Food Establishment Inspection Report

Establishment Name: BOJANGLE S #156 Establishment ID: 3034010033

Date: Ø 2 / 1 2 / 2 Ø 1 3 Status Code: A				
Time In: Ø8	: <u>4 5 ⊗ am</u> Time Out: <u>1 1</u> : <u>4 Ø ⊗ am</u>			
Total Time:	2 hrs 55 minutes			
Category #:	III			
Establishment Type: Fast Food Restaurant				

Instructions:

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

Location Address: 1614 S STRATFORD ROAD						
City: WINSTON SALEM						
State: NC Zip: 27103						
County: 34 Forsyth						
Permittee: BOJANGLES RESTAURANT, INC.						
Telephone:						
⊗Inspection						
○Re-Inspection						
Wastewater System: ⊗Municipal/Community ○On-Site System						
Water Supply: ⊗Municipal/Community ○On-Site 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: 95

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.							
Compliance Status			OUT	CDI	R	VR	
Su	Supervision .2652						
1		O O UT N/A	PIC Present; Demonstration-Certification by accredited program and perform duties	$\bigcirc \bigcirc$ \bigcirc \bigcirc 2 0	0	0	0
En	· -	e Health					
2	⊗ IN	OUT	Management, employees knowledge; responsibilities & reporting	○ ○ ○ 3 1.5 0	0	0	0
3	⊗ IN	OUT	Proper use of reporting, restriction & exclusion	○ ○ ○ 3 1.5 0	0	0	0
Go	od Hy	•	Practices .2652, .2653				
4	O IN	⊗ OUT	Proper eating, tasting, drinking, or tobacco use	⊗ ○ ○ 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	_	ng Cont	amination by Hands .2652, .2653, .2655, .2656	5			
6	⊗ IN	OUT	Hands clean & properly washed		0	0	0
7		O & UT 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	O O O 2 1 0	0	0	0
Αp	prove	d Sourc	e .2653, .2655				
9	⊗ IN	OUT	Food obtained from approved source	$ \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc $ 2 1 0	0	0	0
10		O & UT N/O	Food received at proper temperature		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 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	otectio	n 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	0 0 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	tential	ly 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	O O IN OUT	○ ⊗ N/A N/O	Proper reheating procedures for hot holding	○ ○ ○ 3 1.5 0	0	0	0
18	O O 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 1 0	0	0	0
Consumer Advisory .2653							
23		O O UT N/A	Consumer advisory provided for raw or undercooked foods	0 0 0 1 0.5 0	0	0	0
Ηiς	ηhly Sι	usceptil	ole Populations .2653				
24		○ ⊗ UT N/A	Pasteurized foods used; prohibited foods not offered	0 0 0 3 1.5 0	0	0	0
Chemical .2653, .2657							
25		O O UT N/A	Food additives: approved & properly used	0 0 0 1 0.5 0	0	0	0
26		O O UT N/A	Toxic substances properly identified stored, & used	$ \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc $ 2 1 0	0	0	0
Co	nform	ance wi	th Approved Procedures .2653, .2654,	.2658			
27		O ⊗ UT N/A	Compliance with variance, specialized process, reduced oxygen packing criteria or HACCP plan	$\begin{array}{cccccccccccccccccccccccccccccccccccc$		0	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".
- 8. Fill in "No. Of Risk Factor Intervention Violations" and "No. of Rapeat Risk Factor Intervention

 1 Violations".
- 9. Continue to page 3 for "Comment Addendum to Food Establishment Inspection Report".

Signature Block:

Sarah Tackson
Person in Charge (Print)

Person in Charge (Signature)

Regulatory Authority (Print)

Regulatory Authority (Signature)

Contact Number: (/(336)703-3128

Verification Required Date: ___/ ___/

REHS ID: 944 - Sizemore, Clark

No. of Risk Factor/ Intervention Violations: ______ 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 OUT 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 0 0 0 29 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 O O S 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 Approved thawing methods used 0 0 ○ **⊗** ○ 1 0.5 0 ⊗ OUT Thermometers provided & accurate 0 0 0 34 **Food Identification** .2653 OUT Food properly labeled: original container 0 0 35 0 Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657 ⊗ IN 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 O O O 38 Personal cleanliness 0 0 0 O IN ⊗ OUT $\circ \otimes \circ$ 0 39 Wiping cloths: properly used & stored 0 0 1 0.5 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 000Utensils, equipment & linens: properly stored, dried & handled 0 0 42 0 OUT 1 0.5 0 Single-use & single-service articles: properly 43 0 0 0 OUT 1 0.5 0 stored & used ⊗ IN OUT $\overline{000}$ 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 0 0 **8** 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 **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 ⊗ IN OUT 50 0 0 0 Sewage & waste water properly disposed 1 0 ⊗ IN OUT 0 0 0 1 0.5 0 Toilet facilities: properly constructed, supplied 0 0 51 0 OUT Garbage & refuse properly disposed; 0 0 0 1 0.5 0 52 0 0 facilities maintained O 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 0 0 0 **Total Deductions:**

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

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City: WINSTON SALEM State: NC		Category #:III
County: <u>34 Forsyth</u> Zip: <u>27103</u>		Email 1:
Wastewater System: ⊗ Municipal/Community ○ On-Site System Water Supply: ⊗ Municipal/Community ○ On-Site System		Email 2:
Permittee: BOJANGLES RESTAURANT, INC.		Email 3:
Telephone:		

Temperature Observations								
Item chicken	Location steam table	Temp 167	Item lettuce	Location make unit	Temp 40	Item	Location	Temp
grilled chicken	steam table	172	butter milk	cooler	39			
ham	steam table	154	chicken wings	cooler	42			
sausage	steam table	151	eggs	cooked to	165			
eggs	steam table	142.	mac & cheese	display steam table	184			
chicken	steam table	181	fried chicken	display steam table	148			
water	faucet	139	beans	display steam table	136			
tomatoes	make unit	38.						

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.

Water bottle on food prep table removed by staff during inspection. This is the salad work table where ready to eat foods are prepared. 2-401.11

Dial head thermometer broken; will not read any temperature. 4-502.11

Wiping cloth on floor next to up right freezer. 3-304.14

Split gaskets found on several refrigeration doors; need to replace. Need caulking at back splash behind beverage machine in dining room. The walk in freezer has condensation on the floor and pipes; need to repair this problem. 4-201.11



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- The wash vat of the three compartment sink had a water temperature 99F; must have wash vat temperature of 110F. 4-501.19
- Need to clean the following: bottom inside of the up right freezer, under all work tables, clean all dirty door gaskets of refrigerator and freezer door, dust from wire racks in walk in refrigerator, cabinet under cup storage area, and behind beverage machine in kitchen. 4-601.11,4-602.13
- Floor cleaning needed under equipment. Curb repair needed at can wash. Wall repair needed in several places. Wall cleaning needed in several areas. 6-501.12



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