Food Establishment Inspection Report

Establishment Name: BOJANGLES 6 Establishment ID: 3034010031

| Date: <u>Ø 2</u> / <u>Ø 7</u> / <u>2 Ø 1 3</u> Status Code: A |
|--|
| Time In: <u>Ø 9</u> : <u>3 Ø 0 pm</u> Time Out: <u>1 1</u> : <u>Ø Ø 0 pm</u> |
| Total Time: 1 hr 30 minutes |
| Category #: _III |
| Establishment Type: Fast Food Restaurant |

Instructions:

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

| Location / | Address: 3300 N. PATTERSON AVE. |
|------------|---------------------------------|
| City: WI | INSTON-SALEM |
| State: No | C Zip: 27105 |
| County: | 34 Forsyth |
| | e: _BOJANGLES" RESTAURANT, INC |
| Telephor | ne: |
| ⊗Inspec | ction |
| ○Re-Ins | spection |
| | iter System: |
| ⊗Munici | ipal/Community |
| ○On-Sit | e System |
| Water Su | ıpply: |
| ⊗Munici | ipal/Community |
| ○On-Sit | e System |

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: 97

Risk factors: Contributing factors that increase the chance of developing foodborne illness. **Public Health Interventions:** Control measures to prevent foodborne illness or injury

| Pu | blic Health Interv | ventions: Control measures to prevent foodborne illness | or injury. | | | | | |
|-------------------------|---------------------------|--|---|---|----|---|--|--|
| | mpliance Statu | OUT | CDI | R | VR | | | |
| Su | pervision | .2652 | | | | | | |
| 1 | ⊗ ○ ○ IN OUT N/A | PIC Present; Demonstration-Certification by accredited program and perform duties | O O 2 0 | 0 | 0 | 0 | | |
| En | ployee Health | | - | | | | | |
| 2 | ⊗ ○ IN OUT | Management, employees knowledge; responsibilities & reporting | 0 0 0 3 1.5 0 | 0 | 0 | 0 | | |
| 3 | ⊗ ○ IN OUT | Proper use of reporting, restriction & exclusion | 0 0 0 3 1.5 0 | 0 | 0 | 0 | | |
| Go | od Hygienic P | Practices .2652, .2653 | 0.5 | | | | | |
| 4 | ⊗ ○ IN OUT | Proper eating, tasting, drinking, or tobacco use | O O O 2 1 0 | 0 | 0 | 0 | | |
| 5 | ⊗ ○ IN OUT | No discharge from eyes, nose, and mouth | 0 0 0 1 0.5 0 | 0 | 0 | 0 | | |
| Pre | | amination by Hands .2652, .2653, .2655, .265 | 6 | | | | | |
| 6 | ⊗ ○ IN OUT | Hands clean & properly washed | $ \begin{smallmatrix} \bigcirc & \bigcirc & \bigcirc \\ 4 & 2 & 0 \end{smallmatrix} $ | 0 | 0 | 0 | | |
| 7 | ⊗ ○ ○ IN OUT N/O | No bare hand contact with RTE foods or pre-approved alternate procedure properly allowed | ○ ○ ○ 3 1.5 0 | 0 | 0 | 0 | | |
| 8 | ⊗ ○ IN OUT | Handwashing sinks supplied & accessible | 0 0 0 2 1 0 | 0 | 0 | 0 | | |
| Ap | proved Sourc | e .2653, .2655 | | | | | | |
| 9 | ⊗ ○ IN OUT | Food obtained from approved source | ○ ○ ○ 2 1 0 | 0 | 0 | 0 | | |
| 10 | O O & 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 \bigcirc 1 \bigcirc 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 \bigcirc 1 \bigcirc 0 $ | 0 | 0 | 0 | | |
| Pro | otection from | Contamination .2653, .2654 | | | | | | |
| 13 | ⊗ ○ ○ ○ IN OUT N/A N/O | Food separated & protected | 0 0 0 3 1.5 0 | 0 | 0 | 0 | | |
| 14 | ⊗ ○ IN OUT | Food-contact surfaces: cleaned & sanitized | 3 1.5 0 3 1.5 0 | 0 | 0 | 0 | | |
| 15 | ⊗ ○ IN OUT | Proper disposition of returned, previously served, reconditioned, & unsafe food | 0 0 0 2 1 0 | 0 | 0 | 0 | | |
| Po | tentially Haza | rdous Food Tlme/Temperature .2653 | | | | | | |
| 16 | ⊗ ○ ○ ○ IN OUT N/A N/O | Proper cooking time & temperatures | ○ ○ ○ 3 1.5 0 | 0 | 0 | 0 | | |
| 17 | OOO ⊗ IN OUT N/A N/O | Proper reheating procedures for hot holding | ○ ○ ○ 3 1.5 0 | 0 | 0 | 0 | | |
| 18 | O O O S IN OUT N/A N/O | Proper cooling time & temperatures | ○ ○ ○ 3 1.5 0 | 0 | 0 | 0 | | |
| 19 | ⊗ ○ ○ ○ ○ 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 | 0 | 0 | 0 | | |
| 21 | ⊗ ○ ○ ○ IN OUT N/A N/O | Proper date marking & disposition | ○ ○ ○ 3 1.5 0 | 0 | 0 | 0 | | |
| 22 | ⊗ ○ ○ ○ IN OUT N/A N/O | Time as a public health control: procedures & records | $ \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc 2 \bigcirc 1 \bigcirc 0 $ | 0 | 0 | 0 | | |
| Consumer Advisory .2653 | | | | | | | | |
| 23 | O O & IN OUT N/A | Consumer advisory provided for raw or undercooked foods | 0 0 0 1 0.5 0 | 0 | 0 | 0 | | |
| Hiç | | ple Populations .2653 | | | | | | |
| 24 | O O & IN OUT N/A | Pasteurized foods used; prohibited foods not offered | 0 0 0 3 1.5 0 | 0 | 0 | 0 | | |
| Ch | emical | .2653, .2657 | | | | | | |
| 25 | O O & IN OUT N/A | Food additives: approved & properly used | 0 0 0 | 0 | 0 | 0 | | |
| 26 | ⊗ ○ ○ IN OUT N/A | Toxic substances properly identified stored, & used | 0 0 0 2 1 0 | 0 | 0 | 0 | | |
| Co | | th Approved Procedures .2653, .2654, | | | | | | |
| 27 | O O 🛇 | Compliance with variance, specialized process, reduced oxygen packing criteria or HACCP plan | 999 | 0 | 0 | | | |

Food Establishment Inspection Report, continued

Establishment Name: BOJANGLES 6 Establishment ID: 3034010031

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|--------|----------------|---------|------|
| ınstrı | JCTIONS | continu | rea: |

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:

Person in Charge (Print)

Person in Charge (Signature)

Regulatory Authority (Print)

Regulatory Authority (Signature)

Contact Number: (____) ___ - _

Verification Required Date: ___/ ___/

REHS ID: 2259 - Michaud, Kenneth

No. of Risk Factor/ Intervention Violations: 0

No. of Repeat Risk Factor/Intervention Violations:

Good Retail Practices Preventative measures to control the addition of pathogens. chemicals, and physical objects into foods Compliance Status CDI R VR .2653, .2655, .2658 Safe Food and Water ○ ○ ○ 1 0.5 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 U U S U Plant food properly cooked for hot holding 0 0 0 1 0.5 0 32 0 0 0 0 0 0 1 0.5 0 0 😵 0 Approved thawing methods used 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 OIN 8 Contamination prevented during food preparation, 37 0 0 \bigcirc OUT 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 0 0 0 1 0.5 0 ⊗ IN OUT 41 0 0 In-use utensils: properly stored 080 OIN Utensils, equipment & linens: properly stored, dried & handled 0 0 0 42 OUT 1 0.5 0 Single-use & single-service articles: properly 43 0 0 0 OUT 1 0.5 0 stored & used ⊗ IN OUT $\overline{000}$ 44 0 0 Gloves used properly 0 1 0.5 0 Utensils and Equipment .2653, .2654, .2663 ⊗ OUT ○ **⊗** ○ 2 1 0 Equipment, food & non-food contact surfaces approved, 45 0 \bigcirc cleanable, properly designed, constructed, & used ⊗ IN OUT 0 0 0 1 0.5 0 Warewashing facilities: installed, maintained, & used; 46 0 0 0 test strips ⊗ OUT ○ **⊗** ○ 1 0.5 0 47 0 0 0 Non-food contact surfaces clean **Physical Facilities** .2654, .2655, .2656 $\bigcirc \bigcirc \bigcirc \bigcirc$ 2 1 0 OUT Hot & cold water available; adequate pressure 0 0 0 48 OUT 49 Plumbing installed; proper backflow devices 0 0 0 0 0 OUT 50 0 0 0 Sewage & waste water properly disposed ⊗ IN OUT 0 0 0 1 0.5 0 Toilet facilities: properly constructed, supplied 0 0 51 0 ⊗ OUT ○ **⊗** ○ 1 0.5 0 Garbage & refuse properly disposed; 52 0 0 facilities maintained 8 $\circ \otimes \circ$ 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 \bigcirc 0 0 **Total Deductions:**

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

| | | Comment | Addend | lum to F | ood | Establish | men | t Inspect | ion Report | |
|----------------|---------------|---|------------------------------------|---------------------|------------------|-------------------|------------|-------------------|---|-------------|
| Es | stablishme | nt Name: BOJANG | GLES 6 | | | Establishme | nt ID: _ | 3034010031 | Date: 02/07/20 | 013 |
| | Location A | Address: 3300 N. | PATTERSON A | VE. | | | | | Status Code: | Α |
| | City: WIN | STON-SALEM | | State: _! | NC_ | | | | Category #:_ | III |
| | County: 34 | | Zip |): 27105 | | | | | Email 1: | |
| | | ter System: ⊗ № | | | | | | | Email 2: | |
| | Water Su | pply: ⊗ № e: _BOJANGLES"F | lunicipal/Communi RESTAURANT, I | | rstem | | | | | |
| | Telephon | | , | | | | | | Email 3: | Temp |
| Γ | | | | Tempe | rature | Observation | ns | | | |
| | em .ettuce | Location Make unit | Temp 41 | Item Slaw | Location Front d | | Temp 41 | Item | Location | Temp |
| S | Sliced | Make unit | 40 | | | | | | | |
| S | Steak | Fryer | 211 | Hot water | Three o | compartment sink | 154 | | | |
| F | ried chicken | Fryer | 179 | Quat sanitizer | Sanitizi | ng compartment | 300 | | | |
| _ | Gravy | Hot bar | 164 | | | | | | | |
| _ | Chicken | Hot bar | 166 | | | | | | | |
| N | /lashed | Front display | 156 | | | | | | | |
| E | Beans | Front dislay | 170 | | | | | | | |
| Γ | V | iolotiono oitod in thio | | | | Corrective A | | | 11 of the food code | |
| ∟ 37 | | iolations cited in this laying in ice in driv | | | | | | | | |
| | | | | | | | | | | |
| 39 | | th towel found on a sanitizer bucke | | | | lrive thru - make | e sure w | iping cloths are | e stored in a sanita | ary fashion |
| 42 | Pans stack | ked incorrectly wh | ile wet - make | sure to cross | stack or | separate to ad | lequately | / air dry utensil | ls | |
| 45 | | | | | | | | | osi rep as soon as nable and in good | |

Comment Addendum to Food Establishment Inspection Report

| Establishment Name: BOJANGLES 6 | Establishment ID: 303 | 34010031 | |
|--|-----------------------|-------------------|--------|
| | | | |
| Observations and Correct Violations cited in this report must be corrected within the time frames below. | | 05 11 of the food | l code |



- 47 Significant debris build-up found in condiments bins near drive thru thoroughly clean inside condiments bins as often as necessary so they are free from debris
- Dumpster lid and doors found open lids and doors must be shut when not being used as to prevent pest and rodent harborage
- Flaking paint on wall adjacent to shelving units in dry goods room have walls sanded and repainted so they are easily cleanable and in good repair

Comment Addendum to Food Establishment Inspection Report

Establishment Name: BOJANGLES 6 Establishment ID: 3034010031

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.





Comment Addendum to Food Establishment Inspection Report

Establishment Name: BOJANGLES 6 Establishment ID: 3034010031

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.



