# Food Establishment Inspection Report

Score: 96

Establishment Name: INTEGON CORPORATION CAFE

Establishment ID: 3034010180

Date: 04 / 29 / 2013 Status Code: A

Time In: 11 : 00 ⊗ am ○ pm Time Out: 3 : 00 ○ am ⊗ pm

Total Time: 4 hrs 0 minutes

Category #: IV

Establishment Type:

Instructions:

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

Location Address: 500 W. FIFTH STREET

City: WINSTON-SALEM

State: NC Zip: 27101

County: 34 Forsyth

**Permittee:** GMAC INSURANCE MANAGEMENT

**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

**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 | | OUT | CDI | R | VR |
|---|---|---|---|---|---|---|
| | **Supervision .2652** | | | | | |
| 1 | ⊗ IN ○ OUT ○ N/A | PIC Present; Demonstration-Certification by accredited program and perform duties | ○ 2 ○ 0 | ○ | ○ | ○ |
| | **Employee Health .2652** | | | | | |
| 2 | ⊗ IN ○ OUT | Management, employees knowledge; responsibilities & reporting | ○ 3 ○ 1.5 ○ 0 | ○ | ○ | ○ |
| 3 | ⊗ IN ○ OUT | Proper use of reporting, restriction & exclusion | ○ 3 ○ 1.5 ○ 0 | ○ | ○ | ○ |
| | **Good Hygienic Practices .2652, .2653** | | | | | |
| 4 | ⊗ IN ○ OUT | Proper eating, tasting, drinking, or tobacco use | ○ 2 ○ 1 ○ 0 | ○ | ○ | ○ |
| 5 | ⊗ IN ○ OUT | No discharge from eyes, nose, and mouth | ○ 1 ○ 0.5 ○ 0 | ○ | ○ | ○ |
| | **Preventing Contamination by Hands .2652, .2653, .2655, .2656** | | | | | |
| 6 | ⊗ IN ○ OUT | Hands clean & properly washed | ○ 4 ○ 2 ○ 0 | ○ | ○ | ○ |
| 7 | ⊗ IN ○ OUT ○ N/O | No bare hand contact with RTE foods or pre-approved alternate procedure properly allowed | ○ 3 ○ 1.5 ○ 0 | ○ | ○ | ○ |
| 8 | ○ IN ⊗ OUT | Handwashing sinks supplied & accessible | ○ 2 ○ 1 ⊗ 0 | ⊗ | ○ | ○ |
| | **Approved Source .2653, .2655** | | | | | |
| 9 | ⊗ IN ○ OUT | Food obtained from approved source | ○ 2 ○ 1 ○ 0 | ○ | ○ | ○ |
| 10 | ○ IN ○ OUT ⊗ N/O | Food received at proper temperature | ○ 2 ○ 1 ○ 0 | ○ | ○ | ○ |
| 11 | ⊗ IN ○ OUT | Food in good condition, safe & unadulterated | ○ 2 ○ 1 ○ 0 | ○ | ○ | ○ |
| 12 | ○ IN ○ OUT ⊗ N/A ○ N/O | Required records available: shellstock tags, parasite destruction | ○ 2 ○ 1 ○ 0 | ○ | ○ | ○ |
| | **Protection from Contamination .2653, .2654** | | | | | |
| 13 | ○ IN ⊗ OUT ○ N/A ○ N/O | Food separated & protected | ○ 3 ○ 1.5 ⊗ 0 | ⊗ | ○ | ○ |
| 14 | ○ IN ⊗ OUT | Food-contact surfaces: cleaned & sanitized | ○ 3 ○ 1.5 ⊗ 0 | ⊗ | ○ | ○ |
| 15 | ⊗ IN ○ OUT | Proper disposition of returned, previously served, reconditioned, & unsafe food | ○ 2 ○ 1 ○ 0 | ○ | ○ | ○ |
| | **Potentially Hazardous Food TIme/Temperature .2653** | | | | | |
| 16 | ⊗ IN ○ OUT ○ N/A ○ N/O | Proper cooking time & temperatures | ○ 3 ○ 1.5 ○ 0 | ○ | ○ | ○ |
| 17 | ⊗ IN ○ OUT ○ N/A ○ N/O | Proper reheating procedures for hot holding | ○ 3 ○ 1.5 ○ 0 | ○ | ○ | ○ |
| 18 | ⊗ IN ○ OUT ○ N/A ○ N/O | Proper cooling time & temperatures | ○ 3 ○ 1.5 ○ 0 | ○ | ○ | ○ |
| 19 | ○ IN ⊗ OUT ○ N/A ○ N/O | Proper hot holding temperatures | ○ 3 ⊗ 1.5 ○ 0 | ○ | ○ | ○ |
| 20 | ⊗ IN ○ OUT ○ N/A ○ N/O | Proper cold holding temperatures | ○ 3 ○ 1.5 ○ 0 | ○ | ○ | ○ |
| 21 | ○ IN ⊗ OUT ○ N/A ○ N/O | Proper date marking & disposition | ○ 3 ○ 1.5 ⊗ 0 | ⊗ | ○ | ○ |
| 22 | ○ IN ○ OUT ⊗ N/A ○ N/O | Time as a public health control: procedures & records | ○ 2 ○ 1 ○ 0 | ○ | ○ | ○ |
| | **Consumer Advisory .2653** | | | | | |
| 23 | ⊗ IN ○ OUT ○ N/A | Consumer advisory provided for raw or undercooked foods | ○ 1 ○ 0.5 ○ 0 | ○ | ○ | ○ |
| | **Highly Susceptible Populations .2653** | | | | | |
| 24 | ○ IN ○ OUT ⊗ N/A | Pasteurized foods used; prohibited foods not offered | ○ 3 ○ 1.5 ○ 0 | ○ | ○ | ○ |
| | **Chemical .2653, .2657** | | | | | |
| 25 | ⊗ IN ○ OUT ○ N/A | Food additives: approved & properly used | ○ 1 ○ 0.5 ○ 0 | ○ | ○ | ○ |
| 26 | ○ IN ⊗ OUT ○ N/A | Toxic substances properly identified stored, & used | ○ 2 ⊗ 1 ○ 0 | ○ | ○ | ○ |
| | **Conformance with Approved Procedures .2653, .2654, .2658** | | | | | |
| 27 | ○ IN ○ OUT ⊗ N/A | Compliance with variance, specialized process, reduced oxygen packing criteria or HACCP plan | ○ 2 ○ 1 ○ 0 | ○ | ○ | ○ |

# Food Establishment Inspection Report, continued

Establishment Name: INTEGON CORPORATION CAFE  Establishment ID: 3034010180

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:

| *First* | *Last* |
|---|---|
| Kay | Ziglar |

Person in Charge (Print)

Kay Ziglar

Person in Charge (Signature)

| *First* | *Last* |
|---|---|
| Anthony | Williams |

Regulatory Authority (Print)

Regulatory Authority (Signature)

Contact Number: ( ____ ) ____ - _____

Verification Required Date: ___ / ___ / _____

REHS ID: 1846 - Williams, Tony

No. of Risk Factor/ Intervention Violations: 6

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 | | | | |
| 28 | ⊗ IN ○ OUT | Pasteurized eggs used where required | ○ 1 ○ 0.5 ○ 0 | ○ | ○ | ○ |
| 29 | ⊗ IN ○ OUT | Water and ice from approved source | ○ 2 ○ 1 ○ 0 | ○ | ○ | ○ |
| 30 | ○ IN ○ OUT ⊗ N/A | Variance obtained for specialized processing methods | ○ 1 ○ 0.5 ○ 0 | ○ | ○ | ○ |
| | **Food Temperature Control** | .2653, .2654 | | | | |
| 31 | ⊗ IN ○ OUT | Proper cooling methods used; adequate equipment for temperature control | ○ 1 ○ 0.5 ○ 0 | ○ | ○ | ○ |
| 32 | ⊗ IN ○ OUT ○ N/A ○ N/O | Plant food properly cooked for hot holding | ○ 1 ○ 0.5 ○ 0 | ○ | ○ | ○ |
| 33 | ⊗ IN ○ OUT ○ N/A ○ N/O | Approved thawing methods used | ○ 1 ○ 0.5 ○ 0 | ○ | ○ | ○ |
| 34 | ○ IN ⊗ OUT | Thermometers provided & accurate | ○ 1 ○ 0.5 ⊗ 0 | ○ | ○ | ○ |
| | **Food Identification** | .2653 | | | | |
| 35 | ⊗ IN ○ OUT | Food properly labeled: original container | ○ 2 ○ 1 ○ 0 | ○ | ○ | ○ |
| | **Prevention of Food Contamination** | .2652, .2653, .2654, .2656, .2657 | | | | |
| 36 | ⊗ IN ○ OUT | Insects & rodents not present; no unauthorized animals | ○ 2 ○ 1 ○ 0 | ○ | ○ | ○ |
| 37 | ⊗ IN ○ OUT | Contamination prevented during food preparation, storage & display | ○ 2 ○ 1 ○ 0 | ○ | ○ | ○ |
| 38 | ⊗ IN ○ OUT | Personal cleanliness | ○ 1 ○ 0.5 ○ 0 | ○ | ○ | ○ |
| 39 | ○ IN ⊗ OUT | Wiping cloths: properly used & stored | ○ 1 ○ 0.5 ⊗ 0 | ○ | ○ | ○ |
| 40 | ⊗ IN ○ OUT | Washing fruits & vegetables | ○ 1 ○ 0.5 ○ 0 | ○ | ○ | ○ |
| | **Proper Use of Utensils** | .2653, .2654 | | | | |
| 41 | ⊗ IN ○ OUT | In-use utensils: properly stored | ○ 1 ○ 0.5 ○ 0 | ○ | ○ | ○ |
| 42 | ⊗ IN ○ OUT | Utensils, equipment & linens: properly stored, dried & handled | ○ 1 ○ 0.5 ○ 0 | ○ | ○ | ○ |
| 43 | ○ IN ⊗ OUT | Single-use & single-service articles: properly stored & used | ○ 1 ⊗ 0.5 ○ 0 | ○ | ○ | ○ |
| 44 | ⊗ IN ○ OUT | Gloves used properly | ○ 1 ○ 0.5 ○ 0 | ○ | ○ | ○ |
| | **Utensils and Equipment** | .2653, .2654, .2663 | | | | |
| 45 | ○ IN ⊗ OUT | Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed, & used | ○ 2 ○ 1 ⊗ 0 | ○ | ○ | ○ |
| 46 | ⊗ IN ○ OUT | Warewashing facilities: installed, maintained, & used; test strips | ○ 1 ○ 0.5 ○ 0 | ○ | ○ | ○ |
| 47 | ○ IN ⊗ OUT | Non-food contact surfaces clean | ⊗ 1 ○ 0.5 ○ 0 | ○ | ○ | ○ |
| | **Physical Facilities** | .2654, .2655, .2656 | | | | |
| 48 | ⊗ IN ○ OUT | Hot & cold water available; adequate pressure | ○ 2 ○ 1 ○ 0 | ○ | ○ | ○ |
| 49 | ○ IN ⊗ OUT | Plumbing installed; proper backflow devices | ○ 2 ○ 1 ⊗ 0 | ○ | ○ | ○ |
| 50 | ⊗ IN ○ OUT | Sewage & waste water properly disposed | ○ 2 ○ 1 ○ 0 | ○ | ○ | ○ |
| 51 | ⊗ IN ○ OUT | Toilet facilities: properly constructed, supplied & cleaned | ○ 1 ○ 0.5 ○ 0 | ○ | ○ | ○ |
| 52 | ⊗ IN ○ OUT | Garbage & refuse properly disposed; facilities maintained | ○ 1 ○ 0.5 ○ 0 | ○ | ○ | ○ |
| 53 | ⊗ IN ○ OUT | Physical facilities installed, maintained & clean | ○ 1 ○ 0.5 ○ 0 | ○ | ○ | ○ |
| 54 | ○ IN ⊗ OUT | Meets ventilation & lighting requirements; designated areas used | ○ 1 ○ 0.5 ⊗ 0 | ○ | ○ | ○ |
| | | Total Deductions: | 4 | | | |

# Comment Addendum to Food Establishment Inspection Report

Establishment Name: INTEGON CORPORATION CAFE

Establishment ID: 3034010180

Date: 04/29/2013

Status Code: A

Category #: IV

Email 1:

Email 2:

Email 3:

Location Address: 500 W. FIFTH STREET

City: WINSTON-SALEM State: NC

County: 34 Forsyth Zip: 27101

**Wastewater System:** ⊗ Municipal/Community ○ On-Site System

**Water Supply:** ⊗ Municipal/Community ○ On-Site System

**Permittee:** GMAC INSURANCE MANAGEMENT

**Telephone:**

## Temperature Observations

| Item | Location | Temp | Item | Location | Temp | Item | Location | Temp |
|---|---|---|---|---|---|---|---|---|
| eggs | cold bar | 41 | chicken salad | cold holding | 42 | spaghetti | hot holding line | 137 |
| sour cream | cold bar | 45 | tuna salad | cold holding | 39 | eggs | refrigeration in back | 38 |
| cole slaw | cold bar | 45 | turkey | refrigerator | 37 | hot water | 3 comp. sink | 197 |
| chicken | pass thru refrigeration | 42 | chicken | hot holding line 2 | 128 | buttermilk | walk-in cooler | 42 |
| sliced | pass thru | 43 | honey | hot holding | 156 | eggs | walk-in cooler | 47 |
| milk | Retail refrigeration | 41 | chicken | hot holding cabinet | 128 | cream cheese | walk-in cooler | 46 |
| chicken | hot holding line | 128 | rice | hot holding line 2 | 157 | rice | walk-in cooler 2 | 42 |
| hamburger | hot holding line | 130 | collards | hot holding line 2 | 172 | salisbury | walk-in cooler 2 | 42 |

## 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

8 Hot water at the hand sinks in the restrooms was 86-88 F. Provide at least 100 F at the hand sinks.

13 Raw eggs stored next to cheese in the refrigeration. Keep raw egg products below or properly separated to prevent potential for cross contamination. Item relocated during inspection. A couple of dry food items were not sealed properly. Seal dry goods.

14 Small amount of dishes required additional cleaning. Wash, rinse, and sanitize dishes properly to remove food debris. Ice machines in service area need to be cleaned in the top portion. Recommend cleaning as per manufacturers instructions. Chlorine sanitizer 50 - 200 F. One bucket was 200 + F. Ensure chlorine sanitizer in buckets does not exceed 200 ppm. Hot water dish machine sanitizing reached temperature of 189 F on thermometer.

19 Chicken breasts 128-144 F in various locations and hamburger at 130 F in hot holding. When hot holding, maintain PHF at 135 F or above. Items reheated as corrective action.

# Comment Addendum to Food Establishment Inspection Report

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## 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.

21 Date marking has been implemented but not completely. Date mark to indicate the date prepared or day by which the food shall be consumed on the premises, sold, or discarded as required. This applies to food items that are held for more than 24 hours. These items shall include but are not limited to cooked potentially hazardous foods, lunch meats, cut leafy greens, cut fruits, and other ready-to-eat items. Date mark with either the date of preparation or date of expiration. For refrigeration capable of maintaining food at 41 F or below, date mark for 7 days (4 days if refrigeration maintains food at 42–45 F). For items such as lunch meat, once a package is opened it shall be date marked. If manufacturers use by date is shorter than 7 (or 4) days, then discard at that date.

26 Chemical bottles were found unlabeled. Label chemicals with the name of the contents inside.

34 Thermometers were a few degrees from indicating proper temperature. Ensure thermometers are calibrated often to 32 F in an ice water bath.

39 Wiping cloths found in soapy water. Store wiping cloths in sanitizer. Replace water and/or cloths when visibly soiled.

43 Single service cups and trays were not properly protected. Ensure cups are stored protecting the rim of each cup. Invert trays.

45 Wrap condensate lines in refrigeration with easily cleanable pvc material.

47 Cleaning needed on equipment handles and inside refrigeration units. Clean cabinet shelves out front and in the service line areas. Clean under the cold bar. Clean area around the kettle.

# Comment Addendum to Food Establishment Inspection Report

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## 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

49 Ensure proper backflow prevention device is installed on beverage plumbing in the back area.

54 Lighting low (4-13) in the walk-in refrigeration units. Maintain lighting at 10 f/c measured at 30 inches above the floor.

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Spell