## Food Establishment Inspection Report

Establishment Name: SHORTY S Establishment ID: 3034011008

| Date: Ø 6 / 11 / 2 Ø 1 3 Status Code: A  |                  |  |  |  |
|--|------------------|--|--|--|
| Time In: $\emptyset$ 8 : 5 5 $\bigcirc$ pm Time Out: $1$ 1 : 1 $\emptyset$ $\bigcirc$ pm |                  |  |  |  |
| Total Time:  | 2 hrs 15 minutes |  |  |  |
| Category #:  | III              |  |  |  |
| Establishment Type. Full-Service Restaurant  |                  |  |  |  |

### Instructions:

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

| Location Address: 2240 REYNOLDA ROAD                      |  |  |  |  |  |
|---|--|--|--|--|--|
| City: _WINSTON SALEM                                      |  |  |  |  |  |
| State: NC Zip: 27106                                      |  |  |  |  |  |
| County: 34 Forsyth  |  |  |  |  |  |
| Permittee: WAKE FOREST UNIVERSITY                         |  |  |  |  |  |
| Telephone:  |  |  |  |  |  |
| ⊗Inspection   |  |  |  |  |  |
| ○Re-Inspection  |  |  |  |  |  |
| Wastewater System:  ⊗Municipal/Community  ○On-Site System |  |  |  |  |  |
| Water Supply:   |  |  |  |  |  |
|   |  |  |  |  |  |

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

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

Foodborne Illness Risk Factors and Public Health Interventions

Score: 94.5

| Public Health Interventions: Control measures to prevent foodborne illness or injury. |  |  |  |     |   |    |  |  |  |
|---|--|--|--|-----|---|----|--|--|--|
| Co  | mpliance Statu   | s  | OUT  | CDI | R | VR |  |  |  |
| Supervision .2652   |  |  |  |     |   |    |  |  |  |
| 1   | ⊗ ○ ○ IN OUT N/A   | PIC Present; Demonstration-Certification by accredited program and perform duties            | $\bigcirc \bigcirc$ $\bigcirc$ $\bigcirc$ $\bigcirc$                     | 0   | 0 | 0  |  |  |  |
| Employee Health .2652   |  |  |  |     |   |    |  |  |  |
| 2   | ⊗ ○<br>IN OUT  | Management, employees knowledge; responsibilities & reporting                                | 0 0 0<br>3 1.5 0   | 0   | 0 | 0  |  |  |  |
| 3   | ⊗ ⊖<br>IN OUT  | Proper use of reporting, restriction & exclusion   | O O O<br>3 1.5 0   | 0   | 0 | 0  |  |  |  |
| Go  | ood Hygienic F   | Practices .2652, .2653   |  |     |   |    |  |  |  |
| 4   | ⊗ ○<br>IN OUT  | Proper eating, tasting, drinking, or tobacco use   | O O O<br>2 1 0   | 0   | 0 | 0  |  |  |  |
| 5   | ⊗ ⊖<br>IN OUT  | No discharge from eyes, nose, and mouth  | 0 0 0<br>1 0.5 0   | 0   | 0 | 0  |  |  |  |
| Pr  | eventing Cont  | amination by Hands .2652, .2653, .2655, .265   | 6  |     |   |    |  |  |  |
| 6   | ⊗ ○<br>IN OUT  | Hands clean & properly washed  | 0 0 0<br>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     | ○ ○ ○<br>3 1.5 0   | 0   | 0 | 0  |  |  |  |
| 8   | ⊗ ○<br>IN OUT  | Handwashing sinks supplied & accessible  | $\begin{array}{c c} \bigcirc \bigcirc \bigcirc \\ 2 & 1 & 0 \end{array}$ | 0   | 0 | 0  |  |  |  |
| Ap  | proved Source  | e .2653, .2655   |  |     |   |    |  |  |  |
| 9   | ⊗ ○<br>IN OUT  | Food obtained from approved source   | $  \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc $ 2 1 0                  | 0   | 0 | 0  |  |  |  |
| 10  | O O S<br>IN OUT N/O  | Food received at proper temperature  | $  \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc $ 2 1 0                  | 0   | 0 | 0  |  |  |  |
| 11  | ⊗ ○<br>IN OUT  | Food in good condition, safe & unadulterated   | $  \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc $ 2 1 0                  | 0   | 0 | 0  |  |  |  |
| 12  | O O O O  | Required records available: shellstock tags, parasite destruction                            | $  \bigcirc                                  $                           | 0   | 0 | 0  |  |  |  |
| Pr  | otection from  | Contamination .2653, .2654   |  |     |   |    |  |  |  |
| 13  | ⊗ ○ ○ ○ ○ IN OUT N/A N/C   | Food separated & protected   | 0 0 0<br>3 1.5 0   |     | 0 | 0  |  |  |  |
| 14  | O & IN OUT   | Food-contact surfaces: cleaned & sanitized   | 3 1.5 0<br>⊗ ○ ○<br>3 1.5 0  | 0   | 8 | 0  |  |  |  |
| 15  | ⊗ ○<br>IN OUT  | Proper disposition of returned, previously served, reconditioned, & unsafe food              | 000  | 0   | 0 | 0  |  |  |  |
| Po  | tentially Haza   | rdous Food TIme/Temperature .2653  |  |     |   |    |  |  |  |
| 16  | OOO S<br>IN OUT N/A N/O  | Proper cooking time & temperatures   | ○ ○ ○<br>3 1.5 0   | 0   | 0 | 0  |  |  |  |
| 17  | OOO &<br>IN OUT N/A N/O  | Proper reheating procedures for hot holding  | ○ ○ ○<br>3 1.5 0   | 0   | 0 | 0  |  |  |  |
| 18  | ⊗ ○ ○ ○ IN OUT N/A N/O   | Proper cooling time & temperatures   | O O O<br>3 1.5 0   | 0   | 0 | 0  |  |  |  |
| 19  | O O O &<br>IN OUT N/A N/O  | Proper hot holding temperatures  | O O O<br>3 1.5 0   | 0   | 0 | 0  |  |  |  |
| 20  | ⊗ ○ ○ ○ IN OUT N/A N/O   | Proper cold holding temperatures   | ○ ○ ○<br>3 1.5 0   | 0   | 0 | 0  |  |  |  |
| 21  | ⊗ ○ ○ ○ IN OUT N/A N/O   | Proper date marking & disposition  | 0 0 0<br>3 1.5 0   | 0   | 0 | 0  |  |  |  |
| 22  | O O SO 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<br>1 0.5 0   | 0   | 0 | 0  |  |  |  |
| Hi  | ghly Susceptil   | ole Populations .2653  |  |     |   |    |  |  |  |
| 24  | O O & IN OUT N/A   | Pasteurized foods used; prohibited foods not offered   | 0 0 0<br>3 1.5 0   | 0   | 0 | 0  |  |  |  |
| Chemical .2653, .2657   |  |  |  |     |   |    |  |  |  |
| 25  | O O &<br>IN OUT N/A  | Food additives: approved & properly used   | 0 0 0<br>1 0.5 0   | 0   | 0 | 0  |  |  |  |
| 26  | 26 S OUT N/A Toxic substances properly identified stored, & used 2 1 0 |  |  |     |   |    |  |  |  |
| Conformance with Approved Procedures .2653, .2654, .2658                              |  |  |  |     |   |    |  |  |  |
| 27  | O O S<br>IN OUT N/A  | Compliance with variance, specialized process, reduced oxygen packing criteria or HACCP plan | 0 0 0<br>2 1 0   | 0   | 0 | 0  |  |  |  |

## Food Establishment Inspection Report, continued

| Establishment Name: SHORTY S | Establishment ID: 303401100 |
|------------------------------|-----------------------------|
| ESTABLISHINGHUNAING.         | ESTANDALIDA.                |

### 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:

First Last
Ted Villani

Person in Charge (Print)

Person in Charge (Signature)

Allred

First Christy

Last

Regulatory Authority (Print)

Regulatory Authority (Signature)

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

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

REHS ID: 1958 - Allred, Christy

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. Compliance Status OUT CDI R .2653, .2655, .2658 Safe Food and Water ○ ○ ○ 1 0.5 0 OUT 28 Pasteurized eggs used where required $\circ$ $\bigcirc$ 0 0 0 0 0 0 29 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 0 0 0 OUT Proper cooling methods used; adequate equipment for 0 0 temperature control 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 0 ⊗ ○ 33 Approved thawing methods used 0 0 IN OUT N/A N/O 0 0 0 1 0.5 0 OUT 0 0 34 Thermometers provided & accurate **Food Identification** .2653 OUT Food properly labeled: original container 0 0 35 0 Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657 ⊗ OUT ○ **⊗** ○ 2 1 0 IN Insects & rodents not present; no unauthorized animals 0 0 0 36 8 Contamination prevented during food preparation, 37 0 0 $\bigcirc$ OUT storage & display OUT O O O 38 Personal cleanliness 0 0 0 ⊗ IN OUT 0 0 0 1 0.5 0 39 Wiping cloths: properly used & stored 0 0 0 OUT ○ ○ ○ 1 0.5 0 Washing fruits & vegetables 40 0 0 Proper Use of Utensils .2653, .2654 0 0 0 1 0.5 0 ⊗ IN OUT 0 41 In-use utensils: properly stored 0 <u>800</u> Utensils, equipment & linens: properly stored, dried & handled 0 8 0 42 ΙÑ OUT 1 0.5 0 Single-use & single-service articles: properly 0 43 0 0 OUT 1 0.5 0 stored & used ⊗ IN 0 44 Gloves used properly 0 0 OUT 1 0.5 0 Utensils and Equipment .2653, .2654, .2663 ○ ○ **⊗** 2 1 0 Equipment, food & non-food contact surfaces approved, 45 0 $\bigcirc$ OUT cleanable, properly designed, constructed, & used ⊗ IN OUT 0 0 0 Warewashing facilities: installed, maintained, & used; 46 0 0 test strips ⊗ OUT ○ **⊗** ○ 1 0.5 0 0 0 Non-food contact surfaces clean 0 **Physical Facilities** .2654, .2655, .2656 $\bigcirc \bigcirc \bigcirc \bigcirc$ 2 1 0 OUT Hot & cold water available; adequate pressure 0 0 0 48 OUT 49 0 0 0 Plumbing installed: proper backflow devices OUT 50 0 0 0 Sewage & waste water properly disposed 1 0 ⊗ IN OUT Toilet facilities: properly constructed, supplied 0 0 0 1 0.5 0 51 0 0 0 OUT 0 0 0 1 0.5 0 Garbage & refuse properly disposed; 52 0 0 $\bigcirc$ $\bigcirc$ $\bigotimes$ 8 53 Physical facilities installed, maintained & clean 0 0 0 OŪT 1 0.5 0 **⊗** IN OUT 0 0 0 1 0.5 0 Meets ventilation & lighting requirements; 54 0 0 0

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

**Total Deductions:** 

|       |  | Comment Ad   | dend               | dum to F                       | ood              | <u>Establis</u> | hmen        | t Inspecti         | on Report             |    |
|-------|--|--|--------------------|--------------------------------|------------------|-----------------|-------------|--------------------|-----------------------|----|
| Ē     | Establishment Name: SHORTY S   |  |                    |                                |                  | Establishm      | ent ID:     | 3034011008         | Date: 06/11/2013      |    |
|       | Location Address: 2240 REYNOLDA ROAD   |  |                    |                                |                  |                 |             |                    | Status Code: A        |    |
|       | City: WIN  | STON SALEM   |                    | State:                         | NC_              |                 |             |                    | Category #:III        |    |
|       | County: 34   | 4 Forsyth  | Zi <sub>l</sub>    | o: <u>27106</u>                |                  |                 |             |                    | Email 1:              |    |
|       | Wastewater System: ⊗ Municipal/Community ○ On-Site Sys Water Supply: ⊗ Municipal/Community ○ On-Site Sys Permittee: WAKE FOREST UNIVERSITY   |  |                    |                                |                  |                 |             | Email 2:           |                       |    |
|       |  |  |                    | ity () On-Site Sy              | ystem            |                 |             |                    | Email 3:              |    |
|       | Telephon   |  |                    |                                |                  |                 |             |                    | Linaii 3.             |    |
| ſ     |  |  |                    | Tempe                          | rature           | Observation     | ons         |                    |                       | ٦  |
|       | tem<br>ketchup   | Location glass front cooler                            | Temp<br>37         | Item<br>hot water              | Location utensil |                 | Temp<br>141 | Item               | Location Ter          | mp |
| -     | air temp   | work top cooler  | 35                 | QA sanitizer                   | utensil          | sink            | 200         |                    |                       |    |
| -     | air temp   | under counter cooler by                                | 33                 | Chlorine                       | dish ma          | achine          | 50          |                    |                       |    |
| -     | air temp   | make unit  | 42                 | hot water                      | bar ute          | nsil sink       | 135         |                    |                       |    |
| 1     | turkey burger  | walk-in cooler   | 37                 |                                |                  |                 |             |                    |                       |    |
| -     | air temp   | walk-in cooler   | 36                 |                                |                  |                 |             |                    |                       |    |
| -     | sauce  | walk-in cooler   | 37                 |                                |                  |                 |             |                    |                       |    |
| <br>= | hot water  | prep sink  | 138                |                                |                  |                 |             |                    |                       |    |
|       | Vi   | iolations cited in this report                         |                    | Observation                    |                  |                 |             |                    | 1 of the food code    |    |
| 14    | 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.  Repeat. Many cleaned plates and pans had food debris on them. Need to clean and sanitize plates and pans more thoroughly. Be sure to remove date marking labels when cleaning pans. |  |                    |                                |                  |                 |             |                    |                       |    |
| 36    | There are fi   | ruit flies in the kitchen. Ne                          | ed to im           | prove pest cont                | trol.            |                 |             |                    |                       |    |
| 37    | 0pts. Ther container a   | re were a couple of open lifter the original packaging | pags of by has bee | peans and rice i<br>en opened. | in the dry       | storage area. I | Need to sea | al these bags or p | out them in a covered |    |
| 42    | Repeat. Alle   | ow plates and pans to air                              | dry befo           | re stacking. Ma                | ıny utensi       | ls were stacked | d wet.      |                    |                       |    |

## **Comment Addendum to Food Establishment Inspection Report**

| Comment Addendam to Food Establishment inspection Report   |                          |                              |  |  |  |
|--|--------------------------|------------------------------|--|--|--|
| Establishment Na   | ime: Shorty s            | Establishment ID: 3034011008 |  |  |  |
| 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. |                          |                              |  |  |  |
| 0-pts. The lid on t  | he sugar bin is cracked. |                              |  |  |  |



47 The handles or equipment, outsides or equipment and inside of the make unit in Moe's needs cleaning.

53 0-pts. There is wall damage around the drain line of the scrap sink for the dish machine. Some wall cleaning is needed. Floor drains need cleaning.



# Comment Addendum to Food Establishment Inspection Report

Establishment ID: 3034011008 Establishment ID: 3034011008

### **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: SHORTY S Establishment ID: 3034011008

### 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.



