Food Establishment Inspection Report

Establishment Name: KERNER HOUSE, THE

| Date: <u>Ø 3</u> / <u>2 5</u> / <u>2 Ø 1 3</u> Status Code: A | | | | | | |
|--|-----------------|----|---|---|--|--|
| Time In: $\underline{10} : \underline{30} \overset{\otimes}{\bigcirc} \overset{am}{pm}$ Time Out: $\underline{01} : \underline{000} \overset{\otimes}{\otimes} \overset{am}{pm}$ | | | | | | |
| Total Time: | 2 hrs 30 minute | es | - | | | |
| Category #: | IV | | | _ | | |
| Establishment Type: | | | | | | |

Instructions:

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

| Location Address: | 708 HWY 66 SOUTH |
|-------------------|-----------------------|
| City: KERNERSVI | LLE |
| State: NC | Zip: ²⁷²⁸⁴ |
| County: 34 Forsyt | h |
| Permittee: PHILL | |
| Telephone: | |
| ⊗Inspection | |
| ○Re-Inspection | |
| Wastewater Syst | |
| ⊗Municipal/Com | |
| ○On-Site Systen | า |
| Water Supply: | |
| ⊗Municipal/Com | _ |
| On-Site Systen | າ |

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".

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

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| Page 1 of | Food Establishment Inspection Report, 7/2012 |

Establishment ID: 3034010605

Foodborne Illness Risk Factors and Public Health Interventions

Score: 94.5

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

| | Public Health Interventions: Control measures to prevent foodborne illness or injury. | | | | | | | |
|-----|---|--|---|-----|---|----|--|--|
| | mpliance Statu | s .2652 | OUT | CDI | R | VR | | |
| Su | pervision | | | | | | | |
| 1 | O & O | PIC Present; Demonstration-Certification by accredited program and perform duties | ○ ⊗ 2 0 | 0 | 0 | 0 | | |
| En | ployee Health | | | | | | | |
| 2 | IN OUT | Management, employees knowledge; responsibilities & reporting | 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 F | Practices .2652, .2653 | | | | | | |
| 4 | IN OUT | Proper eating, tasting, drinking, or tobacco use | 2 1 0 | 0 | 0 | 0 | | |
| 5 | Ø ○ IN OUT | No discharge from eyes, nose, and mouth | 0 0 0 | 0 | 0 | 0 | | |
| Pro | | amination by Hands .2652, .2653, .2655, .2656 | 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 | ⊗ ⊖ IN OUT | Handwashing sinks supplied & accessible | $\begin{array}{c c} \bigcirc \bigcirc \bigcirc \bigcirc \\ 2 & 1 & 0 \end{array}$ | 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 | $ \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 | O O & O | Required records available: shellstock tags, parasite destruction | $ \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc $ 2 1 0 | 0 | 0 | 0 | | |
| Pro | otection from | Contamination .2653, .2654 | | | | | | |
| 13 | O & O O | Food separated & protected | ○ ⊗ ○ 3 1.5 0 | | 0 | 0 | | |
| 14 | ⊗ ○ IN OUT | Food-contact surfaces: cleaned & sanitized | 0 0 0 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 | | |
| Ро | tentially Haza | rdous Food Time/Temperature .2653 | | | | | | |
| 16 | OOO ⊗ IN OUT N/A N/O | Proper cooking time & temperatures | ○ ○ ○ 3 1.5 0 | 0 | 0 | 0 | | |
| 17 | O O O & IN OUT N/A N/O | Proper reheating procedures for hot holding | ○ ○ ○ 3 1.5 0 | 0 | 0 | 0 | | |
| 18 | ⊗ ○ ○ ○ IN OUT N/A N/O | Proper cooling time & temperatures | ○ ○ ○ 3 1.5 0 | 0 | 0 | 0 | | |
| 19 | ⊗ ○ ○ ○ IN OUT N/A N/O | Proper hot holding temperatures | O O O 3 1.5 0 | 0 | 0 | 0 | | |
| 20 | ○ ⊗ ○ ○ IN OUT N/A N/O | Proper cold holding temperatures | ○ ○ ⊗ 3 1.5 0 | 8 | 0 | 0 | | |
| 21 | ⊗ ○ ○ ○ IN OUT N/A N/O | Proper date marking & disposition | 0 0 0 3 1.5 0 | 0 | 0 | 0 | | |
| 22 | OOO ⊗ IN OUT N/A N/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 | 0 0 0 1 0.5 0 | 0 | 0 | 0 | | |
| Hiç | ghly Susceptil | ole 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 | | |
| 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 | $ \bigcirc \bigcirc \bigcirc \bigcirc $ 2 1 0 | 0 | 0 | 0 | | |
| Со | nformance wi | th 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 $ 2 1 0 | 0 | 0 | 0 | | |

Food Establishment Inspection Report, continued

Establishment Name: KERNER HOUSE, THE Establishment ID: 3034010605

| 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".
- 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 Phillip

Last

Person in Charge (Print)

White

Person in Charge (Signature)

First

Last

Greg

Gartner

Regulatory Authority (Print)

Regulatory Authority (Signature)

Contact Number: (<u>336</u>) <u>703</u> - <u>3383</u>

Verification Required Date: ___/ ___/

REHS ID: 2360 - Gartner, Gregory

No. of Risk Factor/ Intervention Violations: 3 No. of Repeat Risk Factor/Intervention Violations:

| | Good Retail Practices | | | | | | | | | |
|---|--|----------------|---|----------|-----------------|---------------|-----|---|----|--|
| Preventative measures to control the addition of pathogens, chemicals, and physical objects into foods. | | | | | | | | | | |
| Co | mplian | ice Statu | ıs | C |)UT | | CDI | R | VR | |
| Safe Food and Water .2653, .2655, .2658 | | | | | | | | | | |
| 28 | ⊗ IZ | OUT | Pasteurized eggs used where required | 1 (| 0.5 | 0 | 0 | 0 | 0 | |
| 29 | ⊗ IN | OUT | Water and ice from approved source | 2 | () 1 | 0 | 0 | 0 | 0 | |
| 30 | | O & UT N/A | Variance obtained for specialized processing methods | | O 0.5 | 0 | 0 | 0 | 0 | |
| Fo | _ | • | re Control .2653, .2654 | | | | | | | |
| 31 | IN | OUT | Proper cooling methods used; adequate equipment for temperature control | | 0.5 | _ | 0 | 0 | 0 | |
| 32 | ⊗ OI | O O | Plant food properly cooked for hot holding | | 0.5 | | 0 | 0 | 0 | |
| 33 | ⊗ ○ IN OUT | O O N/A N/O | Approved thawing methods used | 1 (| O 0.5 | Ō | 0 | 0 | 0 | |
| 34 | ⊗ IN | OUT | Thermometers provided & accurate |) 1 (| O 0.5 | | 0 | 0 | 0 | |
| | _ | ntificati | ion .2653 | | | | | | | |
| 35 | ⊗ IN | OUT | Food properly labeled: original container | 2 | 1 | 0 | 0 | 0 | 0 | |
| Pr | | _ | ood Contamination .2652, .2653, .2654, .265 | | $\overline{}$ | $\overline{}$ | | | | |
| 36 | ⊗ IN | OUT | Insects & rodents not present; no unauthorized animals | 2 | 1 | 0 | 0 | 0 | 0 | |
| 37 | ⊗ IN | OUT | Contamination prevented during food preparation, storage & display |) 2 | <u> </u> | 0 | 0 | 0 | 0 | |
| 38 | ⊗ IN | OUT | Personal cleanliness | | O 0.5 | 0 | | 0 | 0 | |
| 39 | ○롣 | ⊗ OUT | Wiping cloths: properly used & stored | | ⊗ 0.5 | | 0 | 0 | 0 | |
| 40 | ≅≅ | 0 ⊈ | Washing fruits & vegetables | 0 | O 0.5 | | 0 | 0 | 0 | |
| Pr | oper U | lse of U | tensils .2653, .2654 | | | | | | | |
| 41 | ⊗ IN | OUT | In-use utensils: properly stored | 1 (| O 0.5 | Ō | 0 | 0 | 0 | |
| 42 | ⊗ IN | OUT | Utensils, equipment & linens: properly stored, dried & handled | | 0.5 | | 0 | 0 | 0 | |
| 43 | ⊗ IN | OUT | Single-use & single-service articles: properly stored & used | _ | 0.5 | 0 | 0 | 0 | 0 | |
| 44 | ⊗ IZ | OUT | Gloves used properly | | O 0.5 | 0 | 0 | 0 | 0 | |
| Ut | ensils | and Eq | uipment .2653, .2654, .2663 | | | | | | | |
| 45 | ON | ⊗ OUT | Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed, & used | 2 | 1 | 0 | 0 | 8 | 0 | |
| 46 | ⊗ IN | OUT | Warewashing facilities: installed, maintained, & used; test strips | 1 (| 0.5 | | 0 | 0 | 0 | |
| 47 | OIN | ⊗ ⊗ | Non-food contact surfaces clean | | O 0.5 | | 0 | 8 | 0 | |
| Ph | | Faciliti | es .2654, .2655, .2656 | | | | | | | |
| 48 | 8≧ | O ⊥O | Hot & cold water available; adequate pressure | O 2 | <u> </u> | 0 | 0 | 0 | 0 | |
| 49 | ⊗ IN | OUT | Plumbing installed; proper backflow devices |) 2 | () 1 | 0 | 0 | 0 | 0 | |
| 50 | ⊗ IN | OUT | Sewage & waste water properly disposed | 2 | 1 | 0 | 0 | 0 | 0 | |
| 51 | ⊗ IN | OUT | Toilet facilities: properly constructed, supplied & cleaned | 1 (| 0.5 | | 0 | 0 | 0 | |
| 52 | ⊗ IN | OUT | Garbage & refuse properly disposed; facilities maintained | 1 (| O 0.5 | 0 | 0 | 0 | 0 | |
| 53 | ○ IN | ⊗ OUT | Physical facilities installed, maintained & clean | 1 (| ⊗ 0.5 | 0 | 0 | 0 | 0 | |
| 54 | ⊗ IN | OUT | Meets ventilation & lighting requirements; designated areas used | | O 0.5 | | 0 | 0 | 0 | |
| | | | Total Deductions: | 5. | 5 | | | | | |
| | North Carolina Department of Health & Human Services ● Division of Public Health | | | | | | | | | |

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

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|--|------------------------------|--------------------------------|
| Establishment Name: KERNER HOUSE, THE | Establishment ID: 3034010605 | Date: 03/25/2013 |
| Location Address: 708 HWY 66 SOUTH City: KERNERSVILLE State: NC County: 34 Forsyth Zip: 27284 | | Status Code: A Category #: IV |
| Wastewater System: ⊗ Municipal/Community ○ On-Site System Water Supply: ⊗ Municipal/Community ○ On-Site System | | Email 1: Email 2: |
| Permittee: PHILLIP WHITE Telephone: | | Email 3: |

| | Temperature Observations | | | | | | | | |
|-----------------------|--------------------------|------------|----------------|-------------------------|-------------|--------------------|---------------------|------------|--|
| Item lettuce salad | Location cafeteria line | Temp 43 | Item rice | Location cafeteria line | Temp 158 | Item sliced cheese | Location upright | Temp 38 | |
| hard boiled | cafeteria line | 42 | mashed | cafeteria line | 175 | chicken salad | upright | 38 | |
| potato salad | cafeteria line | 42 | collard greens | cafeteria line | 145 | sliced tomato | make top | 37 | |
| cole slaw | cafeteria line | 40 | limas | walk in | 41 | shredded | make top | 37 | |
| country fried | cafeteria line | 163 | macaroni | walk in | 41 | gravy | 4 door unit | 41 | |
| chicken | cafeteria line | 150 | gravy | walk in | 41 | milk | 4 door unit | 41 | |
| meatloaf | cafeteria line | 145 | white gravy | grill side steam | 140 | pumpkin pie | dessert upright | 37 | |
| fried chicken | cafeteria line | 146 | corned beef | grill isde steam | 147 | plate temp | dish machine | 177 | |

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.

No certified food protection manager available on duty during inspection. 15A NCAC 18A .2652 ref. 2-102.12 (A): At least one employee who has supervisory and management responsibility and the authority to direct and control food preparation and service shall be a certified food protection manager who has shown proficiency of required information through passing a test that is part of an ANSI-accredited program (a two-point deduction will be applied to an inspection score beginning January 1st, 2014 if found in violation). Person in charge must be present during all hours of operation.

- Small container of raw chicken stored over pancake mix, eggs, and ground beef in upright Arctic Air. Foods must be stored according to final cook temperature with raw chicken always on bottom and cooked foods above all else. Foods rearranged. / Bag onions stored in water heat closet. This area is not approved for food storage. Moved to kitchen. / In dry storage room, first aid kit, packaged detergent and urnal cake, stored over syrups and other packaged foods. These could potentially contaminate food.
- According to manufacturer's directions, sweet potato pie and pumpkin pie must be maintained cold before service (unless thawing). Pies are left covered on counter. Pies were moved to cold station on cafeteria line.
- Use wiping cloths stored improperly on kitchen counters. 15A NCAC 18A .2653 ref. 3-304.14: (B) Cloths in-use for wiping counter and other equipment surfaces shall be held between used in a chemical sanitizer solution at proper concentration and laundered daily; cloths in-use for wiping surfaces in contact with raw animal foods shall be kept separate from cloths used for other purposes. Chemical sanitizing solution shall be free of food debris and visible soil. Containers of chemical sanitizing solutions in which wet wiping cloths are held between uses shall be stored off the floor and used in a manner that prevents contamination of food, utensils, linens, and equipment.

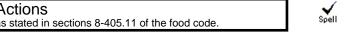




Establishment Name: KERNER HOUSE, THE Establishment ID: _3034010605

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.



Replace torn cooler gaskets at walk in units, make doors, and upright reach in (Repeat Violation). / Shelving in walk in cooler is beginning to rust and must be repainted (with an approved foodservice equipment paint, or replaced)(Repeat Violation). / Repair leaks under 3 compartment sink. / Water staining observed on plumbing below urinal. Assess for leaks and clean. / Tighten handle of upright desert cooler. / Replace missing shelf caps in walk in freezer, bakery section shelving, and any other missing caps. / Provide cleanaable sleeve on threaded support rods beneath dish machine scrap sink.

Clean equipment piping and electrical lines beneath cafeteria (observed improvement from last time), undersides of fryer area, and shelving (Repeat Violations)

53 Coved baseboard must be provided in all areas of kitchen and restrooms. Some areas have right angle junctures. Vinyl baseboard can be used if properly affixed to walls and ceilings.



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