

Food Establishment Inspection Report

Score: 92

Establishment Name: TWIN CITY DINER

Establishment ID: 3034010468

Date: 12/27/2012 Status Code: A

Time In: 10:20 am pm Time Out: 1:45 am pm

Total Time: 3 hrs 25 minutes

Category #: IV

Establishment Type: _____

Instructions:

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

Location Address: 1425-A WEST FIRST STREET

City: WINSTON-SALEM

State: NC Zip: 27101

County: 34 Forsyth

Permittee: TWIN CITY DINER 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

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



Food Establishment Inspection Report, continued

Establishment Name: TWIN CITY DINER

Establishment ID: 3034010468

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:

x CHRIS KARATHALLOS
Person in Charge (Print)

x 
Person in Charge (Signature)

Anthony Williams
Regulatory Authority (Print)


Regulatory Authority (Signature)

Contact Number: (____) ____ - ____

Verification Required Date: ____ / ____ / ____

REHS ID: 1846 - Williams, Tony

No. of Risk Factor/
Intervention
Violations: 8

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	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Pasteurized eggs used where required	1 0.5 0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
29	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Water and ice from approved source	2 1 0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
30	<input type="radio"/> IN	<input type="radio"/> OUT	<input checked="" type="radio"/> N/A	1 0.5 0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Food Temperature Control .2653, .2654								
31	<input type="radio"/> IN	<input checked="" type="radio"/> OUT	Proper cooling methods used; adequate equipment for temperature control	1 0.5 0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
32	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	1 0.5 0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
33	<input type="radio"/> IN	<input type="radio"/> OUT	<input checked="" type="radio"/> N/A	1 0.5 0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
34	<input type="radio"/> IN	<input checked="" type="radio"/> OUT	Thermometers provided & accurate	1 0.5 0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Food Identification .2653								
35	<input type="radio"/> IN	<input checked="" type="radio"/> OUT	Food properly labeled: original container	2 1 0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657								
36	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Insects & rodents not present; no unauthorized animals	2 1 0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
37	<input type="radio"/> IN	<input checked="" type="radio"/> OUT	Contamination prevented during food preparation, storage & display	2 1 0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
38	<input type="radio"/> IN	<input checked="" type="radio"/> OUT	Personal cleanliness	1 0.5 0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
39	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Wiping cloths: properly used & stored	1 0.5 0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
40	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Washing fruits & vegetables	1 0.5 0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Proper Use of Utensils .2653, .2654								
41	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	In-use utensils: properly stored	1 0.5 0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
42	<input type="radio"/> IN	<input checked="" type="radio"/> OUT	Utensils, equipment & linens: properly stored, dried & handled	1 0.5 0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
43	<input type="radio"/> IN	<input checked="" type="radio"/> OUT	Single-use & single-service articles: properly stored & used	1 0.5 0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
44	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Gloves used properly	1 0.5 0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Utensils and Equipment .2653, .2654, .2663								
45	<input type="radio"/> IN	<input checked="" type="radio"/> OUT	Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed, & used	2 1 0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
46	<input type="radio"/> IN	<input checked="" type="radio"/> OUT	Warewashing facilities: installed, maintained, & used; test strips	1 0.5 0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
47	<input type="radio"/> IN	<input checked="" type="radio"/> OUT	Non-food contact surfaces clean	1 0.5 0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Physical Facilities .2654, .2655, .2656								
48	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Hot & cold water available; adequate pressure	2 1 0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
49	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Plumbing installed; proper backflow devices	2 1 0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
50	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Sewage & waste water properly disposed	2 1 0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
51	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Toilet facilities: properly constructed, supplied & cleaned	1 0.5 0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
52	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Garbage & refuse properly disposed; facilities maintained	1 0.5 0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
53	<input type="radio"/> IN	<input checked="" type="radio"/> OUT	Physical facilities installed, maintained & clean	1 0.5 0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
54	<input type="radio"/> IN	<input checked="" type="radio"/> OUT	Meets ventilation & lighting requirements; designated areas used	1 0.5 0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Total Deductions:				8				

Comment Addendum to Food Establishment Inspection Report

Establishment Name: TWIN CITY DINER
Location Address: 1425-A WEST FIRST 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: TWIN CITY DINER INC.
Telephone: _____

Establishment ID: 3034010468

Date: 12/27/2012
Status Code: A
Category #: IV
Email 1: _____
Email 2: _____
Email 3: _____

Temperature Observations

Item	Location	Temp	Item	Location	Temp	Item	Location	Temp
baked	walk-in cooler	41						
salmon	make unit	46						
shrimp	make unit	39						
chicken and	hot holding	142						
chopped	refrigerator	35						

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 Employee health policy is not implemented. FOOD EMPLOYEES and CONDITIONAL EMPLOYEES must be informed of their responsibility to report in accordance with LAW, to the PERSON IN CHARGE, information about their health and activities as they relate to diseases that are transmissible through FOOD, as specified under ¶ 2-201.11(A). Information provided to implement policy.
- 4 Employee beverage was found in a cup with lid. Ensure staff are using a straw to consume in a sanitary manner. Beverage containers shall not be stored on or above a food contact surface and must be handled in a way so as to avoid cross-contamination. Employee was made aware that straw was missing.
- 6 Employee did not wash hands between glove changes and after handling chemical sprayer. Ensure employees wash hands between glove changes and when hands become contaminated. Employee was instructed to wash hands.
- 13 Raw animal food stored above ready to eat items. Food found uncovered in refrigeration. Dry food items were not sealed properly. Keep items covered and store ready to eat items above raw animal foods.



Spell



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Observations and Corrective Actions

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- 14 Ice machine and some utensils needed additional cleaning to remove food debris. Wash, rinse and sanitize dishes properly to remove debris. Dishes sent for rewashing during inspection. Plate temp good at 168 F. Chlorine sanitizer concentrations checked were 50 ppm in spray bottles.
- 21 Date marking has been implemented but needs modification. Items that were frozen did not indicate that as such and gave the appearance items were out of date. For items that are not used within 24 hours, date mark for 7 days if held at 41 F or below (4 days if 45 F or below) once cooked or a ready-to-eat package has been opened. Discard after manufacturers use by date or discard date whichever is shorter.
- 23 Consumer advisory needs to be updated to provide the correct wording and displayed for all customers. Information provided to correct.
- 26 Pesticide used on outside premises stored in the facility next to ice machine. Use only approved chemicals necessary for the operation of the facility and keep in approved location.
- 31 Ensure items are cooled in thin, small portions. Loosly cover items in storage.
- 34 One thermometer needed calibration. Calibrate thermometers as needed.
- 35 Dry food items at the grill unlabeled. Label dry food items when removed from original container.



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Observations and Corrective Actions

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- 37 Salmon found stored on the floor of the walk-in cooler. Food must be stored off the floor.
- 38 Hair restraints were not worn by staff engaged in food prep. All employees engaged in food prep must wear a hair restraint.
- 42 Glasses at the bar were stored on a surface that was not clean. Keep glasses stored on clean surface. Utensils stacked wet. Air dry before stacking.
- 43 Tea container stored unprotected. Store tea containers protected.
- 45 Repair cabinet damage throughout the bar. Replace lid for ice bin at bar rather than sheet pan. Plumb drain for tap to a floor drain. Repair leak in make unit. Replace missing bottom plate on freezer. Replace rusted beer cooler.
- 46 Repair sprayer and leaks on the dish machine.
- 47 Clean equipment and cabinetry throughout the bar.



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Observations and Corrective Actions

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- 53 Clean floor drains and under equipment. Clean walls behind cook line. Clean floors in the bar area. Repair baseboard and wall damage. Seal holes in the wall. Replace missing grout between tiles.
- 54 Lighting low along the grill/fryer and make unit next to handsink at 27 f/c - 40 f/c. Provide 50 f/c at food prep areas.

