## Food Establishment Inspection Report

Establishment Name: BUCKYS BBQ/RAINBOW CATERING

Date: <u>Ø 1</u> / <u>1 5</u> / <u>2 Ø 1 3</u> Status Code: A								
ime In: <u>∅ 1</u> : <u>4 5 ⊗ pm</u> Time Out: <u>∅ 4</u> : <u>1 ∅ ⊗ pm</u>								
otal Time: 2 hrs 25 minutes								
Category #: _IV								
Establishment Type:								

## Instructions:

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

Location Address:	4683 YADKINVILLE RD.							
City: PFAFFTOWN								
State: NC	Zip: <u>27040</u>							
County: 34 Forsyth								
Permittee: JIMMIE AND GAIL BURTON								
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".

Establishment ID: 3034010979

## Foodborne Illness Risk Factors and Public Health Interventions

Score: 98

**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	Supervision .2652									
1		PIC Present; Demonstration-Certification by accredited program and perform duties	○ <b>⊗</b> 2 0	0	0	0				
Em	ployee Health	.2652								
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	0 0 0 3 1.5 0	0	0	0				
Go	od Hygienic P	Practices .2652, .2653								
4	⊗ ○ IN OUT	Proper eating, tasting, drinking, or tobacco use	O O O 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	6							
6	⊗ O 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	0 0 0 3 1.5 0	0	0	0				
8	⊗ ○ IN OUT	Handwashing sinks supplied & accessible	0 0 0 2 1 0	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 S IN OUT N/O	Food received at proper temperature	$\begin{array}{cccc} \bigcirc \bigcirc \bigcirc \bigcirc \\ 2 & 1 & 0 \end{array}$	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	$ \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc $ 2 1 0	0	0	0				
Pro	otection from	Contamination .2653, .2654								
13	⊗ ○ ○ ○ ○ IN OUT N/A N/O	Food separated & protected	O O O 3 1.5 0	0	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	0 0 0 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	○ ○ ○ 3 1.5 0	0	0	0				
17	O O O S 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	0 0 0 3 1.5 0	0	0	0				
19	⊗ ○ ○ ○ IN OUT N/A N/O	Proper hot holding temperatures	○ ○ ○ 3 1.5 0	0	0	0				
20	⊗ ○ ○ ○ IN OUT N/A N/O	Proper cold holding temperatures	○ ○ ○ 3 1.5 0	0	0	0				
21	⊗ ○ ○ ○ IN OUT N/A N/O	Proper date marking & disposition	○ ○ ○ 3 1.5 0	0	0	0				
22	O O & O	Time as a public health control: procedures & records	$ \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc $ 2 1 0	0	0	0				
Consumer Advisory .2653										
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	hly Susceptil	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				
Со	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	$\begin{array}{c} \bigcirc \bigcirc$		0	0				

## Food Establishment Inspection Report, continued

Establishment Name: BUCKYS BBQ/RAINBOW CATERING Establishment ID: 3034010979

#### 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".
- 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)

Regulatory Authority (Print)

Regulatory Authority (Signature)

Contact Number: (\_\_\_\_)\_\_\_-

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

REHS ID: 1958 - Allred, Christy

No. of Risk Factor/ Intervention Violations: 3 No. of Repeat Risk Factor/Intervention Violations: 0

Good Retail Practices									
Preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.									
Co	omplian	ce Statu	ıs	OUT	CDI	R	VR		
Safe Food and Water .2653, .2655, .2658									
28	⊗ IZ	OUT	Pasteurized eggs used where required	0 0 0	0	0	0		
29	⊗z	OUT	Water and ice from approved source	O O O 2 1 0	0	0	0		
30		O <b>⊗</b> UT N/A	Variance obtained for specialized processing methods	0 0 0	0	0	0		
Food Temperature Control .2653, .2654									
31	⊗ IN	OUT	Proper cooling methods used; adequate equipment for temperature control	0 0 0	0	0	0		
32	O NI	○ <b>⊗</b> ΓΝ/Α Ν/Ο	Plant food properly cooked for hot holding	0 0 0	0	0	0		
33	○ ⊗ IN OUT	O O N/A N/O	Approved thawing methods used	○ <b>⊗</b> ○ 1 0.5 0	0	0	0		
34	⊗¤	OUT	Thermometers provided & accurate	0 0 0	0	0	0		
Fo	-	ntificati	ion .2653						
35	⊗ IN	OUT	Food properly labeled: original container	0 0 0 2 1 0	0	0	0		
Pr		_	ood Contamination .2652, .2653, .2654, .265	0 0 0					
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	0 0 0 2 1 0	0	0	0		
38	⊗ IN	OUT	Personal cleanliness	0 0 0	0	0	0		
39	⊗≥	Q TO	Wiping cloths: properly used & stored	0 0 0 1 0.5 0	0	0	0		
40	⊗ IN	Q <u>1</u> O	Washing fruits & vegetables	0 0 0	0	0	0		
Pr	oper U	se of U	tensils .2653, .2654						
41	<b>⊗</b>	OUT	In-use utensils: properly stored	0 0 0	0	0	0		
42	<b>⊗</b> Z	OUT	Utensils, equipment & linens: properly stored, dried & handled	0 0 0 1 0.5 0	0	0	0		
43	⊗ IN	OUT	Single-use & single-service articles: properly stored & used	0 0 0	0	0	0		
44	<b>⊗</b> Z	OUT	Gloves used properly	0 0 0	0	0	0		
Ut	ensils		uipment .2653, .2654, .2663						
45	O IN	⊗ OUT	Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed, & used	0 0 <b>8</b> 2 1 0	0	0	0		
46	⊗ IN	OUT	Warewashing facilities: installed, maintained, & used; test strips	0 0 0 1 0.5 0	0	0	0		
47	⊗ IN	OUT	Non-food contact surfaces clean	0 0 0 1 0.5 0	0	0	0		
Ph	nysical	Faciliti	es .2654, .2655, .2656						
48	⊗ IX	OUT	Hot & cold water available; adequate pressure	O O O 2 1 0	0	0	0		
49	<b>⊗</b> Z	OUT	Plumbing installed; proper backflow devices	O O O 2 1 0	0	0	0		
50	⊗ IN	OUT	Sewage & waste water properly disposed	O O O 2 1 0	0	0	0		
51	⊗ IN	OUT	Toilet facilities: properly constructed, supplied & cleaned	0 0 0 1 0.5 0	0	0	0		
52	⊗ IN	OUT	Garbage & refuse properly disposed; facilities maintained	0 0 0 1 0.5 0	0	0	0		
53	⊗ IS	OUT	Physical facilities installed, maintained & clean	0 0 0 1 0.5 0	0	0	0		
54	⊗ IN	OUT	Meets ventilation & lighting requirements; designated areas used	0 0 0 1 0.5 0	0	0	0		
			Total Deductions:	2					
				•					

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

	Comment A	<u>Adden</u>	dum to F	ood	Establi	shmen	t Inspe	ction Report	
Establishment Name: BUCKYS BBQ/RAINBOW CATERING					Establish	ment ID:	3034010979	Date: 01/15/2013	3
Location Address: 4683 YADKINVILLE RD.			D.					Status Code:	Α
City: PFA	AFFTOWN		State:	NC_				Category #:	IV
County: 3	34 Forsyth	Zi	p: <u>27040</u>					Email 1:	
	ater System:   Mur							Email 2:	
Water Su Permitte	e: _JIMMIE AND GAIL	•	nity On-Site S	ystem				Email 3:	
Telephor								Linaii o.	
			Tempe	erature	Observa	tions			
Item	Location	Temp	Item	Locatio		Temp	Item	Location	Temp
air temp	beverage cooler	40	chili	steam t		167			
cheese	upright cooler	38	potato salad		cooler 2	38			
ribs	upright cooler upright cooler	36 37	hot water chlorine	utensil		140 50			
pimento potato salad	make unit	41	hot water for	spray b utensil		189			
pimento	make unit	43	- Tiot water for	uterisii	SIIIK	103			
hot dogs	steam table	144							
BBQ	steam table	170	-						
0-pts. Ser	rvsafe will become m	andatory J	anuary 2014.						
2 0-pts. Be	sure to keep an emp	oloyee healt	th policy availa	ıble.					
14 Several cl	leaned pans had foo	d debris on	them. Need to	o clean p	ans more tl	noroughly. C	DI-pans we	ere pulled to be re-wash	ed.
	was thawing on the c or below) running w						them in the	refrigerator in advance,	, under

# Comment Addendum to Food Establishment Inspection Report

Establishment Name: BUCKYS BBQ/RAINBOW CATERING Establishment ID: 3034010979

## **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.

Spell

45 0-pts. There is a small leak from the basin of the sanitizer compartment of the utensil sink.



Comment Addendum to Food Establishment Inspection Report

Establishment Name: BUCKYS BBQ/RAINBOW CATERING Establishment ID: 3034010979

## **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.





# Comment Addendum to Food Establishment Inspection Report

Establishment Name: BUCKYS BBQ/RAINBOW CATERING Establishment ID: 3034010979

## **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.



