Food Establishment Inspection Report

Establishment Name: BOJANGLES #407 Establishment ID: 3034010034

Date: <u>Ø 1</u> / <u>Ø 2</u> / <u>2 Ø 1 3</u> Status Code: A					
Time In: <u>Ø 1</u>	: <u>3 Ø</u> ⊗ pm	Time Out	<u>Ø4</u> : <u>ØØ</u>	○ am ⊗ pm	
Total Time:	2 hrs 30 minut	es			
Category #:	III				
Establishme	nt Type:				

Instructions:

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

Location Address: 915 HWY 66 SOUTH
City: KERNERSVILLE
State: NC Zip: 27284
County: 34 Forsyth
Permittee: BOJANGLES RESTAURANT, INC.
Telephone: (336) 993-5800
⊗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".

Score: 96

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.								
Со	mpliance Statu	s	0	UT	CDI	R	VR		
Su	pervision	.2652							
1	O & O IN OUT N/A	PIC Present; Demonstration-Certification by accredited program and perform duties	O 2	⊗ 0	0	0	0		
En	Employee Health .2652								
2	O & IN OUT	Management, employees knowledge; responsibilities & reporting		○ ⊗ .5 0	8	0	0		
3	⊗ ○ IN OUT	Proper use of reporting, restriction & exclusion) () .5 0	0	0	0		
Go	Good Hygienic Practices .2652, .2653								
4	⊗ ○ IN OUT	Proper eating, tasting, drinking, or tobacco use	_	1 0	0	0	0		
5	⊗ ○ IN OUT	No discharge from eyes, nose, and mouth) ()).5 ()	0	0	0		
Pre		amination by Hands .2652, .2653, .2655, .265	6						
6	⊗ ○ IN OUT	Hands clean & properly washed) 2 0	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) () 1 0	0	0	0		
Ap	proved Sourc	e .2653, .2655							
9	⊗ ○ IN OUT	Food obtained from approved source	_) () 1 0	0	0	0		
10	O O S IN OUT N/O	Food received at proper temperature) () 1 0	0	0	0		
11	⊗ ○ IN OUT	Food in good condition, safe & unadulterated) () 1 0	0	0	0		
12	O O & O IN OUT N/A N/O	Required records available: shellstock tags, parasite destruction	2) () 1 0	0	0	0		
Pro	Protection from Contamination .2653, .2654								
13	O O 🗞 O	Food separated & protected	○ (3 1) () .5 0	0	0	0		
14	O & IN OUT	Food-contact surfaces: cleaned & sanitized	() 3 1	○ ⊗ .5 0	8	0	0		
15	⊗ ○ IN OUT	Proper disposition of returned, previously served, reconditioned, & unsafe food) () 1 0	0	0	0		
Po		rdous Food Time/Temperature .2653							
16	IN OUT N/A N/O	Proper cooking time & temperatures) () .5 0	0	0	0		
17	IN OUT N/A N/O	Proper reheating procedures for hot holding	3 1		0	0	0		
18	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	O O O S 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) () 1 0	0	0	0		
Со	nsumer Advis		-						
23	O O & IN OUT N/A	Consumer advisory provided for raw or undercooked foods	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		○ .5 0	0	0	0		
Ch	emical	.2653, .2657							
25	O O & IN OUT N/A	Food additives: approved & properly used) .5 0	0	0	0		
26	O & O IN OUT N/A	Toxic substances properly identified stored, & used) 2	8 O 1 0	0	0	0		
Conformance with Approved Procedures .2653, .2654, .2658									
27	O O 🗞 IN OUT N/A	Compliance with variance, specialized process, reduced oxygen packing criteria or HACCP plan) () 1 0	0	0	0		

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

Food Establishment Inspection Report, continued

Establishment Name: BOJANGLES #407 Establishment ID: 3034010034

Instructions, continued:

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

- 6. 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 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: (336)703-3383

Verification Required Date: ___/ ___/

REHS ID: 2360 - Gartner, Gregory

No. of Risk Factor/ Intervention Violations: 4

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 Safe Food and Water .2653, .2655, .2658 0 0 0 OUT 0 28 Pasteurized eggs used where required \circ 0 O O O 2 1 0 29 0 0 0 Water and ice from approved source OUT O O & IN OUT N/A 0 0 0 1 0.5 0 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 0 0 0 1 0.5 0 NOUT N/A N/O Plant food properly cooked for hot holding 32 0 0 0 0 0 0 1 0.5 0 O O S 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 0 35 Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657 OUT $\begin{array}{cccc} \bigcirc \bigcirc \bigcirc \bigcirc \\ 2 & 1 & 0 \end{array}$ 36 Insects & rodents not present; no unauthorized animals 0 0 0 OUT Contamination prevented during food preparation, 37 0 0 \bigcirc storage & display **⊗** ○ ○ 1 0.5 0 ⊗ OUT 38 8 Personal cleanliness 0 0 OIN ⊗ OUT 0 0 **8** 1 0.5 0 0 39 Wiping cloths: properly used & stored 0 0 OUT 0 0 0 1 0.5 0 40 Washing fruits & vegetables 0 0 **Proper Use of Utensils** .2653, .2654 0 0 0 1 0.5 0 ⊗ IN OUT In-use utensils: properly stored 41 0 0 000 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 $\overline{000}$ Gloves used properly 0 0 44 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 ⊗ IN OUT 0 0 0 1 0.5 0 Warewashing facilities: installed, maintained, & used; 0 0 46 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 OUT $\begin{array}{c|c} \bigcirc & \bigcirc & \bigcirc \\ 2 & 1 & 0 \end{array}$ Hot & cold water available; adequate pressure 0 0 0 48 OIN 8 0 0 49 Plumbing installed; proper backflow devices 0 OUT ⊗ IN 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 51 0 0 0 OUT Garbage & refuse properly disposed; 0 0 0 1 0.5 0 52 0 0

facilities maintained

Physical facilities installed, maintained & clean

Meets ventilation & lighting requirements;

8

OUT

OIN ⊗ OUT

53

54

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Total Deductions:

 $\circ \circ \otimes$

1 0.5 0

0 0 **8** 1 0.5 0

0 0 0

 \bigcirc 0 0

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City: KERNERSVILLE State: NC		Category #:III
County: 34 Forsyth Zip: 27284		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: (336) 993-5800		

Temperature Observations								
Item fried chicken	Location front hot bar	Temp 147	Item tomatoes	Location make unit	Temp 38	Item air temp	Location front display cooler	Temp 38
chicken	front hot bar	186	green leaf	make unit	40	air temp	bev cooler	38
beans	front hot bar	163	sliced cheese	make bottom	38			
rice	front hot bar	164	chicken	heat lamp	195			
macaroni	front hot bar	146	grilled chicken	hot holding	156			
m potatoes	counter steam well	176	sausage	hot holding	136			
green beans	counter steam well	170	sausage	final cook	160			
rice	counter steam well	169	cheese	walk in	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.

Spell

- No certified food protection manager on duty today. 15A NCAC 18A .2652 ref. 2-102.12 (A): At least one employee who has supervisory and management responsibility and the authority to direct and control food preparation and service shall be a certified food protection manager who has shown proficiency of required information through passing a test that is part of an ANSI-accredited program (a two-point deduction will be applied to an inspection score beginning January 1st, 2014 if found in violation). Person in charge must be present during all hours of operation.
- Person in charge can not provide evidence of employee acknowledgement of company wellness policy. Employee handbooks are signed and returned to corporate office. Hanbook policy meets requirements, just provide method of acknowledgement. An employee health policy must be in place that reflects the necessary requirements per 15A NCAC 18A .2652 ref. 2-201.11, 2-201.12, and 2-201.13. Refer to handout as example.
- Lemon wedger had dried lemon residues on it and was sent back to be rewashed. Wash mor thoroughly.

Glass cleaner, degreaser, and air spray stored on food counter top. Chemicals must be stored beneath food contact surfaces to prevent potential contamination.



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- Shift managers routinely do not wear hair restraints when handling food on front counters. Others has jewelry on wrists. 15A NCAC 18A .2652 ref. 2-402.11 (A): Food employees shall wear hair restraints such as hats, hair coverings or nets, beard restraints, and clothing that covers body hair, that are designed and worn to effectively keep their hair from contacting exposed food; clean equipment, utensils, and linens; and unwrapped single-service and single-use articles 15A NCAC 18A .2652 ref. 2-303.11: Except for a plain ring such as a wedding band, while preparing food, food employees may no wear jewelry on their arms or wrists 15A NCAC 18A .2652 ref. 2-302.11 (B): Unless wearing intact gloves in good repair, a food employee may not wear fingernail polish or artificial fingernails when working with exposed food
- Sanitizer bucket stored improperly at front countertop. 15A NCAC 18A .2653 ref. 3-304.14(E): Containers of chemical sanitizing solutions shall be stored off the floor and used in a manner that prevents contamination of food, utensils, linens, and equipment.
- Repeat Violations: Repair leak at right faucet of 3 vat sink and drain pipe beneath rinse vat and front handsink. / Install a splashguard between dirty landing area of 3 compartment sink and adjacent prep table with a minimum height of 15" that extends entire width of sink or maintain an 18" separation between these two pieces of equipment. / Properly seal holes at this prep table and properly trim exposed screw threads on undersides of equipment mounts (can opener and shredder. Replace missing cam locks in walk in units. / Replace cracked metal casing at hanging hose of 3 compartment. / Remove and cap all unnecessary pipes that are present under front counter by steam well and single service cups. / Repaint or replace chipping shelf grates in True upright freezer.
- 49 At can wash, another backflow preventer is required below the stop valve of the open-ended hose to properly proect the system from potential backflow. Provide immediately.
- 53 Ceiling tile by back office door is leaking water. Source water leak and repair. Replace damaged tile.

Lighting is required to be minimally 20 foot candle (fc) intensity at toilet rooms and handsinks. In women's restroom, handsink measured 8-22fc. In men's stalls, lighting measured between 18-20fc. Increase and maintain proper lighting. / Replace missing light shield in walk in freezer.



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