

Food Establishment Inspection Report

Score: 98.5

Establishment Name: MEDICAL PARK HOSPITAL CAFETERIA

Establishment ID: 3034010267

Location Address: 1950 HAWTHORNE ROAD

Inspection Re-Inspection

City: WINSTON-SALEM

State: NC

Date: 12 / 05 / 2013 Status Code: A

Zip: 27103

County: 34 Forsyth

Time In: 09 : 20 am pm

Time Out: 12 : 00 am pm

Permittee: NOVANT HEALTH

Category #: IV

Telephone: _____

Wastewater System: Municipal/Community On-Site System

FDA Establishment Type: _____

Water Supply: Municipal/Community On-Site Supply

No. of Risk Factor/Intervention Violations: 0

No. of Repeat Risk Factor/Intervention Violations: _____

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

Good Retail Practices										
Good Retail Practices: Preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.										
IN	OUT	N/A	N/O	Compliance Status			OUT	CDI	R	VR
Safe Food and Water .2653, .2655, .2658										
28	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pasteurized eggs used where required			1	0.5	0	
29	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source			2	1	0	
30	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Variance obtained for specialized processing methods			1	0.5	0	
Food Temperature Control .2653, .2654										
31	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control			1	0.5	0	
32	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding			1	0.5	0	
33	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used			1	0.5	0	
34	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided & accurate			1	0.5	0	
Food Identification .2653										
35	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled: original container			2	1	0	
Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657										
36	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects & rodents not present; no unauthorized animals			2	1	0	
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display			2	1	0	
38	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness			1	0.5	0	
39	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used & stored			1	0.5	0	
40	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits & vegetables			1	0.5	0	
Proper Use of Utensils .2653, .2654										
41	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored			1	0.5	0	
42	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils, equipment & linens: properly stored, dried & handled			1	0.5	0	
43	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Single-use & single-service articles: properly stored & used			1	0.5	0	
44	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly			1	0.5	0	
Utensils and Equipment .2653, .2654, .2663										
45	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed, & used			2			
46	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained, & used; test strips			1	0.5	0	
47	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean			1	0.5	0	
Physical Facilities .2654, .2655, .2656										
48	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot & cold water available; adequate pressure			2	1	0	
49	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices			2	1		
50	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage & waste water properly disposed			2	1	0	
51	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied & cleaned			1	0.5	0	
52	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Garbage & refuse properly disposed; facilities maintained			1			
53	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained & clean			1	0.5	0	
54	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Meets ventilation & lighting requirements; designated areas used			1	0.5	0	
Total Deductions:							1.5			



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Inspection Re-Inspection Date: 12/05/2013

City: WINSTON-SALEM State: NC

Comment Addendum Attached? Status Code: A

County: 34 Forsyth Zip: 27103

Category #: IV

Wastewater System: Municipal/Community On-Site System

Email 1:

Water Supply: Municipal/Community On-Site System

Email 2:

Permittee: NOVANT HEALTH

Email 3:

Telephone: _____

Temperature Observations

Item	Location	Temp	Item	Location	Temp	Item	Location	Temp
hamburger	cooked to	180	ham	up right	37			
Hot water	faucet	155	raw chicken	up right	39			
cooked	up right	43						
chciken salad	up right	44						
milk	cooler	39						
cheese	cooler	38						
ham	cooler	38						
tomatoe	up right	36						

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.

- 45 Remove rust from steel work tables. The door of the one door up right refrigerator will not close completely and needs to adjusted to close. The temperature of the unit was 43F. The inside of the ice machine above the ice is rusty and may be in poor repair. Need to empty ice machine in off hours and remove rust and evaluate; some repair may be needed by an authorized refrigeration expert.
4-501.11 Good Repair and Proper Adjustment-Equipment - C Equipment shall be maintained in a state of repair and condition that meets the requirements specified under parts 4-1 and 4-2 Of the code.
- 49 Need to replace plate back on wall at water supply for beverage machine; corrected during the inspection.
5-303.12 Protective Cover or Device - C
- 52 Some garbage was on the out side of the dumpster.
5-501.110 Storage Refuse, Recyclables and Returnables - C Refuse,recyclables and returnables shall be stored in recetacles or waster handling units so that they are inaccessible to insects and rodents.



Person in Charge (Print & Sign): George ^{First} Durgin ^{Last}

George Durgin

Regulatory Authority (Print & Sign): Clark ^{First} Sizemore ^{Last}

Clark Sizemore

REHS ID: 944 - Sizemore, Clark

Verification Required Date: / /

REHS Contact Phone Number: (336) 703 - 3128



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✓
Spell



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