

# Food Establishment Inspection Report

Score: 92.5

Establishment Name: SUVIDHA DELI

Establishment ID: 4092025560

Location Address: 744 HUNTER ST

City: APEX State: North Carolina

Zip: 27502 County: 92 Wake

Permittee: APEX SUVIDHA, INC.

Telephone: (919) 267-4901

☒ Inspection ☐ Re-Inspection ☐ Educational Visit**Wastewater System:**☒ Municipal/Community ☐ On-Site System**Water Supply:**☒ Municipal/Community ☐ On-Site Supply

Date: 07/20/2026 Status Code: A

Time In: 9:30 AM Time Out: 11:30 AM

Category#: II

FDA Establishment Type: Fast Food Restaurant

No. of Risk Factor/Intervention Violations: 3

No. of Repeat Risk Factor/Intervention Violations: 1

**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                                                        | <input checked="" type="checkbox"/> | 1                                   | 0  |
| <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"/> IN <input checked="" type="checkbox"/> OUT                                             | Food-contact surfaces: cleaned & sanitized                                                     | 3                                   | <input checked="" type="checkbox"/> | 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"/> IN <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"/> IN <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 <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A/N/O | Time as a Public Health Control; procedures & records                                          | 3                                   | <input checked="" type="checkbox"/> | 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/A | Plant food properly cooked for hot holding                                                             | 1   | 0.5                                 | 0   |
| 35                                                                        | <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> N/A | 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"/> IN <input checked="" type="checkbox"/> OUT                                                                                 | Insects & rodents not present; no unauthorized animals                                                 | 2   | <input checked="" type="checkbox"/> | 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   | <input checked="" type="checkbox"/> | 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   |
| <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"/> IN <input checked="" type="checkbox"/> OUT                                                                                 | Warewashing facilities: installed, maintained & used; test strips                                      | 1   | <input checked="" type="checkbox"/> | 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   | <input checked="" type="checkbox"/> | 0   |
| 56                                                                        | <input checked="" type="checkbox"/> OUT                                                                                                                        | Meets ventilation & lighting requirements; designated areas used                                       | 1   | 0.5                                 | 0   |
| TOTAL DEDUCTIONS:                                                         |                                                                                                                                                                |                                                                                                        |     |                                     | 7.5 |



# Comment Addendum to Food Establishment Inspection Report

Establishment Name: SUVIDHA DELI  
Location Address: 744 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: APEX SUVIDHA, INC.  
Telephone: (919) 267-4901

Establishment ID: 4092025560  
☒ Inspection ☐ Re-Inspection Date: 07/20/2026  
☐ Educational Visit Status Code: A  
Comment Addendum Attached? ☒ Category #: II  
Email 1:  
Email 2:  
Email 3: suvidhaapex@gmail.com

## Temperature Observations

| Item/Location            | Temp | Item/Location | Temp | Item/Location | Temp |
|--------------------------|------|---------------|------|---------------|------|
| chicken biryani/display  | 39   |               |      |               |      |
| tandoori chicken/display | 38   |               |      |               |      |
| aloo tiki/display        | 40   |               |      |               |      |
| vegetable stew/display   | 41   |               |      |               |      |
| mango lassi/display      | 39   |               |      |               |      |
| ambient air/display      | 38   |               |      |               |      |
| yogurt/RIC               | 38   |               |      |               |      |
| tandoori chicken/RIC     | 39   |               |      |               |      |
| biryani/RIC              | 38   |               |      |               |      |
| ambient air/RIC          | 37   |               |      |               |      |
| vegetable mix/prep       | 40   |               |      |               |      |
| stew/prep                | 41   |               |      |               |      |
| potato/prep              | 41   |               |      |               |      |
| indian cheese/prep       | 40   |               |      |               |      |
|                          |      |               |      |               |      |
|                          |      |               |      |               |      |
|                          |      |               |      |               |      |
|                          |      |               |      |               |      |
|                          |      |               |      |               |      |
|                          |      |               |      |               |      |
|                          |      |               |      |               |      |
|                          |      |               |      |               |      |

Person in Charge (Print & Sign): *First* Kevin *Last* Sanchez  
Regulatory Authority (Print & Sign): *First* Carla *Last* Pressley

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

REHS Contact Phone Number: (984) 239-0850

*[Signature]* KS  
*[Signature]*  
Priority Foundation: Core:

Authorize final report to be received via Email: *[Signature]* KS



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:** SUVIDHA DELI

**Establishment ID:** 4092025560

**Date:** 07/20/2026 **Time In:** 9:30 AM **Time Out:** 11:30 AM

### 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 5-205.11 Using a Handwashing Sink - Operation and Maintenance  
All handwashing sinks were observed with items stored in them (plastic containers and stainless steel pans). A handwashing sink shall be maintained so that it is accessible at all times for employee use. A handwashing sink may not be used for purposes other than handwashing. Items were removed. \*\*\*CORRECTED DURING INSPECTION (CDI)\*\*\*REPEAT VIOLATION\*\*\*
- 16 4-602.12 Cooking and Baking Equipment (C)  
The microwave interior surfaces are soiled with food debris and build up. (B) The cavities and door seals of microwave ovens shall be cleaned at least every 24 hours by using the manufacturer's recommended cleaning procedure. PIC had an employee clean the microwave. \*\*\*CDI\*\*\*
- 24 3-501.19 Time as a Public Health Control (P) (Pf)  
Several in-house packaged ready to eat meals held under TPHC (time for public health control). PIC could not locate the TPHC form that was previously completed. Written procedures shall be prepared in advance, maintained in the food establishment and made available to the regulatory authority upon request that specify compliance with this code. EHS advised to follow cook-cool and cold holding procedures for in-house packaged ready to eat meals due to failure to maintain and following TPHC forms.
- 38 6-202.13 Insect Control Devices, Design and Installation (C)  
The fly catching devices in the deli are installed above the prep units. (B) Insect control devices shall be installed so that: (1) The devices are not located over a FOOD preparation area. PIC moved the fly catching devices. \*\*\*CDI\*\*\*
- 43 3-304.12 In-Use Utensils, Between-Use Storage (C)  
Single use plastic bowl used to scoop rice. In-use utensils for food that is not TCS must be stored with their handles above the top of the food within containers or equipment that can be closed. PIC removed the plastic bowl and replaced it with a handled scoop. \*\*\*CDI\*\*\*
- 48 4-603.16 Rinsing Procedures (C)  
Employee observed washing and rinsing dishware in the wash basin of the three compartment sink without the sanitizing step. Washed utensils and equipment shall be rinsed prior to sanitizing. PIC had employee make wash solution to properly wash, rinse, and sanitize dishware. \*\*\*CDI\*\*\*
- 55 6-501.114 Maintaining Premises, Unnecessary Items and Litter (C)  
Excessive clutter found in the deli. Discard items and litter stored on the premises as they are not necessary to operation and maintenance. PIC advised.