Food Establishment Inspection Report

Establishment Name: BOJANGLES Establishment ID: 3034011076

Date: <u>Ø 3</u> / <u>1 2</u> / <u>2 Ø 1 3</u> Status Code: A							
Time In: <u>Ø 8</u>	: <u>3 Ø</u> ⊗ am	Time Out:	<u>11</u> :	<u>ØØ</u>	am pm		
Total Time: _	2 hrs 30 minute	es					
Category #:	III						
Establishmer	nt Type:						

Instructions:

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

Location	Address: 623	WAUGHTOWN ST					
City: _W	INSTON SALEM						
State: N	C	Zip:					
County:	34 Forsyth						
		S RESTAURANT INC					
Telepho	Telephone:						
⊗Inspe	⊗Inspection						
○Re-Inspection							
Wastewater System:							
⊗Municipal/Community							
⊖On-Si	On-Site System						
Water Supply:							
⊗Munic	ipal/Communi	ty					
⊖On-Si	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: 95

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	⊗ ○ ○ IN OUT N/A	PIC Present; Demonstration-Certification by accredited program and perform duties	○ ○ 2 0	0	0	0			
En	ployee Health	.2652							
2	⊗ ○ IN OUT	Management, employees knowledge; responsibilities & reporting	○ ○ ○ 3 1.5 0	0	0	0			
3	⊗ ⊖ IN OUT	Proper use of reporting, restriction & exclusion	0 0 0 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	0 0 0 2 1 0	0	0	0			
5	⊗ ○ IN OUT	No discharge from eyes, nose, and mouth	0 0 0 1 0.5 0	0	0	0			
Pre		amination by Hands .2652, .2653, .2655, .265	5						
6	⊗ ○ 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	O O O 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 & 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	$ \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	000		0	0			
14	O & IN OUT	Food-contact surfaces: cleaned & sanitized	3 1.5 0 ○ 8 ○ 3 1.5 0	0	0	0			
15	⊗ ○ IN OUT	Proper disposition of returned, previously served, reconditioned, & unsafe food	3 1.5 U 0 0 0 2 1 0	0	0	0			
Po	tentially Haza	rdous Food Time/Temperature .2653							
16	⊗ ○ ○ ○ IN OUT N/A N/O	Proper cooking time & temperatures	○ ○ ○ 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	○ ○ ○ 3 1.5 0	0	0	0			
19	⊗ ○ ○ ○ IN OUT N/A N/O	Proper hot holding temperatures	0 0 0 3 1.5 0	0	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	0 0 0 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 1 0.5 0	0	0	0			
Hiç	hly Susceptil	le Populations .2653							
24	O O & IN OUT N/A	Pasteurized foods used; prohibited foods not offered	○ ○ ○ 3 1.5 0	0	0	0			
Ch	emical	.2653, .2657							
25	⊗ ○ ○ 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	nformance wi	th Approved Procedures .2653, .2654,	.2658						
27	O O S IN OUT N/A	Compliance with variance, specialized process, reduced oxygen packing criteria or HACCP plan	$ \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc $ 2 1 0	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

Establishment Name: BOJANGLES Establishment ID: 3034011076

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".
- 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:



No. of Risk Factor/ Intervention Violations: ______

REHS ID: 1938 - Faircloth, Craig

No. of Repeat Risk Factor/Intervention Violations:

Good Retail Practices							
Preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.							
Co	ompliar	nce Statu	ıs	OUT	CDI	R	VR
Sa	_	od and V	Vater .2653, .2655, .2658				
28	⊗ IZ	OUT	Pasteurized eggs used where required	0 0 0	0	0	0
29	⊗ IN	OUT	Water and ice from approved source	O O O 2 1 0	0	0	0
30		○ ⊗ UT N/A	Variance obtained for specialized processing methods	1 0.5 0	0	0	0
Fo	od Te	mperatu	ure Control .2653, .2654				
31	⊗ IN	OUT	Proper cooling methods used; adequate equipment for temperature control	0 0 0 1 0.5 0	0	0	0
32	N OU.	O O TN/A N/O	Plant food properly cooked for hot holding	1 0.5 0	0	0	0
33	IN OU	O O	Approved thawing methods used	1 0.5 0	0	0	0
34	⊗ IN	OUT	Thermometers provided & accurate	0 0 0	0	0	0
Fo	_	entificati	ion .2653				
35	⊗ IN	OUT	Food properly labeled: original container	O O O 2 1 0	0	0	0
Pr			ood Contamination .2652, .2653, .2654, .2656				
36	⊗ IN	OUT	Insects & rodents not present; no unauthorized animals	0 0 0 2 1 0	0	0	0
37	⊗ IN (OUT	Contamination prevented during food preparation, storage & display	$\begin{array}{c c} \bigcirc \bigcirc \bigcirc \bigcirc \\ 2 & 1 & 0 \end{array}$	0	0	0
38	⊗ IN	OUT	Personal cleanliness	0 0 0	0	0	0
39	⊗ N (O TO⊖	Wiping cloths: properly used & stored	1 0.5 0	0	0	0
40	⊗ IN	OUT	Washing fruits & vegetables	0 0 0	0	0	0
Pr	•	Jse of U	tensils .2653, .2654				
41	⊗ IN	OUT	In-use utensils: properly stored	1 0.5 0	0	0	0
42	⊗ IN	OUT	Utensils, equipment & linens: properly stored, dried & handled	1 0.5 0	0	0	0
43	O IN	⊗ OUT	Single-use & single-service articles: properly stored & used	1 0.5 0	0	0	0
44	⊗ IN	OUT	Gloves used properly	0 0 0	0	0	0
Ut	_		uipment .2653, .2654, .2663				
45	O IN	⊗ OUT	Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed, & used	2 1 0	0	0	0
46	⊗ IN	OUT	Warewashing facilities: installed, maintained, & used; test strips	1 0.5 0	0	0	0
47	OIN	⊗ OUT	Non-food contact surfaces clean	8 O O 1 0.5 0	0	0	0
Pł	_	Faciliti	es .2654, .2655, .2656				
48	⊗ IN	OUT	Hot & cold water available; adequate pressure	2 1 0	0	0	0
49	⊗ IN	OUT	Plumbing installed; proper backflow devices	2 1 0	0	0	0
50	⊗ IN	OUT	Sewage & waste water properly disposed	2 1 0	0	0	0
51	⊗ IN	OUT	Toilet facilities: properly constructed, supplied & cleaned	1 0.5 0	0	0	0
52	⊗ IN	OUT	Garbage & refuse properly disposed; facilities maintained	1 0.5 0	0	0	0
53	OIN	⊗ OUT	Physical facilities installed, maintained & clean	8 O O	0	0	0
54	⊗ IN	OUT	Meets ventilation & lighting requirements; designated areas used	1 0.5 0	0	0	0
			Total Deductions:	5			

North Carolina Department of Health & Human Services

Division of Public Health

Environmental Health Section

Food Protection Program

Establishment Name: BOJANGLES	Establishment ID: 3034011076	Date: 03/12/2013
Location Address: 623 WAUGHTOWN ST		Status Code: A
City: WINSTON SALEM State: NC		Category #:III
County: <u>34 Forsyth</u> Zip: <u>27107</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:		

Temperature Observations								
Item chicken	Location fryer	Temp 165	Item chicken strips	Location hot hold	Temp 149	Item	Location	Temp
chicken	hot hold	170	hash round	hot hold	139			
sausage	hot hold	149	slaw	reach in cooler	42			
grilled chicken	hot hold	151	amb air	reach in cooler in drive	40			
steak	hot hold	150	raw chicken	walk in cooler	43			
grits	hot hold	150	green benas	walk in cooler	42			
eggs	hot hold	170	eggs	final cook	167			
eggs	hot hold	139	hot water	3 comp sink	150			

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.

Most utensils checked were found dirty. Take more time when cleaning and sanitizing these items.



- Single service cups were found stored improperly in the drive through area. Keep cups covered either in a dispenser or by their original plastic sleeve to protect the mouth contact surface.
- Repair the non working automatic shut off switch on the drink machine. This unit should not dispense liquids when the ice bin lid is in the open position. The reach in cooler below the sandwich prep / wrap unit has been modified (the doors have been removed and stainless steel covers have been installed where the doors were). This unit is unapproved in it's current condition due to the modifications from the original manufacturers design. Please provide communication in writing from the manufacturer that the unit meets NSF standards with the doors and mechanical components removed and resulting holes sealed or return the unit to original working condition. Replace the missing portion of the condensate drain in the walk in cooler. Reseal the splash shield to the sink in the tea prep area.
- Extensive cleaning is needed on: the exterior of equipment, the central prep / hot holding unit, the undersides of the tables and work surfaces, the hand sinks, the door gaskets and interior of reach in refrigeration units, the fryers, and the shelving.



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Observations and Corrective Actions

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Repair and reseal all damaged or loose base board tiles throughout the facility. Replace all damaged ceiling tiles throughout the kitchen. Exposed studs were found in the small room of the out side storage area. Construction of the room must be completed and all areas must be properly finished and sealed. Reattach and reseal the FRP to the wall in the biscuit prep area. Extensive cleaning is needed on the floors below equipment and shelving along base boards and in corners. Properly reattach and reseal the metal around the threshold leading to the dish cleaning area adjacent to the biscuit prep area.



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