

PHONE: (910) 322-1152

ADDRESS: 4853 HWY 27 Lillington, NC 27546

# Breakfast

## Sandwiches

Add Egg for .50 Add Cheese for .55

	Biscut	Toast
Country Ham	\$3.89	\$4.99
Bacon	\$2.99	\$3.89
Link Sausage	\$3.99	\$4.59
Patty Sausage	\$3.89	\$4.29
Red Hot	\$2.39	\$2.79
Smoke Sausage	\$3.39	\$4.25
Bologna	\$3.39	\$4.45
Chicken	\$3.45	\$3.99
Steak	\$3.59	\$4.25
Tenderloin/Gravy	\$3.99	\$4.89

## Plates

Served with your choice of grits or hasbrowns and toast or a biscut.

2 Eggs*		\$3.29
2 Eggs* With Meat:		
	Bacon	\$5.99
	Patty Sausage	\$6.49
	Link Sausage	\$6.89
	City Ham	\$6.99
	Country Ham	\$7.99
	Smoke Sausage	\$6.10
	Red Hot.	\$5.89
	Tenderloin/Gravy	\$7.50

Sausage Gravy Biscut

1	\$3.99
2	\$5.99

Pancake (1) With Meat

Bacon or Sausage	\$4.99
Country Ham	\$6.89

# Sides

Small Grits	\$1.99	Toast	\$1.00
Large Grits	\$2.69	Biscuit (1)	75
Hashbrowns	\$2.99	Pancake (1)	\$1.25

\* Eggs are cooked to order

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Grill 27=

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# Lunch

# Sandwiches

Choice of toppings: Mayo, Mustard, Ketchup, Chili, Onions, Lettuce, Pickles, Relish.

Add Cheese .55 Add Bacon 1.25

	Add L	340011	1.20	
Hot Dog				.\$1.49
Hamburger\$4.99				.\$4.99
Cheeseburger				\$5.59
Double Cheeseburg	ger			.\$7.99
Chicken				\$4.69
Ham or Turkey				.\$3.25
BLT				\$4.25
Grilled Cheese				\$1.99
Club				\$6.99
Bologna				. \$3.99
Corn Dog				. \$1.99
	N	1ains	S	
Wings				
	6 Count			.\$5.89
	8 Count			.\$6.99
Chicken By Piece (Includes a Roll)				
	Leg			\$1.39
	Wing			\$1.39
	Thigh			.\$1.89
	Breast			.\$2.69
Chicken Tenders 6	Count			\$5.99
Livers and Gizzards				
Livers and Olzzards				\$3.99
		Sides		. 47.100
Sides				
French Fries	\$2.9	9	Okra	\$3.25
Potato Wedges	\$2.8	19	Mac and Cheese Bites (6)	\$2.89
Onion Rings	\$2.9	9		

\* Burgers are cooked to order

Consuming raw or undercooked meat or poultry, seafood, shellfish or eggs may increase the risk of food born
illnesses.

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# Employee Health Policy Agreement

### Reporting: Symptoms of Illness

I agree to report to the manager when I have:

- 1. Diarrhea
- 2. Vomiting
- 3. Jaundice (yellowing of the skin and/or eyes)
- 4. Sore throat with fever
- 5. Infected cuts or wounds, or lesions containing pus on the hand, wrist, an exposed body part (such as boils and infected wounds, however small).

#### Reporting: Diagnosed Illnesses

I agree to report to the manager when I have:

- 1. Norovirus
- 2. Salmonella Typhi (typhoid fever)
- 3. Shigella spp. infection
- 4. E. coli infection (Escherichia coli O157:H7 or other, EHEC/STEC infection)
- 5. Hepatitis A

Note: The manager must report to the Health Department when an employee has one of these illnesses.

#### Reporting: Exposure of Illness

I agree to report to the manager when I have been exposed to any of the illnesses listed above through:

- 1. An outbreak of Norovirus, typhoid fever, Shigella spp. infection, E. coli infection, or Hepatitis A.
- 2. A household member with Norovirus, typhoid fever, Shigella spp. infection, E. coli infection, or hepatitis A.
- 3. A household member attending or working in a setting with an outbreak of Norovirus, typhoid fever, Shigella spp. infection, E. coli infection, or Hepatitis A.

#### Exclusion and Restriction from Work

If you have any of the symptoms or illnesses listed above, you may be excluded\* or restricted\*\* from work.

- \*If you are excluded from work you are not allowed to come to work.
- \*\*If you are restricted from work you are allowed to come to work, but your duties may be limited.

#### Returning to Work

If you are excluded from work for having diarrhea and/or vomiting, you will not be able to return to work until more than 24 hours have passed since your last symptoms of diarrhea and/or vomiting. If you are excluded from work for exhibiting symptoms of a sore throat with fever or for having jaundice (yellowing of the skin and/or eyes), Norovirus, Salmonella Typhii (typhoid fever), Shigella spp. infection, E. coli infection, and/or Hepatitis A, you will not be able to return to work until Health Department approval is granted.

#### Agreement

I understand that I must:

- 1. Report when I have or have been exposed to any of the symptoms or illnesses listed above; and
- 2. Comply with work restrictions and/or exclusions that are given to me.