

Food Establishment Inspection Report

Score: 97

Establishment Name: 540 COMMISSARY

Establishment ID: 4092150004

Location Address: 1600 OLIVE CHAPEL RD , STE 728

City: APEX State: North Carolina

Zip: 27502 County: 92 Wake

Permittee: 540 FLEX & BUSINESS PARK, LLC

Telephone: (919) 398-1933

Inspection Re-Inspection Educational Visit

Wastewater System:

Municipal/Community On-Site System

Water Supply:

Municipal/Community On-Site Supply

Date: 06/11/2026 Status Code: A

Time In: 10:00 AM Time Out: 11:15 AM

Category#: 1

FDA Establishment Type: _____

No. of Risk Factor/Intervention Violations: 2

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	IN OUT/N/A <input checked="" type="checkbox"/>				
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	IN OUT <input checked="" type="checkbox"/>				
Food received at proper temperature		2	1	0	
13	<input checked="" type="checkbox"/> OUT				
Food in good condition, safe & unadulterated		2	1	0	
14	IN OUT <input checked="" type="checkbox"/> N/A				
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	IN <input checked="" type="checkbox"/> T				
Food-contact surfaces: cleaned & sanitized		3	0		X
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	IN OUT <input checked="" type="checkbox"/> N/A				
Proper cooking time & temperatures		3	1.5	0	
19	IN OUT <input checked="" type="checkbox"/> N/A				
Proper reheating procedures for hot holding		3	1.5	0	
20	IN OUT <input checked="" type="checkbox"/> N/A				
Proper cooling time & temperatures		3	1.5	0	
21	IN OUT <input checked="" type="checkbox"/> N/A				
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	IN OUT <input checked="" type="checkbox"/> N/A				
Time as a Public Health Control; procedures & records		3	1.5	0	
Consumer Advisory .2653					
25	IN OUT <input checked="" type="checkbox"/>				
Consumer advisory provided for raw/undercooked foods		1	0.5	0	
Highly Susceptible Populations .2653					
26	IN OUT <input checked="" type="checkbox"/>				
Pasteurized foods used; prohibited foods not offered		3	1.5	0	
Chemical .2653, .2657					
27	IN OUT <input checked="" type="checkbox"/>				
Food additives: approved & properly used		1	0.5	0	
28	IN <input checked="" type="checkbox"/> T/N/A				
Toxic substances properly identified stored & used		2	X	0	X
Conformance with Approved Procedures .2653, .2654, .2658					
29	IN OUT <input checked="" type="checkbox"/>				
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	IN OUT <input checked="" type="checkbox"/>				
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	IN OUT <input checked="" type="checkbox"/>				
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	IN OUT <input checked="" type="checkbox"/> N/A				
Plant food properly cooked for hot holding		1	0.5	0	
35	IN OUT <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/>				
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	IN <input checked="" type="checkbox"/> T				
Contamination prevented during food preparation, storage & display		2	1	X	
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	IN <input checked="" type="checkbox"/> T				
Warewashing facilities: installed, maintained & used; test strips		1	0.5	0	X
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:					3



Comment Addendum to Inspection Report

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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.

- 16 4-501.114(C); Priority; Quat sanitizer at the three compartment sink was not flowing into the basin. A valve may be broken or equipment otherwise not dispensing. A quaternary ammonium compound solution shall have a concentration as specified under sec. 7 204.11 and as indicated by the manufacturer's use directions included in the labeling. Contact AutoChlor for repair. Post a sign that directs users to other three comp sink for sanitizing. Verification required.
- 28 7-201.11; Priority; Observed degreaser and bulk detergent stored above an open bag of flour. Separate poisonous or toxic materials to avoid contamination of food. CDI- chemicals removed.
- 39 3-305.11; Core; Raw, whole shell egg cartons observed on walk-in cooler floor. Boxes of dairy mix also stored on walk-in floor. Commissary owner was not sure who the product belongs to. Ensure foods are kept at least 6" above the floor and stored in a clean, dry location. Find out who this food belongs to. No point taken
- 48 4-302.13 (B); Priority Foundation; Dish machine does not have a thermometer for measuring utensil surface temperature. Provide an approved Max/Min thermometer for testing sanitizing temperatures in hot water warewashing machines. The thermometer must be readily accessible. Verification required.

Additional Comments

Text a photo and video of dish thermometer and working sanitizer at three comp sink to 919-500-6269. Sink should be repaired by Sunday 6/14 and thermometer should be received no later than 6/21.