## Food Establishment Inspection Report

Establishment Name: GOLDEN INDIA RESTAURANT

Date:	11	/ 29 /	2 Ø	1 8	2	Status	Code:	Α
			_					

Time Out: <u>Ø 3</u> : <u>5 5</u> ⊗ am pm Time In:  $\underline{\emptyset 1}$ :  $\underline{40}_{\otimes}^{\bigcirc}$  am

Total Time: 2 hrs 15 minutes

Category #: IV

Establishment Type: Full-Service Restaurant

### Instructions:

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

Location Address: 2837 FAIRLAWN DRIVE						
City: WINSTON SALEM						
State: NC Zip: 27106						
County: 34 Forsyth						
Permittee: GOLDEN INDIA 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

Score: 98.5

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

Establishment ID: 3034011007

Public Health Interventions: Control measures to prevent foodborne illness or injury.											
Со	mplian	0	UT	CDI	R	VR					
Su	Supervision .2652										
1		⊗ O UT N/A	PIC Present; Demonstration-Certification by accredited program and perform duties	2	<b>⊗</b> 0	0	0	0			
Em	ploye	e Health	.2652								
2	O IN	⊗ OUT	Management, employees knowledge; responsibilities & reporting		○ <b>⊗</b> 1.5 0	8	0	0			
3	⊗ IN	OUT	Proper use of reporting, restriction & exclusion		○ ○  .5 0	0	0	0			
Go	od Hy	gienic F	Practices .2652, .2653								
4	⊗ IN	OUT	Proper eating, tasting, drinking, or tobacco use		0 0	0	0	0			
5	⊗ IN	OUT	No discharge from eyes, nose, and mouth		O.5 0	0	0	0			
Pre	eventin	ng Cont	amination by Hands .2652, .2653, .2655, .2656	5							
6	⊗ IN	OUT	Hands clean & properly washed	4	0 2 0	0	0	0			
7		O O	No bare hand contact with RTE foods or pre-approved alternate procedure properly allowed		)  .5 0	0	0	0			
8	⊗ IN	OUT	Handwashing sinks supplied & accessible	2	O O 1 0	0	0	0			
Ap	Approved Source .2653, .2655										
9	⊗ IN	OUT	Food obtained from approved source	<u>2</u>	O O 1 0	0	0	0			
10		O & CUT N/O	Food received at proper temperature	O 2	O O 1 0	0	0	0			
11	⊗ IN	OUT	Food in good condition, safe & unadulterated	<u></u>	0 1 0	0	0	0			
12	O O IN OUT	⊗ ○ N/A N/O	Required records available: shellstock tags, parasite destruction	2	) 1 0	0	0	0			
Pro	otectio	n from	Contamination .2653, .2654								
13	⊗ ○ IN OUT	O O N/A N/O	Food separated & protected	O 3 1		0	0	0			
14	⊗ IN	OUT	Food-contact surfaces: cleaned & sanitized	O 3 1	○ ○  .5 0	0	0	0			
15	⊗ IN	OUT	Proper disposition of returned, previously served, reconditioned, & unsafe food	<u>2</u>	0 1 0	0	0	0			
Po		<del>-</del>	rdous Food TIme/Temperature .2653								
16	O O	○ <b>⊗</b> N/A N/O	Proper cooking time & temperatures	3 1	○ ○  .5 0	0	0	0			
17		O & N/A N/O	Proper reheating procedures for hot holding	3 1	○ ○  .5 0	0	0	0			
18	-	O O N/A N/O	Proper cooling time & temperatures	3 1	○ ○  .5 0	0	0	0			
19		O O N/A N/O	Proper hot holding temperatures	O 3 1	○ ○  .5 0	0	0	0			
20		O O N/A N/O	Proper cold holding temperatures		○ ○  .5 0	0	0	0			
21	○ ⊗ IN OUT	O O N/A N/O	Proper date marking & disposition	O 3 1	○ <b>⊗</b>  .5 0	8	0	0			
22	O O IN OUT	⊗ ○ N/A N/O	Time as a public health control: procedures & records	2	0 1 0	0	0	0			
Consumer Advisory .2653											
23	IN O	⊃ ⊗ UT N/A	Consumer advisory provided for raw or undercooked foods		O O 0.5 0	0	0	0			
Hiç	ghly Su	ısceptil	ole Populations .2653								
24	IN O	O & UT N/A	Pasteurized foods used; prohibited foods not offered	3 1	O O	0	0	0			
Ch	emical		.2653, .2657								
25	IN O	O & UT N/A	Food additives: approved & properly used		0.5 0	0	0	0			
26	IN O	O O UT N/A	Toxic substances properly identified stored, & used	2	0 1 0	0	0	0			
Со	nforma		th Approved Procedures .2653, .2654,	.265	58						
27		○ <b>⊗</b>	Compliance with variance, specialized process,	Ó	Ò Ö						

## Food Establishment Inspection Report, continued

Establishment Name: GOLDEN INDIA RESTAURANT Establishment ID: 3034011007

### 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:

RAJING ERKUMAR Person in Charge (Print)

Person in Charge (Signature)

Christy Allma

Regulatory Authority (Print)

Regulatory Authority (Signature)

Contact Number: (<u>336</u>) <u>703</u> - <u>3135</u>

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

REHS ID: 1958 - Allred, Christy

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. 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 2 1 0 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 O O S Plant food properly cooked for hot holding 0 0 0 1 0.5 0 32 0 0 0 0 0 0 1 0.5 0 ⊗ ○ ○ ○ Approved thawing methods used IN OUT N/A N/O 0 0 0 0 **8** 1 0.5 0 ⊗ OUT Thermometers provided & accurate 0 0 0 34 **Food Identification** .2653 OUT Food properly labeled: original container 0 0 35 0 Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657 OUT $\begin{array}{cccc} \bigcirc \bigcirc \bigcirc \bigcirc \\ 2 & 1 & 0 \end{array}$ 36 Insects & rodents not present; no unauthorized animals 0 0 OUT Contamination prevented during food preparation, 37 0 0 $\bigcirc$ storage & display ○ **⊗** ○ 1 0.5 0 ⊗ OUT 38 Personal cleanliness 0 0 0 ⊗ IN OUT 0 0 0 1 0.5 0 0 39 Wiping cloths: properly used & stored 0 0 OUT ○ ○ ○ 1 0.5 0 40 Washing fruits & vegetables 0 0 **Proper Use of Utensils** .2653, .2654 0 0 0 1 0.5 0 ⊗ IN OUT 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 Single-use & single-service articles: properly 43 0 0 0 OUT 1 0.5 0 stored & used ⊗ IN OUT $\overline{000}$ 0 0 44 Gloves used properly 0 1 0.5 0 Utensils and Equipment .2653, .2654, .2663 $\bigcirc \bigcirc \bigcirc$ $\bigcirc$ $\bigcirc$ $\bigcirc$ 1 0 Equipment, food & non-food contact surfaces approved, 45 0 $\bigcirc$ OŬT cleanable, properly designed, constructed, & used 8 OUT 0 0 0 1 0.5 0 Warewashing facilities: installed, maintained, & used; 46 0 0 0 ΙŇ test strips OUT 0 0 0 1 0.5 0 47 0 0 0 Non-food contact surfaces clean **Facilities Physical** .2654, .2655, .2656 $\bigcirc \bigcirc \bigcirc \bigcirc$ 2 1 0 OUT Hot & cold water available; adequate pressure 0 0 0 48 ⊗ IN OUT 49 Plumbing installed; proper backflow devices 0 0 0 0 0 OUT 50 0 0 0 Sewage & waste water properly disposed ⊗ IN OUT 0 0 0 1 0.5 0 Toilet facilities: properly constructed, supplied 0 0 51 0 ⊗ OUT ○ **⊗** ○ 1 0.5 0 Garbage & refuse properly disposed; 52 0 0 facilities maintained 8 $\circ \otimes \circ$ 53 Physical facilities installed, maintained & clean 0 0 0 OUT 1 0.5 0 ⊗ IN OUT 0 0 0 1 0.5 0 Meets ventilation & lighting requirements; 54 0 0 0 **Total Deductions:**

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

		Comment Ac	iden	dum to Food	Establishmen	t inspectio	n Report
Es	tablishm	ent Name: GOLDEN INDI	A REST	AURANT	Establishment ID:	3034011007	Date: 11/29/2012
	Location	Address: 2837 FAIRLAN	VN DRIV	E			Status Code: A
	City: W	NSTON SALEM		State: NC_			Category #:IV
	County:	34 Forsyth	Zi	p: <del>27106</del>			Email 1:
		ater System:   Municipa					Email 2:
	Water S Permitte	ee: GOLDEN INDIA INC	al/Commur	nity On-Site System			Email 3:
	Telepho						Lindii 3.
Γ	•			Temperature	Observations		
Ite ch	m nicken	Location reheat for order	Temp 107	Item Locat	ion Temp	Item L	_ocation Temp
rio	ce	hot holding	135				
pa	aneer	upright cooler	40				
ta	ndoori	upright cooler	39				
ai	r temp	walk-in cooler	38				
Sa	amosa	walk-in cooler	42				
Sa	anitizer	dishmachine chlorine in	50				
_							
		Violations cited in this report			Corrective Actions		of the food code.
1		ew Rule. By January 2014					
	•	, ,		•		,	, ,
2	O oto No	www.rulo Nood to implome	nt on or	mployee health policy	dotaile are described in	the handout	
2	o-pis. Ne	ew rule. Need to impleme	iii aii ei	ripioyee riealtii policy-	details are described in	ine nandout.	
21		ew Rule. Ready-to-eat, po tion for more than 24 hou			at have been prepared o	nsite, and are goi	ng to be held under
	3 3 1						
34	0-pts. A	50-550 oil temp thermom	eter is a	available, need to have	e a 0-220F metal stem the	nermometer for m	easuring food temps.

# Comment Addendum to Food Establishment Inspection Report

Establishment Name:	GOLDEN INDIA RESTAURANT	Establishment ID:	3034011007					
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.								



Observed employee wear apron to the restroom, and not change aprons before beginning food prep. Employees must maintain clean outer clothing.

Need a new dumpster. There is a few holes rusted out along the front side of the dumpster.

Some cleaning is needed behind the dish machine and the backsplash behind the handsink at the cooking area.



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.





# Comment Addendum to Food Establishment Inspection Report

Establishment Name: GOLDEN INDIA RESTAURANT Establishment ID: 3034011007

### **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.



