## Food Establishment Inspection Report

Establishment Name: OLD RICHMOND GRILL Establishment ID: 3034010299

Date: <u>Ø 3</u> / <u>1 4</u> / <u>2 Ø 1 3</u> Status Code: A					
Time In: Ø 9	$: \underline{20} \overset{\otimes}{\bigcirc} \overset{am}{pm}$ Time Out: $\underline{11} : \underline{25} \overset{\otimes}{\bigcirc} \overset{am}{pm}$				
Total Time:	2 hrs 5 minutes				
Category #:	IV				
Establishment Type:					

### Instructions:

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

Location Address:	6425 REYNOLDA RD.				
City: PFAFFTOWN					
State: NC	Zip:_ <sup>27040</sup>				
County: 34 Forsyth					
Permittee: LOUISE ARNEY					
Telephone:					
⊗Inspection					
○Re-Inspection					
Wastewater System:					
⊗Municipal/Comn	nunity				
○On-Site System					
Water Supply:					
⊗Municipal/Comn	nunity				
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: 93.5

Risk factors: Contributing factors that increase the chance of developing foodborne illness.

Public Health Interventions: Control measures to prevent foodborne illness or injury.

Pu	Public Health Interventions: Control measures to prevent foodborne illness or injury.						
	mpliance Statu	OUT	CDI	R	VR		
Su	pervision	.2652					
1	O & O IN OUT N/A	PIC Present; Demonstration-Certification by accredited program and perform duties	○ <b>⊗</b> 2 0	0	0	0	
En	nployee Health						
2	⊗ O IN OUT	Management, employees knowledge; responsibilities & reporting	0 0 0 3 1.5 0	0	0	0	
3	⊗ ○ IN OUT	Proper use of reporting, restriction & exclusion	0 0 0 3 1.5 0	0	0	0	
Go	od Hygienic P	Practices .2652, .2653					
4	⊗ ○ IN OUT	Proper eating, tasting, drinking, or tobacco use	O O O 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		amination by Hands .2652, .2653, .2655, .265	6				
6	⊗ ○ IN OUT	Hands clean & properly washed	$ \begin{smallmatrix} \bigcirc & \bigcirc & \bigcirc \\ 4 & 2 & 0 \end{smallmatrix} $	0	0	0	
7	O & O	No bare hand contact with RTE foods or pre-approved alternate procedure properly allowed	○ ○ <b>⊗</b> 3 1.5 0	8	0	0	
8	⊗ ○ IN OUT	Handwashing sinks supplied & accessible	○ ○ ○ 2 1 0	0	0	0	
Ap	proved 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 O & IN OUT N/O	Food received at proper temperature	$\begin{array}{c c} \bigcirc \bigcirc \bigcirc \bigcirc \\ 2 & 1 & 0 \end{array}$	0	0	0	
11	⊗ ○ IN OUT	Food in good condition, safe & unadulterated	$\begin{array}{c c} \bigcirc \bigcirc \bigcirc \bigcirc \\ 2 & 1 & 0 \end{array}$	0	0	0	
12	O O & O IN OUT N/A N/O	Required records available: shellstock tags, parasite destruction	$\begin{array}{c c} \bigcirc \bigcirc \bigcirc \bigcirc \\ 2 & 1 & 0 \end{array}$	0	0	0	
Pro	otection from	Contamination .2653, .2654					
13	O & O O	Food senarated & protected	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	3 1.5 0 0 0 0 2 1 0	0	0	0	
Po		rdous Food Time/Temperature .2653					
16	⊗ ○ ○ ○ IN OUT N/A N/O	Proper cooking time & temperatures	0 0 0 3 1.5 0	0	0	0	
17	O & O O IN OUT N/A N/O	Proper reheating procedures for hot holding	0 0 <b>8</b> 3 1.5 0	8	0	0	
18	⊗ ○ ○ ○ IN OUT N/A N/O	Proper cooling time & temperatures	0 0 0 3 1.5 0	0	0	0	
19	⊗ ○ ○ ○ IN OUT N/A N/O	Proper hot holding temperatures	0 0 0 3 1.5 0	0	0	0	
20	⊗ ○ ○ ○ IN OUT N/A N/O	Proper cold holding temperatures	0 0 0 3 1.5 0	0	0	0	
21	⊗ ○ ○ ○ IN OUT N/A N/O	Proper date marking & disposition	0 0 0 3 1.5 0	0	0	0	
22	O O & O	Time as a public health control: procedures & records	0 0 0 2 1 0	0	0	0	
Со	nsumer Advis	sory .2653					
23	○ ⊗ ○ IN OUT N/A	Consumer advisory provided for raw or undercooked foods	○ ○ <b>⊗</b> 1 0.5 0	8	0	0	
Hi	ghly Susceptik	ole Populations .2653					
24	O O S IN OUT N/A	Pasteurized foods used; prohibited foods not offered	0 0 0 3 1.5 0	0	0	0	
Ch	emical	.2653, .2657					
25	O O & IN OUT N/A	Food additives: approved & properly used	0 0 0 1 0.5 0	0	0	0	
26	⊗ ○ ○ IN OUT N/A	Toxic substances properly identified stored, & used	$\begin{array}{cccc} \bigcirc \bigcirc \bigcirc \bigcirc \\ 2 & 1 & 0 \end{array}$	0	0	0	
Со	nformance wi	th Approved Procedures .2653, .2654,	.2658				
27	O O &	Compliance with variance, specialized process, reduced oxygen packing criteria or HACCP plan	999		0	0	

## Food Establishment Inspection Report, continued

Establishment Name: OLD RICHMOND GRILL Establishment ID: 3034010299

Instri	ictions	continue	u.
บเวน	aGUU113,	COLLUITAGE	u.

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 Repeat Risk Factor Intervention Violations".
- 9. Continue to page 3 for "Comment Addendum to Food Establishment Inspection Report".

Signature Block:

First Last
Chris Sostaita

Person in Charge (Print)

Person in Charge (Signature)

First Last

Christy Allred

Regulatory Authority (Print)

Regulatory Authority (Signature)

Contact Number: (\_\_\_\_) \_\_\_ -\_

Verification Required Date: \_\_\_/ \_\_\_/

REHS ID: 1958 - Allred, Christy

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,									
Co	mnlian	ice Statu	chemicals, and physical objects into foods.	(	DUT	<u> </u>	DI	R	VR
		od and V			701		ויט		VIX
28	⊗ IN	OUT	Pasteurized eggs used where required	0	O (		5	0	0
29	⊗ IN	OUT	Water and ice from approved source	0			5	0	0
30		O & C	Variance obtained for specialized processing methods		0.5		5	0	0
Fo			ure Control .2653, .2654						
31	O IN	⊗ OUT	Proper cooling methods used; adequate equipment for temperature control		<b>⊗</b> ( 0.5		$\supset$	0	0
32		○ <b>⊗</b> TN/A N/O	Plant food properly cooked for hot holding		〇( 0.5	0	)	0	0
33	⊗ ○ IN OUT	O O	Approved thawing methods used	0	〇 ( 0.5	0 0	0	0	0
34	⊗ IN	OUT	Thermometers provided & accurate		O.5	0 0	5	0	0
Fc	od Ide	entificat	ion .2653						
35	⊗ IN	OUT	Food properly labeled: original container	〇 2				0	0
Pr		_	ood Contamination .2652, .2653, .2654, .2656		_	1			
36	⊗ IN	OUT	Insects & rodents not present; no unauthorized animals	2				0	0
37	<b>⊗</b> ≧	OUT	Contamination prevented during food preparation, storage & display	<b>2</b>				0	0
38	<b>⊗</b> Ξ	OUT	Personal cleanliness		() 0.5			0	0
39	⊗ IN	OUT	Wiping cloths: properly used & stored		〇( 0.5			0	0
40	⊗ IN	OUT	Washing fruits & vegetables	) 1 (	〇( 0.5	0	)	0	0
Proper Use of Utensils .2653, .2654									
41	OIN	⊗ OUT	In-use utensils: properly stored	1 (	0.5	80		0	0
42	⊗ IN	OUT	Utensils, equipment & linens: properly stored, dried & handled	) 1 (	0.5		)	0	0
43	⊗ IN	OUT	Single-use & single-service articles: properly stored & used	) 1 (	0.5			0	0
44	⊗z	OUT	Gloves used properly	_	() 0.5			0	0
Ut			uipment .2653, .2654, .2663						
45	IN	⊗ OUT	Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed, & used	<b>&amp;</b> 2				8	0
46	⊗ IN	OUT	Warewashing facilities: installed, maintained, & used; test strips		0.5	U	)	0	0
47	○롣	⊗ OUT	Non-food contact surfaces clean		<b>⊗</b> (0.5			0	0
Ph		Faciliti	es .2654, .2655, .2656						
48	⊗ IN	OUT	Hot & cold water available; adequate pressure	2	1	U		0	0
49	⊗ IN	OUT	Plumbing installed; proper backflow devices	2	1	0	)	0	0
50	⊗ IN	OUT	Sewage & waste water properly disposed	) 2	1	<u> </u>	)	0	0
51	⊗ IN	OUT	Toilet facilities: properly constructed, supplied & cleaned	0	〇 ( 0.5		)	0	0
52	○ <b>N</b>	⊗ OUT	Garbage & refuse properly disposed; facilities maintained		〇( 0.5		)	8	0
53	○ <b>N</b>	⊗ OUT	Physical facilities installed, maintained & clean		<b>⊗</b> ( 0.5		>	0	0
54	OIN	⊗ OUT	Meets ventilation & lighting requirements; designated areas used	0	<b>⊗</b> (0.5	0 0	>	0	0
			Total Deductions:	6.	5				

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

	Comment	Adden	dum to	Food	Establis	shmen	t Inspec	tion Report	
Establishme	L		Establish	ment ID:	Date: 03/14/2	Date: 03/14/2013			
Location Address: 6425 REYNOLDA RD.								Status Code	. <u>A</u>
City: PFAFFTOWN State: NC								Category #:	IV
County:	34 Forsyth	Zi <sub> </sub>	p: <del>27040</del>					Email 1:	
Wastewa Water Si	ater System: ⊗ N							Email 2:	
	e: LOUISE ARNE	/lunicipal/Commun Y	nity On-Site	System				Email 3:	
Telepho								Ziridii O.	
			Temp	erature	Observa	tions			
Item pork tender	Location cook temp	Temp 175	Item sausage	Location make u		Temp 31	Item	Location	Tem
tomato	make unit	44	air temp	bevera	ge cooler	39			
shredded	make unit	45							
chili	warmer	165							
grits	steam table	137							
gravy	steam table	150							
HW for	utensil sink	194							
BBQ	prep table	61							
,	Violations cited in this		Observation corrected within					5.11 of the food code.	
0-pts. Se	rvsafe will be mand	datory starting	January 201	14.					
	served service sta DI-employee was ir					s must prev	ent bare hand	d contact with ready	∕-to-eat
	s were stored abov . CDI-cooler was re		round beef w	/as stored	above butte	er. Raw egg	s and meat m	nust be stored belov	v ready to
4 0-pts. On	e sanitizer bottle w	ras weak. CDI	-it was mixed	d to 50ppr	n chlorine.				

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	Comment Addendum to Food Establishment Inspection Report
E	stablishment Name: OLD RICHMOND GRILL Establishment ID: 3034010299
	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.
<b>1</b> 7	0-pts. Ribs were sitting on counter at 64F. There were going to be reheated. Be sure that the reheating process takes no longer than 2 hours for food to go from 45 to 165F. If there is not enough room in the oven for all of the food, leave it in the cooler until it can be put in the oven.
23	0-pts. New Rule. A consumer advisory must be on the menu or menu board next to the item for any under cooked, partially cooked, or raw eggs, meats, fish that are served to the public. Need to have a consumer advisory for under cooked eggs.
31	There was a pan of sausage that was cooked around 6AM at 83F sitting on a prep table. Food can't be left to sit out for long periods of time to cool. Once the food has cooled to 135F it needs to be actively cool using an ice bath, placing it in shallow pans in the freezer or cooler, or another approved cooling method.
41	0-pts. One knife had fallen between a counter and make unit. Be sure to to kee in-use utensils, like knives, on a clean dry surface.
45	Repeat. Many pieces of equipment in the kitchen are damaged or have damaged components and need repair. There is several non NSF/ANSI chest freezers and refrigerator.
47	Equipment cleaning is needed inside of coolers, outsides of equipment, shelves.
52	Repeat. This facility has no can wash.

## Comment Addendum to Food Establishment Inspection Report

Establishment Name: OLD RICHMOND GRILL Establishment ID: 3034010299

### 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.



Repairs need to be done to the ceilings and walls in the kitchen.

There are several unshielded light fixtures in the kitchen. Light shields need to be installed or shatter proofed bulbs need to be used.



# Comment Addendum to Food Establishment Inspection Report

Establishment Name: OLD RICHMOND GRILL Establishment ID: 3034010299

### **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.



