Food Establishment Inspection Report

stablishment Name: CAROLINA WESTERN	Establishment ID:
Date: <u>Ø 1</u> / <u>Ø 2</u> / <u>2 Ø 1 3</u> Status Code: A	Foodborne Illness Risk Factors and Public Health Interventions

Date: <u>Ø 1</u> / <u>Ø 2</u> / <u>2 Ø 1 3</u> Status Code: A
Time In: <u>Ø 4</u> : <u>4 5 ⊗ pm</u> Time Out: <u>Ø 6</u> : <u>4 Ø ⊗ pm</u>
Total Time: 1 hr 55 minutes
Category #: II
Establishment Type:

Instructions:

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

Location Address: _715 E. CLEMMONSVILLE CIR	_
City: WINSTON-SALEM	_
State: NC Zip: 27107	
County: 34 Forsyth	_
Permittee: CAROLINA WESTERN SALOON 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

Boxes for CDI and/or R, VR.

3. Click/check the appropriate

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

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

Risk factors: Contributing factors that increase the chance of developing foodborne illness. Public Health Interventions: Control measures to prevent foodborne illness or injury Compliance Status CDI R VR Supervision .2652 O S O PIC Present; Demonstration-Certification by accredited IN OUT N/A program and perform duties ○ **⊗** 2 0 ololo **Employee Health** .2652 O O O 3 1.5 0 Management, employees knowledge; responsibilities & reporting 2 0 0 0 OŬT OUT ○ ○ ○ 3 1.5 0 3 Proper use of reporting, restriction & exclusion 0 0 0 **Good Hygienic Practices** .2652, .2653 ⊗ IN OUT Proper eating, tasting, drinking, or tobacco use 0 0 0 4 0 000 5 No discharge from eyes, nose, and mouth 0 0 0 OUT Preventing Contamination by Hands .2652, .2653, .2655, .2656 OUT $\begin{array}{c|c} \bigcirc \bigcirc \bigcirc \bigcirc \\ 4 & 2 & 0 \end{array}$ Hands clean & properly washed 0 0 0 ⊗ ○ ○ IN OUT N/O No bare hand contact with RTE foods or pre-approved 1.5 0 7 0 0 0 alternate procedure properly allowed OUT 0 1 0 8 Handwashing sinks supplied & accessible 0 0 \bigcirc **Approved Source** .2653, .2655 Food obtained from approved source 0 0 0 OŬT O O & IN OUT N/O $\mathop{\bigcirc}_{1}\mathop{\bigcirc}_{0}$ Food received at proper temperature 10 0 0 0 OUT $\mathop{\bigcirc}_{1}\mathop{\bigcirc}_{0}$ 11 Food in good condition, safe & unadulterated 0 0 0 ΙÑ O O O Required records available: shellstock tags, parasite IN OUT N/A N/O destruction $\mathop{\bigcirc}_{1}\mathop{\bigcirc}_{0}$ 0 0 0 **Protection from Contamination** .2653, .2654 ⊗ ○ ○ ○ ○ NO Food separated & protected O O O 3 1.5 0 13 0 0 0 8 ○ ○ **⊗** 3 1.5 0 14 Food-contact surfaces: cleaned & sanitized 8 \circ 0 IN OUT OUT ○ 0
1 0 Proper disposition of returned, previously served, 0 15 0 0 0 reconditioned, & unsafe food Potentially Hazardous Food Tlme/Temperature .2653 O O O 3 1.5 0 Proper cooking time & temperatures 0 0 0 IN OUT N/A N/O O O O 3 1.5 0 Proper reheating procedures for hot holding \bigcirc 0 0 IN OUT N/A N/O $\circ \circ \circ$ Proper cooling time & temperatures 0 0 0 IN OUT N/A N/O 3 1.5 0 0 0 0 3 1.5 0 Proper hot holding temperatures \bigcirc \bigcirc \bigcirc IN OUT N/A N/O 0 0 0 3 1.5 0 Proper cold holding temperatures 0 0 0 IN OUT N/A N/O ○ ○ **⊗** 3 1.5 0 Proper date marking & disposition 8 0 0 IN OUT N/A N/O 0 0 Time as a public health control: procedures & records 0 0 IN OUT NA NO 0 Consumer Advisory .2653 ○ ○ ⊗ Consumer advisory provided for raw or undercooked IN OUT N/A foods 0 0 0 0 \circ 0 **Highly Susceptible Populations** O O & IN OUT N/A O O O 3 1.5 0 Pasteurized foods used; prohibited foods not offered 0 00 Chemical .2653, .2657 0 0 0 Food additives: approved & properly used 25 0 0 IN OUT N/A ⊗ ○ ○ IN OUT N/A Toxic substances properly identified stored, & used \bigcirc \bigcirc \bigcirc Conformance with Approved Procedures .2658 Compliance with variance, specialized process, reduced oxygen packing criteria or HACCP plan 0 0

Score: 98

North Carolina Department of Health & Human Services

■ Division of Public Health Environmental Health Section • Food Protection Program

Food Establishment Inspection Report, continued

Establishment Name: CAROLINA WESTERN Establishment ID: 3034010061

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

- 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:





Contact Number: (336) 703-3166

Verification Required Date: / /

REHS ID: 1938 - Faircloth, Craig

No. of Risk Factor/ Intervention Violations: 3 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 Safe Food and Water .2653, .2655, .2658 ○ ○ ○ 1 0.5 0 OUT 0 28 Pasteurized eggs used where required \circ 0 0 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 O O S Plant food properly cooked for hot holding 0 0 0 1 0.5 0 32 0 0 0 ⊗ ○ ○ ○ Approved thawing methods used IN OUT N/A N/O 0 0 0 1 0.5 0 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 0 35 Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657 OUT 0 0 36 Insects & rodents not present; no unauthorized animals 0 0 0 OUT Contamination prevented during food preparation, 37 0 0 \bigcirc storage & display OUT O O O 38 Personal cleanliness 0 0 0 ⊗ IN OUT 0 0 0 1 0.5 0 0 39 Wiping cloths: properly used & stored 0 0 OUT ○ ○ ○ 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 000Utensils, equipment & linens: properly stored, dried & handled 0 0 0 42 OUT 1 0.5 0 Single-use & single-service articles: properly OUT 43 0 0 0 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 $\bigcirc \bigcirc \bigcirc$ \bigcirc \bigcirc \bigcirc 1 0 Equipment, food & non-food contact surfaces approved, 45 0 \bigcirc OŬT cleanable, properly designed, constructed, & used ⊗ IN OUT 0 0 0 1 0.5 0 Warewashing facilities: installed, maintained, & used; 46 0 0 test strips ⊗ OUT ○ **⊗** ○ 1 0.5 0 0 0 0 Non-food contact surfaces clean **Physical Facilities** .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 ⊗ IN OUT 49 Plumbing installed; proper backflow devices 0 0 0 OUT 50 0 0 0 Sewage & waste water properly disposed 1 0 ⊗ IN 0 0 0 1 0.5 0 OUT 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 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

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Es	tablishme	nt Name: CAROLIN	A WESTERN			Establish	ment ID:	3034010061	Date: 01/0	02/2013
	Location A	Address: 715 E. CL	EMMONSVIL	LE CIR					Status Co	ode:A
	City: WIN	STON-SALEM			ite: NC				Category	#:II
	County: 3		Zi	p: <u>²⁷¹⁰⁷</u>					Email 1:	
		ter System: ⊗ Mu							Email 2:	
	Water Su	pply: ⊗ Mu e: _CAROLINA WES	nicipal/Commur TERN SALO(Site System					
	Telephon								Email 3:	
				Ter	mperature	Observat	ions			
Ite ch	m neese	Location make unit	Temp 43	Item	Location	on	Temp	Item	Location	Tem
h	ot dog	reach in cooler	40							
na	acho cheese	reach in cooler	41							
h	ot water	3 comp sink	130							
_				-						
_				-						
_										
_										
	V	iolations cited in this re			ations and within the time f				05.11 of the food co	ode.
1	The perso	n in charge of this f	acility has n	ot comple	eted an appro					
	of this faci	lity must complete a	an approved	I food safe	ety course.					
14	The sanitiz	zing solution provide	ed at the tim	ne of this i	inspection wa	ıs too strona.	When usir	ng chlorine as	s a sanitizing sol	ution it's
• •		nust be maintained				.o too ot. og.		.9 00	, a samu=g	
21	A date ma	rking procedure is r	not currently	in place i	in this facility	. A date mar	king proced	dure required	I so that items ca	an be tracked
		can be properly rota								
34	A thermon	neter for testing foo	d temperatu	res was n	not provided.	A metal sten	n-type thern	nometer accı	urate to 2°F (1° (C) shall be
		o check food tempe			-				•	

Comment Addendum to Food Establishment Inspection Report

Establishment Name: CAROLINA WESTERN Establishment ID: 3034010061

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.



47 Cleaning is needed on the table below the cook line equipment.

Cleaning is needed on the floors below equipment and shelving along baseboards and in corners. Several items were found stored on the floor. Keep all items in storage above the floor on approved shelving to facilitate cleaning.



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