# Food Establishment Inspection Report

Establishment Name: BOJANGLES #484 Establishment ID: 3034010802

Date: <u>Ø 1</u> / <u>1</u>	. 6 / 2 Ø 1 3 Status Code: A	
Time In: <u>Ø 2</u>	: <u>Ø Ø ⊗ am</u> Time Out: <u>Ø 4</u> : <u>5 Ø ⊗ pm</u>	
Total Time: _	2 hrs 50 minutes	
Category #: _	III	
Establishment Type. Fast Food Restaurant		

### Instructions:

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

Location	Address: 1475 NEW WALKERTOWN RD			
City: W	INSTON SALEM			
State: N	C Zip: 27101			
County:	34 Forsyth			
	e: BOJANGLES RESTAURANT, INC.			
Telephoi	ne:(336) 724-7772			
⊗Inspection				
○Re-Inspection				
Wastewater System:				
_	ipal/Community			
⊖On-Sit	te System			
Water Su	ıpply:			
⊗Munic	ipal/Community			
○On-Sit	te 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: 91.5

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

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

Public Health Interventions: Control measures to prevent foodborne illness or injury.						
Со	mpliance Statu	OUT	CDI	R	VR	
Su	pervision	.2652	_			
1	⊗ ○ ○ IN OUT N/A	PIC Present; Demonstration-Certification by accredited program and perform duties	O O 2 0	0	0	0
En	ployee Health					
2	O & IN OUT	Management, employees knowledge; responsibilities & reporting	○ ○ <b>⊗</b> 3 1.5 0	8	0	0
3	⊗ ⊖ IN OUT	Proper use of reporting, restriction & exclusion	O O O 3 1.5 0	0	0	0
Go	od Hygienic F	Practices .2652, .2653				
4	⊗ O IN OUT	Proper eating, tasting, drinking, or tobacco use	2 1 0	0	0	0
5	⊗ ○ IN OUT	No discharge from eyes, nose, and mouth	0 0 0	0	0	0
Pre		amination by Hands .2652, .2653, .2655, .265	T			
6	O & IN OUT	Hands clean & properly washed	○ <b>⊗</b> ○ 4 2 0	8	0	0
7	⊗ ○ ○ IN OUT N/O	No bare hand contact with RTE foods or pre-approved alternate procedure properly allowed	0 0 0 3 1.5 0	0	0	0
8	○ ⊗ IN OUT	Handwashing sinks supplied & accessible	○ ○ <b>⊗</b> 2 1 0	8	0	0
Ap	proved Sourc	e .2653, .2655				
9	⊗ ○ IN OUT	Food obtained from approved source	$\begin{array}{c c} \bigcirc \bigcirc \bigcirc \bigcirc \\ 2 & 1 & 0 \end{array}$	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 IN OUT N/A N/O	Required records available: shellstock tags, parasite destruction	0 0 0 2 1 0	0	0	0
Pro	otection from	Contamination .2653, .2654				
13	O & O O	Food separated & protected	○ ○ <b>⊗</b> 3 1.5 0	8	0	0
14	O & IN OUT	Food-contact surfaces: cleaned & sanitized	○ <b>⊗</b> ○ 3 1.5 0	8	0	0
15	⊗ ○ IN OUT	Proper disposition of returned, previously served, reconditioned, & unsafe food	$ \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc 2 \bigcirc 1 \bigcirc 0 $	0	0	0
Po		rdous Food Tlme/Temperature .2653				
16	⊗ ○ ○ ○ IN OUT N/A N/O	Proper cooking time & temperatures	0 0 0 3 1.5 0	0	0	0
17	⊗ ○ ○ ○ IN OUT N/A N/O	Proper reheating procedures for hot holding	0 0 0 3 1.5 0	0	0	0
18	⊗ ○ ○ ○ IN OUT N/A N/O	Proper cooling time & temperatures	0 0 0 3 1.5 0	0	0	0
19	O 🗞 O O IN OUT N/A N/O	Proper hot holding temperatures	○ <b>⊗</b> ○ 3 1.5 0	8	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	⊗ ○ ○ ○ IN OUT N/A N/O	Time as a public health control: procedures & records	$ \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc $ 2 1 0	0	0	0
Со	nsumer Advis	ory .2653				
23	O O & IN OUT N/A	Consumer advisory provided for raw or undercooked foods	0 0 0	0	0	0
Hiç	hly 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	$\begin{array}{c c} \bigcirc \bigcirc \bigcirc \bigcirc \\ 2 & 1 & 0 \end{array}$	0	0	0
Со		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	$\begin{array}{c c} \bigcirc \bigcirc \bigcirc \bigcirc \\ 2 & 1 & 0 \end{array}$	0	0	0

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

## Food Establishment Inspection Report, continued

OUT

OUT

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OUT

O & IN OUT

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Establishment Name: BOJANGLES #484 Establishment ID: 3034010802

### 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

- 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:

Person in Charge (Print)

Person in Charge (Signature)

Anthony Willia My
Regulatory Authority (Print)

Regulatory Authority (Signature)

Contact Number: ( ) -

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

REHS ID: 1846 - Williams, Tony

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

#### **Good Retail Practices** Preventative measures to control the addition of pathogens. chemicals, and physical objects into foods. CDI R VR Compliance Status Safe Food and Water .2653, .2655, .2658 0 0 0 OUT 0 28 Pasteurized eggs used where required $\circ$ 0 O O O 29 0 0 0 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 0 0 0 1 0.5 0 ⊗ ○ ○ ○ IN OUT N/A N/O 32 Plant food properly cooked for hot holding 0 0 0 0 0 0 1 0.5 0 ⊗ ○ ○ ○ IN OUT N/A N/O Approved thawing methods used 0 0 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 0 35 Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657 OUT 0 0 36 Insects & rodents not present; no unauthorized animals 0 0 0 OUT Contamination prevented during food preparation, 37 0 0 $\bigcirc$ storage & display OUT O O O 38 Personal cleanliness 0 0 0 OIN. ⊗ OUT 0 0 **8** 1 0.5 0 0 39 Wiping cloths: properly used & stored 0 0 0 0 0 1 0.5 0 40 Washing fruits & vegetables 0 0 OUT **Proper Use of Utensils** .2653, .2654 ⊗ OUT ○ ○ **⊗** 1 0.5 0 In-use utensils: properly stored 41 0 0 000 Utensils, equipment & linens: properly stored, dried & handled 0 0 0 42 OUT 1 0.5 0 8 Single-use & single-service articles: properly $\bigcirc$ $\otimes$ $\bigcirc$ $\bigcirc$ IN 43 0 0 0 OUT 1 0.5 0 stored & used ⊗ IN OUT $\overline{000}$ Gloves used properly 0 0 44 0 1 0.5 0 Utensils and Equipment .2653, .2654, .2663 ⊗ OUT O & O 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; 0 46 0 0 test strips **⊗** ○ ○ 1 0.5 0 ⊗ OUT 47 0 0 0 Non-food contact surfaces clean **Physical Facilities** .2654, .2655, .2656 ⊗ OUT ○ ○ **⊗** 2 1 0 Hot & cold water available; adequate pressure 0 0 0 48 ⊗ OUT OIN ○ **⊗** 1 0 49 Plumbing installed; proper backflow devices 0 0 0

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:** 

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# Comment Addendum to Food Establishment Inspection Report

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Establishment Name: BOJANGLES #484	Establishment ID: 3034010802	Date: 01/16/2013
Location Address: 1475 NEW WALKERTOWN RD		Status Code: A
City: WINSTON SALEM State: NC		Category #:III
County: <u>34 Forsyth</u> Zip: <u>27101</u>		Email 1:
Wastewater System: ⊗ Municipal/Community ○ On-Site System Water Supply: ⊗ Municipal/Community ○ On-Site System		Email 2:
Permittee: BOJANGLES RESTAURANT, INC.		Email 3:
Telephone: (336) 724-7772		

			Tempe	erature Observat	ions			
ltem chicken	Location serving line	Temp 123	Item steak	Location hot holding shelf	Temp 183	Item	Location	Temp
chicken	serving line	160	cheese	sandwich make	40			
chicken bites	serving line	107	hot water	3 comp. sink	137			
mashed	serving line	129	buttermilk	walk-in cooler	41			
rice	serving line	130	raw chicken	walk-in cooler	41			
rice	drive thru line	160						
chicken	drive thru line	166						
milk	small refrigerator	41						

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.

Recommend updating employee health policy to include more information.



- Hands were rinsed in the 3 compartment sink by employee. Ensure hands are properly washed. Hand sink is the approved 6 location for hand washing. Matter was brought to the attention of employee and employee proceeded to wash hands at hand sink.
- Paper towels were stored on the hand sink. Do not store anything at the hand sink to block access. Keep single service towels protected. Towels relocated.
- Dry goods were stored unprotected. Seal dry food items. Do not store in open packages. Cheese was stored unprotected in the make unit. Ensure food is stored protected. Manager covered or educated to cover food as corrective action.



Comment Addendum to Food Estab	olishment Inspection Report
Establishment Name: BOJANGLES #484	Establishment ID: 3034010802
Observations and Correct Violations cited in this report must be corrected within the time frames believed.	
Utensils and tea urn nozzle required additional cleaning. Wash, rinse ar sent for rewashing as corrective action. Quat. sanitizer measured 200-4	
Chicken pieces in one pan were hot holding at 123-130 F, bites 107-123 holding, maintain PHF at 135 F or above. Items reheated or discarded a	
Flour unlabeled in container. Ensure all dry goods are labeled once rem	noved from original containers.
Wiping cloths were stored on the make unit. Wiping cloths shall be store becomes soiled or contaminated.	ed in sanitizer between uses. Replace water once it
Ensure in use utensils are replaced at least every 4 hours.	
Single service tea jugs were stored unprotected in the walk-in cooler. La dispenser due to missing bottom.	arge drink cups were not protected at the in the soda
Replace posts at the make unit. Replace lid to make unit that is cracked ice scoop. Replace missing bottom to the large cup dispenser.	. Replace gasket on tea sink stopper. Replace damaged



# Comment Addendum to Food Establishment Inspection Report

Establishment Name: BOJANGLES #484	Establishment ID: 3034010802
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	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.
47	Cleaning needed on shelving, sides of equipment, door handles, and on the cabinets under the soda dispensers.
48	One of the faucets at the 3 comp. sink does not have adequate water pressure. Dish cleaning does not appear to be negatively impacted from issue. However, repair is needed.
49	Repair slow draining hand sink.
51	Caulk toilets to the floor.
53	Clean floors under equipment and shelving. Replace missing grout.



# Comment Addendum to Food Establishment Inspection Report

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## **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.



