Food Establishment Inspection Report

Establishment Name: RURAL HALL GRILL Establishment ID: 3034010370

Date: 02/12/2013 Status Code: A					
Fime In: <u>∅ 9</u> : <u>3 5 ⊗ am</u> Time Out: <u>1 1</u> : <u>∅ ∅</u> ⊝ p	m m				
Total Time: 1 hr 25 minutes					
Category #: _IV	_				
Establishment Type: Full-Service Restaurant					

Instructions:

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

Location Address:	8160 DEPOT ST.						
City: RURAL HALL							
State: NC	Zip:						
County: 34 Forsyth							
Permittee: BRENDA CARLTON							
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

Score: 96.5

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	OUT	CDI	R	VR	
Su	pervision	.2652					
1	O & O IN OUT N/A	PIC Present; Demonstration-Certification by accredited program and perform duties	○ ⊗ 2 0	0	0	0	
Em	ployee Health	.2652					
2	⊗ ○ IN OUT	Management, employees knowledge; responsibilities & reporting	O O O 3 1.5 0	0	0	0	
3	O & IN OUT	Proper use of reporting, restriction & exclusion	○ ○ ⊗ 3 1.5 0	8	0	0	
Go	od Hygienic F	Practices .2652, .2653					
4	⊗ O IN OUT	Proper eating, tasting, drinking, or tobacco use	0 0 0 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	0 0 0 4 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	⊗ O IN OUT	Handwashing sinks supplied & accessible	$\begin{array}{c c} \bigcirc \bigcirc \bigcirc \bigcirc \\ 2 & 1 & 0 \end{array}$	0	0	0	
Ар	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	$ \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc $ 2 1 0	0	0	0	
11	⊗ ○ IN OUT	Food in good condition, safe & unadulterated	$ \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc $ 2 1 0	0	0	0	
12	OOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOO	Required records available: shellstock tags, parasite destruction	O O O 2 1 0	0	0	0	
Pro	otection from	Contamination .2653, .2654					
13	⊗ ○ ○ ○ ○ IN OUT N/A N/O	Food separated & protected	○ ○ ○ 3 1.5 0	0	0	0	
14	⊗ ○ IN OUT	Food-contact surfaces: cleaned & sanitized	○ ○ ○ 3 1.5 0	0	0	0	
15	⊗ ○ IN OUT	Proper disposition of returned, previously served, reconditioned, & unsafe food	O O O 2 1 0	0	0	0	
Po	tentially Haza	rdous Food Time/Temperature .2653					
16	O O O S IN OUT N/A N/O	Proper cooking time & temperatures	0 0 0 3 1.5 0	0	0	0	
17	O O O S IN OUT N/A N/O	Proper reheating procedures for hot holding	0 0 0 3 1.5 0	0	0	0	
18	O O O S IN OUT N/A N/O	Proper cooling time & temperatures	0 0 0 3 1.5 0	0	0	0	
19	SO O O	Proper hot holding temperatures	3 1.5 0	0	0	0	
20	O O O IN OUT N/A N/O	Proper cold holding temperatures	3 1.5 0	0	0	0	
21	O O O IN OUT N/A N/O	Proper date marking & disposition	3 1.5 0	0	0	0	
22	O O & O IN OUT N/A N/O	Time as a public health control: procedures & records	2 1 0	0	0	0	
Со	nsumer Advis						
23	O O & IN OUT N/A	Consumer advisory provided for raw or undercooked foods	0 0 0 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	0 0 0 3 1.5 0	0	0	0	
Chemical .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	$ \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc $ 2 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	$\bigcirc \bigcirc \bigcirc$ \bigcirc \bigcirc \bigcirc \bigcirc 1 0	0	0	0	

Food Establishment Inspection Report, continued

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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:

Regulatory Authority (Print)

Regulatory Authority (Signature)

Contact Number:

Verification Required Date: / /

REHS ID: 2259 - Michaud, Kenneth

No. of Risk Factor/ Intervention Violations: 2

No. of Repeat Risk Factor/Intervention Violations:

50

51

52

53

54

OIN ⊗ OUT

⊗ IN OUT

OUT

8

OUT

Good Retail Practices Preventative measures to control the addition of pathogens. chemicals, and physical objects into foods. Compliance Status CDI R VR Safe Food and Water .2653, .2655, .2658 ○ ○ ○ 1 0.5 0 OUT 0 28 Pasteurized eggs used where required \circ \bigcirc 0 0 0 0 0 29 Water and ice from approved source OUT O O & IN OUT N/A 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 8 0 0 0 1 0.5 0 O O SO O 32 Plant food properly cooked for hot holding 0 0 0 0 0 0 1 0.5 0 0 8 \circ 33 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 Food properly labeled: original container 0 0 35 0 Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657 ⊗ IN OUT 0 0 36 Insects & rodents not present; no unauthorized animals 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 41 0 0 In-use utensils: properly stored 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 00 0 0 44 Gloves used properly 0 1 0.5 0 **Utensils** and Equipment .2653, .2654, .2663 ⊗ OUT ○ **⊗** ○ 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; 46 0 0 test strips ⊗ OUT ○ **⊗** ○ 1 0.5 0 0 0 0 Non-food contact surfaces clean **Physical Facilities** .2654, .2655, .2656 $\bigcirc \bigcirc \bigcirc \bigcirc$ 2 1 0 OUT Hot & cold water available; adequate pressure 0 0 0 48 ⊗ IN OUT 49 Plumbing installed; proper backflow devices 0 0 0 0 0 OUT

Sewage & waste water properly disposed

Garbage & refuse properly disposed;

facilities maintained

Toilet facilities: properly constructed, supplied

Physical facilities installed, maintained & clean

Meets ventilation & lighting requirements;

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

Total Deductions:

0 0 0

0

0 0 0

0 0 0

0 0

0 0

○ **⊗** ○ 1 0.5 0

0 0 0 1 0.5 0

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1 0.5 0

0 0 0 1 0.5 0

Comment Addendum to Food Establishment Inspection Report								
Establishment Name: RURAL HALL GRILL Location Address: 8160 DEPOT ST. City: RURAL HALL State: NC County: 34 Forsyth Zip: 27045 Wastewater System: Municipal/Community On-Site System Water Supply: Municipal/Community On-Site System Permittee: BRENDA CARLTON Telephone: Temperature				stem	nt ID: <u>·</u>	3034010370	Date: 02/12/2013 Status Code: A Category #: IV Email 1: Email 2:	
				rature Observation	ns		Email 3:	
Item Slaw	Location Make unit	Temp 41	Item Wash solution	Location Wash compartment	Temp 137	Item	Location	Temp
Sliced	Make unit	42	Hot water	Sanitizing compartment	182			

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.

2-102.12 Certified Food Protection Manager - Facility does not have ANSI approved food safety course certificate at time of inspection - must have ANSI approved food safety certificate by Jan 1, 2014

- 2-201.12 Exclusions and Restrictions Facility does not have Employee Health Policy in place at time of inspection must have employee health policy in place and on file and signed by employees - instructed manager on concept and applicability of policy
 - 3-602.11 Food Labels Unlabeled bin of powdered sugar over grill make sure to label all containers

Sliced cheese Make unit

Lower make unit

Heat well

Heat well

Heat well

Walk in cooler

40

141

156

149

37

Slaw

Chili

Slaw

1

35

Hot dogs Pintos

4-501.11 Good Repair and Proper Adjustment-Equipment - Rusty racks throughout facility, especially in walk in cooler - repair so they are easily cleanable and in good repair; Many non-NSF approved equipment in kitchen area - all equipment must be NSF approved - remove immediately

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- 4-602.13 Nonfood Contact Surfaces Detailed cleaning needed around equipment debris found in condiments bin and on top of grill
- 51 5-501.17 Toilet Room Receptacle, Covered Must have covered trash can in women's restroom

6-201.11 Floors, Walls and Ceilings-Cleanability - Repair needed on floors, walls and ceilings so no paint is flaking and that they are in good repair; Repair loose floor panel in walk in cooler so it is not loose

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