

# Food Establishment Inspection Report

Score: 98

Establishment Name: ETON CAFE INC

Establishment ID: 3034010838

Date: 11 / 26 / 2012 Status Code: A

Time In: 09 : 20  am  pm Time Out: 11 : 48  am  pm

Total Time: 2 hrs 28 minutes

Category #: IV

Establishment Type: Full-Service Restaurant

**Instructions:**

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

Location Address: 108 N GORDON DRIVE

City: WINSTON SALEM

State: NC Zip: 27104

County: 34 Forsyth

Permittee: E TON CAFE, 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".

<b>Foodborne Illness Risk Factors and Public Health Interventions</b>											
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			
<b>Supervision</b> .2652											
1	<input type="radio"/> IN	<input checked="" type="radio"/> OUT	<input type="radio"/> N/A	PIC Present: Demonstration-Certification by accredited program and perform duties	<input type="radio"/> 2	<input checked="" type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0		
<b>Employee Health</b> .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 checked="" type="radio"/> 0	<input type="radio"/> 0		
3	<input type="radio"/> IN	<input checked="" type="radio"/> OUT		Proper use of reporting, restriction & exclusion	<input type="radio"/> 3	<input type="radio"/> 1.5	<input checked="" type="radio"/> 0	<input checked="" type="radio"/> 0	<input type="radio"/> 0		
<b>Good Hygienic Practices</b> .2652, .2653											
4	<input checked="" type="radio"/> IN	<input type="radio"/> OUT		Proper eating, tasting, drinking, or tobacco use	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0		
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"/> 0	<input type="radio"/> 0		
<b>Preventing Contamination by Hands</b> .2652, .2653, .2655, .2656											
6	<input checked="" type="radio"/> IN	<input type="radio"/> OUT		Hands clean & properly washed	<input type="radio"/> 4	<input type="radio"/> 2	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0		
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"/> 0	<input type="radio"/> 0		
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"/> 0	<input type="radio"/> 0		
<b>Approved Source</b> .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"/> 0	<input type="radio"/> 0		
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"/> 0	<input type="radio"/> 0		
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"/> 0	<input type="radio"/> 0		
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"/> 0	<input type="radio"/> 0		
<b>Protection from Contamination</b> .2653, .2654											
13	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	Food separated & protected	<input type="radio"/> 3	<input type="radio"/> 1.5	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0		
14	<input checked="" type="radio"/> IN	<input type="radio"/> OUT		Food-contact surfaces: cleaned & sanitized	<input type="radio"/> 3	<input type="radio"/> 1.5	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0		
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"/> 0	<input type="radio"/> 0		
<b>Potentially Hazardous Food Time/Temperature</b> .2653											
16	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	Proper cooking time & temperatures	<input type="radio"/> 3	<input type="radio"/> 1.5	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0		
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"/> 0	<input type="radio"/> 0		
18	<input type="radio"/> IN	<input type="radio"/> OUT	<input checked="" type="radio"/> N/A	Proper cooling time & temperatures	<input type="radio"/> 3	<input type="radio"/> 1.5	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0		
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"/> 0	<input type="radio"/> 0		
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"/> 0	<input type="radio"/> 0		
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"/> 0	<input type="radio"/> 0		
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"/> 0	<input type="radio"/> 0		
<b>Consumer Advisory</b> .2653											
23	<input checked="" type="radio"/> IN	<input 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 type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0		
<b>Highly Susceptible Populations</b> .2653											
24	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input 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"/> 0	<input type="radio"/> 0		
<b>Chemical</b> .2653, .2657											
25	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input 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"/> 0	<input type="radio"/> 0		
26	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	Toxic substances properly identified stored, & used	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0		
<b>Conformance with Approved Procedures</b> .2653, .2654, .2658											
27	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input 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"/> 0	<input type="radio"/> 0		



# Food Establishment Inspection Report, continued

Establishment Name: ETON CAFE INC

Establishment ID: 3034010838

**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:**

Alfonso Mendez  
Person in Charge (Print)

Alfonso Mendez  
Person in Charge (Signature)

Clark  
Regulatory Authority (Print)

Sizemore  
Regulatory Authority (Signature)

Contact Number: ( 336 ) 661 - 1855

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

REHS ID: 944 - Sizemore, Clark

No. of Risk Factor/  
Intervention  
Violations: 4

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

<b>Good Retail Practices</b>					
Preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.					

Compliance Status		OUT	CDI	R	VR
<b>Safe Food and Water</b> .2653, .2655, .2658					
28	<input checked="" type="radio"/> IN <input type="radio"/> OUT Pasteurized eggs used where required	1	0	0	0
29	<input checked="" type="radio"/> IN <input type="radio"/> OUT Water and ice from approved source	2	1	0	0
30	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A Variance obtained for specialized processing methods	1	0	5	0
<b>Food Temperature Control</b> .2653, .2654					
31	<input checked="" type="radio"/> IN <input type="radio"/> OUT Proper cooling methods used; adequate equipment for temperature control	1	0	5	0
32	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O Plant food properly cooked for hot holding	1	0	5	0
33	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Approved thawing methods used	1	0	5	0
34	<input checked="" type="radio"/> IN <input type="radio"/> OUT Thermometers provided & accurate	1	0	5	0
<b>Food Identification</b> .2653					
35	<input checked="" type="radio"/> IN <input type="radio"/> OUT Food properly labeled: original container	2	1	0	0
<b>Prevention of Food Contamination</b> .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	0
37	<input checked="" type="radio"/> IN <input type="radio"/> OUT Contamination prevented during food preparation, storage & display	2	1	0	0
38	<input type="radio"/> IN <input checked="" type="radio"/> OUT Personal cleanliness	1	0	5	0
39	<input checked="" type="radio"/> IN <input type="radio"/> OUT Wiping cloths: properly used & stored	1	0	5	0
40	<input checked="" type="radio"/> IN <input type="radio"/> OUT Washing fruits & vegetables	1	0	5	0
<b>Proper Use of Utensils</b> .2653, .2654					
41	<input checked="" type="radio"/> IN <input type="radio"/> OUT In-use utensils: properly stored	1	0	5	0
42	<input checked="" type="radio"/> IN <input type="radio"/> OUT Utensils, equipment & linens: properly stored, dried & handled	1	0	5	0
43	<input checked="" type="radio"/> IN <input type="radio"/> OUT Single-use & single-service articles: properly stored & used	1	0	5	0
44	<input checked="" type="radio"/> IN <input type="radio"/> OUT Gloves used properly	1	0	5	0
<b>Utensils and Equipment</b> .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	0
46	<input checked="" type="radio"/> IN <input type="radio"/> OUT Warewashing facilities: installed, maintained, & used; test strips	1	0	5	0
47	<input checked="" type="radio"/> IN <input type="radio"/> OUT Non-food contact surfaces clean	1	0	5	0
<b>Physical Facilities</b> .2654, .2655, .2656					
48	<input checked="" type="radio"/> IN <input type="radio"/> OUT Hot & cold water available; adequate pressure	2	1	0	0
49	<input checked="" type="radio"/> IN <input type="radio"/> OUT Plumbing installed; proper backflow devices	2	1	0	0
50	<input checked="" type="radio"/> IN <input type="radio"/> OUT Sewage & waste water properly disposed	2	1	0	0
51	<input checked="" type="radio"/> IN <input type="radio"/> OUT Toilet facilities: properly constructed, supplied & cleaned	1	0	5	0
52	<input checked="" type="radio"/> IN <input type="radio"/> OUT Garbage & refuse properly disposed; facilities maintained	1	0	5	0
53	<input checked="" type="radio"/> IN <input type="radio"/> OUT Physical facilities installed, maintained & clean	1	0	5	0
54	<input checked="" type="radio"/> IN <input type="radio"/> OUT Meets ventilation & lighting requirements; designated areas used	1	0	5	0
<b>Total Deductions:</b>		<b>2</b>			

# Comment Addendum to Food Establishment Inspection Report

Establishment Name: ETON CAFE INC

Establishment ID: 3034010838

Date: 11/26/2012

Location Address: 108 N GORDON DRIVE

City: WINSTON SALEM State: NC

County: 34 Forsyth Zip: 27104

Wastewater System:  Municipal/Community  On-Site System

Water Supply:  Municipal/Community  On-Site System

Permittee: E TON CAFE, INC

Telephone: \_\_\_\_\_

Status Code: A

Category #: IV

Email 1:

Email 2:

Email 3:

## Temperature Observations

Item	Location	Temp	Item	Location	Temp	Item	Location	Temp
cheese	cooler	44	pork	steam table	136	raw sausage	make unit	39
ham	cooler	43	sausage	steam table	135	omelet	cooked to	150
hot dogs	cooler	42	grits	steam table	142	meat loaf	cooked to	181
milk	cooler	41	gravy	steam table	156			
tomatoes	cooler	44	tomatoes	make unit	44			
soup	cooler	43	ranch	make unit	42			
raw chicken	cooler	43	turkey	make unit	40			
hot water	prep sink	156	ham	make unit	39			

## 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.

- 1 The person in charge shall have a food safety course by 1-1-2014 or a two point deduction will be taken. 2-102.12
- 2 The person in charge must have a record of a health agreement for each employee. 2-103.11 and 2-201.11
- 3 Employees shall be informed of what diseases are reportable. 2-201.12
- 21 One item was not date marked in the walk in refrigerator; remember to date make all food that is held for more that 24 hours.3-501.17



Spell



# 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.



38 Two employees did not put on hair restraints until after i arrived. Employees must wear hair restraints at all times while in kitchen.

45 Some green wire shelving is rusty and needs to be replaced in the walk in refrigerator. Need to paint the legs of work tables with an approved paint.



# Comment Addendum to Food Establishment Inspection Report

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✓  
Spell



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## Observations and Corrective Actions

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✓  
Spell

