicken /Walk-in                   | 37 - 40   |               |      |               |      |
| Mac n Cheese /Walk-in                          | 37        |               |      |               |      |
| Raw chicken /Breeding stations                 | 37 - 41   |               |      |               |      |
| Raw chicken /Thawing units                     | 39 - 40   |               |      |               |      |
| Chicken noodle soup /Hot holding unit          | 152 - 160 |               |      |               |      |

Person in Charge (Print & Sign): *First* Matt *Last* McGrath  
 Regulatory Authority (Print & Sign): *First* Matthew *Last* Saliba

REHS ID: 3079 - Saliba, Matthew Verification Dates: Priority:

REHS Contact Phone Number: (919) 500-6269

*Matthew McGrath*

*Matthew Saliba*

Priority Foundation: Core:

Authorize final report to be received via Email:

*Matthew Saliba*



North Carolina Department of Health & Human Services

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 Division of Public Health • Environmental Health Section  
 DHHS is an equal opportunity employer.  
 Food Establishment Inspection Report, 12/2023

Food Protection Program



## Comment Addendum to Inspection Report

**Establishment Name:** CHICK-FIL-A APEX

**Establishment ID:** 4092019509

**Date:** 08/04/2026 **Time In:** 10:15 AM **Time Out:** 12:15 PM

### Observations and Corrective Actions

Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 of the food code.

- 10 6-301.12; Priority Foundation; No paper towels were available a handwashing sink near sandwich prep area. Each handwash sink shall be provided with paper towels or an air drying device. CDI- towels replaced.
- 43 3-304.12 (A); Core; Chicken scoop handle laying in raw chicken. In-use utensils in TCS food, must be stored with handles above the food and top of the food container. CDI - scoop handle removed.
- 45 4-903.11(A) and (C); Core; Single-use trays were observed on a shelf with the food-contact portion exposed. Single-use articles shall be stored as specified under par. (A) of this section and shall be kept in the original protective package or stored by using other means that afford protection from contamination until used. CDI- items inverted. No point taken
- 55 6-501.12; Core; Walk-in freezer floor has visible residue and debris accumulation. Physical facilities shall be kept clean. Increase cleaning frequency. All other areas observed clean. No point taken