Food Establishment Inspection Report

Establishment Name: BAGEL STATION Establishment ID: 3034010008

Date: 12 / 20 / 2012 Status Code: A				
Time In: $09 : 45 \overset{\otimes}{\circ} ^{am}_{pm}$ Time Out: $12 : 45 \overset{\odot}{\otimes} ^{am}_{pm}$				
Total Time: 3 hrs 0 minutes				
Category #: II				
Establishment Type: Full-Service Restaurant				

Instructions:

1. Fill in the information below for the Food Establishment:

Location Addre	SS: 129 OAKWOOD DRIVE				
City: WINSTO	N-SALEM				
State: NC	Zip: ²⁷¹⁰³				
County: 34 Forsyth Permittee: THE BAGEL STATION INC.					
⊗Inspection					
○Re-Inspection					
Wastewater System:					
⊗Municipal/Community					
○On-Site System					
Water Supply:					
⊗Municipal/Community					
○On-Site Sys	tem				

2. Click/fill the appropriate circle For "IN, OUT, N/A, N/O".

IN= In Compliance, OUT= Not in compliance N/O=Not Observed, N/A= Not Applicable

3. Click/check the appropriate Boxes for CDI and/or R, VR.

CDI= Corrected During Inspection R= Repeat Violation VR= Verification Required

4. Continue to page 2 for "Good Retail Practices".

Foodborne Illness Risk Factors and Public Health Interventions

Score: 96

Risk factors: Contributing factors that increase the chance of developing foodborne illness.

Public Health Interventions: Control measures to prevent foodborne illness or injury.

Public Health Interventions: Control measures to prevent foodborne illness or injury.								
Со	mpliance Statu	OUT	CDI	R	VR			
Su	pervision	.2652						
1	⊗ ○ ○ IN OUT N/A	PIC Present; Demonstration-Certification by accredited program and perform duties	○ ○ 2 0	0	0	0		
En	ployee Health	.2652						
2	⊗ ○ IN OUT	Management, employees knowledge; responsibilities & reporting	O O O 3 1.5 0	0	0	0		
3	⊗ ○ IN OUT	Proper use of reporting, restriction & exclusion	○ ○ ○ 3 1.5 0		0	0		
Go	od Hygienic F	Practices .2652, .2653						
4	⊗ ○ IN OUT	Proper eating, tasting, drinking, or tobacco use	O O O	0	0	0		
5	⊗ ○ IN OUT	No discharge from eyes, nose, and mouth	O O O 1 0.5 0	0	0	0		
Pre	eventing Cont	amination by Hands .2652, .2653, .2655, .265	5					
6	⊗ ○ IN OUT	Hands clean & properly washed	0 0 0 4 2 0	0	0	0		
7	⊗ ○ ○ IN OUT N/O	No bare hand contact with RTE foods or pre-approved alternate procedure properly allowed	0 0 0 3 1.5 0	0	0	0		
8	⊗ ○ IN OUT	Handwashing sinks supplied & accessible	O O O 2 1 0	0	0	0		
Ap	proved Sourc	e .2653, .2655						
9	⊗ ○ IN OUT	Food obtained from approved source	0 0 0 2 1 0	0	0	0		
10	O O S IN OUT N/O	Food received at proper temperature	$ \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc $ 2 1 0	0	0	0		
11	⊗ ○ IN OUT	Food in good condition, safe & unadulterated	$ \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc $ 2 1 0	0	0	0		
12	O O 🗞 O IN OUT N/A N/O	Required records available: shellstock tags, parasite destruction	$ \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc $ 2 1 0	0	0	0		
Pro	otection from	Contamination .2653, .2654						
13	⊗ ○ ○ ○ ○ IN OUT N/A N/O	Food separated & protected	000		0	0		
14	⊗ ○ IN OUT	Food-contact surfaces: cleaned & sanitized	3 1.5 0	0	0	0		
15	⊗ ○ IN OUT	Proper disposition of returned, previously served, reconditioned, & unsafe food	3 1.5 0 0 0 0 2 1 0	0	0	0		
Po		rdous Food TIme/Temperature .2653	2 1 0					
16	⊗ ○ ○ ○ ○ IN OUT N/A N/O	Proper cooking time & temperatures	0 0 0 3 1.5 0		0	0		
17	⊗ ○ ○ ○ ○ IN OUT N/A N/O	Proper reheating procedures for hot holding	000	0	0	0		
18	⊗ ○ ○ ○ IN OUT N/A N/O	Proper cooling time & temperatures	000	0	0	0		
19	0 0 8 0 IN OUT N/A N/O	Proper hot holding temperatures	3 1.5 0	0	0	0		
20	○ ⊗ ○ ○ IN OUT N/A N/O	Proper cold holding temperatures	3 1.5 0	8	0	0		
21	O & O O	Proper date marking & disposition	3 1.5 0	8	0	0		
22	0 0 8 0 IN OUT N/A N/O	Time as a public health control: procedures & records	3 1.5 0	0	0	0		
	nsumer Advis	sory .2653	2 1 0					
23	0 0 8	Consumer advisory provided for raw or undercooked	000		0	0		
	IN OUT N/A	foods	1 0.5 0	Ш				
HI	jniy Susceptii	ple Populations .2653						
24	IN OUT N/A	Pasteurized foods used; prohibited foods not offered	3 1.5 0		0	0		
Chemical .2653, .2657								
25	IN OUT N/A	Food additives: approved & properly used	0 0 0	0	0	0		
26	Ø ○ ○ IN OUT N/A	Toxic substances properly identified stored, & used	$\begin{array}{c c} \bigcirc \bigcirc \bigcirc \bigcirc \\ 2 & 1 & 0 \end{array}$		0	0		
Co	Conformance with Approved Procedures .2653, .2654, .2658							
27	○ ○ ⊗ IN OUT N/A	Compliance with variance, specialized process, reduced oxygen packing criteria or HACCP plan	$\begin{bmatrix} 0 & 0 & 0 \\ 2 & 1 & 0 \end{bmatrix}$			0		

Food Establishment Inspection Report, continued

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5. Click the appropriate circle to fill-in for "IN, OUT, N/A, N/O".

IN= In Compliance, OUT= Not in compliance N/O=Not Observed, N/A= Not Applicable

- Click or check the appropriate boxes for CDI and/or R, VR CDI= Corrected during Inspection R= Repeat Violation VR= Verification Required Calculate the "Total Deductions" and record.
- 7. Sign and complete "Signature Block".
- Fill in "No. Of Risk Factor Intervention Violations" and "No. of Repeat Risk Factor Intervention Violations".
- 9. Continue to page 3 for "Comment Addendum to Food Establishment Inspection Report".

Signature Block:

Rerson in Charge (Print)

Person in Charge (Signature)

Scett Steel
Regulatory Authority (Print)

Scott Stoel, Rous Regulatory Authority (Signature)

Contact Number: (336)703-3141

Verification Required Date: ___/ ___/

REHS ID: 1801 - Steed, Scott

No. of Risk Factor/ Intervention Violations: 2

No. of Repeat Risk Factor/Intervention Violations:

Good Retail Practices Preventative measures to control the addition of pathogens. chemicals, and physical objects into foods CDI R VR Compliance Status .2653, .2655, .2658 Safe Food and Water 0 0 0 OUT 0 28 Pasteurized eggs used where required \circ 0 O O O 29 0 0 0 Water and ice from approved source OUT O O & IN OUT N/A Variance obtained for specialized processing methods 0 30 0 **Food Temperature Control** .2653, .2654 Proper cooling methods used; adequate equipment for temperature control 0 0 0 OUT 0 0 8 0 0 0 1 0.5 0 ○ ○ ⊗ ○ Plant food properly cooked for hot holding 32 0 0 0 0 0 0 1 0.5 0 O 8 Approved thawing methods used 0 0 0 IN OUT N/A N/O 0 0 0 1 0.5 0 OUT 0 0 0 34 Thermometers provided & accurate **Food Identification** .2653 OUT Food properly labeled: original container 0 0 35 0 Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657 OUT 0 0 Insects & rodents not present; no unauthorized animals 0 0 0 36 OUT Contamination prevented during food preparation, 37 0 0 \bigcirc storage & display OUT ○ ○ ○ 1 0.5 0 38 Personal cleanliness 0 0 0 O IN ⊗ OUT 0 0 **8** 1 0.5 0 0 39 Wiping cloths: properly used & stored 0 0 0 0 0 1 0.5 0 Washing fruits & vegetables 40 0 0 OUT **Proper Use of Utensils** .2653, .2654 ⊗ OUT ○ **⊗** ○ 1 0.5 0 0 0 41 In-use utensils: properly stored 000Utensils, equipment & linens: properly stored, dried & handled 0 0 0 42 OUT 1 0.5 0 OIN 8 Single-use & single-service articles: properly \bigcirc \otimes \bigcirc 43 0 0 0 OUT 1 0.5 0 stored & used ⊗ IN OUT $\overline{000}$ 0 0 44 Gloves used properly 0 1 0.5 0 Utensils and Equipment .2653, .2654, .2663 ⊗ OUT O & O 2 1 0 Equipment, food & non-food contact surfaces approved, 45 0 \bigcirc cleanable, properly designed, constructed, & used OIN ⊗ OUT ○ **⊗** ○ 1 0.5 0 Warewashing facilities: installed, maintained, & used; 0 46 0 0 test strips 0 0 0 1 0.5 0 OUT 0 0 0 47 Non-food contact surfaces clean **Facilities Physical** .2654, .2655, .2656 $\bigcirc \bigcirc \bigcirc \bigcirc$ 2 1 0 OUT Hot & cold water available; adequate pressure 0 0 0 48 ⊗ IN OUT 49 Plumbing installed; proper backflow devices 0 0 0 OUT 50 0 0 0 Sewage & waste water properly disposed 1 0 OIN ⊗ OUT 0 0 **8** 1 0.5 0 Toilet facilities: properly constructed, supplied 0 0 51 0 OUT 0 0 0 1 0.5 0 Garbage & refuse properly disposed; 52 0 0 facilities maintained O 8 $\circ \circ \otimes$ 53 Physical facilities installed, maintained & clean 0 0 0 OUT 1 0.5 0 ⊗ IN OUT 0 0 0 1 0.5 0 Meets ventilation & lighting requirements; 54 0 0 0 **Total Deductions:**

North Carolina Department of Health & Human Services ● Division of Public Health Environmental Health Section ● Food Protection Program

		Comment Ac	dden	dum to F	ood E	stablish	men	t Insped	ction Repo	rt
Ī	Establishment Name: BAGEL STATION				[Establishme	ent ID:	3034010008	Date: 12/20	/2012
	Location Address: 129 OAKWOOD DRIVE								Status Coo	le:
	City: WINSTON-SALEM State: NC				NC				Category #	: II
	County: 34 Forsyth Zip: 27103								Email 1:	
	Wastewater System: ⊗ Municipal/Community ○ On-Site System								Email 2:	
	Water Supply: ⊗ Municipal/Community ○ On-Site System Permittee: THE BAGEL STATION INC.			ystem						
		e:							Email 3:	
	relephon				roturo C	hcorvation	nc			
				•		Observation				
	Item raw eggs	Location sandwich unit	Temp 42	Item tureky	Location sandwich	unit - bottom	Temp 40	Item	Location	Temp
	turkey	sandwich unit	38	cream	small san	dwich unit	45			
	sliced cheese	sandwich unit	41	eggs	cook tem	p	206			
	tuna salad	sandwich unit	45	cream	wic		41			
	sliced	sandwich unit	42	sausage	wic		41			
	cream cheese	sandwich unit	43	honey butter	wic		41			
	liquid eggs	sandwich unit - bottom	41	hot water	3 compar	tment sink	149			
	sausage	sandwich unit - bottom	39							
	Observations and Corrective Actions									
20	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. In the top of the large sandwich top refrigerator, sausage and turkey were 44-48°F. Butter was sitting at room temperature at 75°F. All cold food must be maintained at 45°F at all time during storage. The turkey and sausage were placed in a different location in the unit to increase air flow. If the butter is to be held off temperature, a procedure for a "Time as a Public Health Control" needs to be instituted. The product must be labeled with the time it is removed from temperature control and can be held for no more than 4 hours. After the 4 hours, the product would have to be discarded.									
39	packagė is	product that was not dates opened or the product or the product of	t is thaw	red.						
J		Additionally, the contai						od III Sailiu26	ι αι τιο αρριορπαι	o on ongur at



of scoops must be kept above the level of the food.

Most of the scoops that are being stored in the dry product containers were laying down with the handle in the product. The handle

	Comment Addendum	to Food Establishment Inspection Report
Es	stablishment Name: BAGEL STATION	Establishment ID: 3034010008
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L	Observ Violations cited in this report must be corrected	ations and Corrective Actions within the time frames below, or as stated in sections 8-405.11 of the food code.
43	utensils arranged so the handle is grabbed by the	es and food contact portion of some in the same direction. Keep all single use customer and not the food contact portion. Additionally, there is some debris in ners used for the storage of single use items clean at all times.
45	they will need to be replaced. / Continue trying to	can not be removed or the units can not be re-coated with an approved coating, clean rust from wall mounted shelves. If the rust will not come off, they will need on the condenser in the walk-in freezer that will need to be repaired. / The st be replaced with a commercial unit.
46	There were no quaternary ammonia sanitizer test sanitizer concentration is being met.	strips available today. Test must be on hand at all times to ensure the proper
51	A covered trash receptacle is needed in the women	en's restroom.
53	Some minor floor cleaning is needed in the corne	rs, under equipment.



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Observations and Corrective Actions

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Comment Addendum to Food Establishment Inspection Report

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