Food Establishment Inspection Report

Score: 93

Establishment Name: ARBYS 6234 Establishment ID: 3034011115

Date: 06 / 19 / 2013 Status Code: A

Time In: 01 : 15 ○ am ⊗ pm Time Out: 03 : 20 ○ am ⊗ pm

Total Time: 2 hrs 5 minutes

Category #: II

Establishment Type:

Instructions:

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

Location Address: 1015 S MAIN ST

City: KERNERSVILLE

State: NC Zip: 27284

County: 34 Forsyth

Permittee: RTM OPERATING COMPANY

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

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
	Supervision .2652					
1	⊗ IN ○ OUT ○ N/A	PIC Present; Demonstration-Certification by accredited program and perform duties	○ 2 ○ 0	○	○	○
	Employee Health .2652					
2	⊗ IN ○ OUT	Management, employees knowledge; responsibilities & reporting	○ 3 ○ 1.5 ○ 0	○	○	○
3	⊗ IN ○ OUT	Proper use of reporting, restriction & exclusion	○ 3 ○ 1.5 ○ 0	○	○	○
	Good Hygienic Practices .2652, .2653					
4	⊗ IN ○ OUT	Proper eating, tasting, drinking, or tobacco use	○ 2 ○ 1 ○ 0	○	○	○
5	⊗ IN ○ OUT	No discharge from eyes, nose, and mouth	○ 1 ○ 0.5 ○ 0	○	○	○
	Preventing Contamination by Hands .2652, .2653, .2655, .2656					
6	⊗ IN ○ OUT	Hands clean & properly washed	○ 4 ○ 2 ○ 0	○	○	○
7	⊗ IN ○ OUT ○ N/O	No bare hand contact with RTE foods or pre-approved alternate procedure properly allowed	○ 3 ○ 1.5 ○ 0	○	○	○
8	⊗ IN ○ OUT	Handwashing sinks supplied & accessible	○ 2 ○ 1 ○ 0	○	○	○
	Approved Source .2653, .2655					
9	⊗ IN ○ OUT	Food obtained from approved source	○ 2 ○ 1 ○ 0	○	○	○
10	○ IN ○ OUT ⊗ N/O	Food received at proper temperature	○ 2 ○ 1 ○ 0	○	○	○
11	⊗ IN ○ OUT	Food in good condition, safe & unadulterated	○ 2 ○ 1 ○ 0	○	○	○
12	○ IN ○ OUT ⊗ N/A ○ N/O	Required records available: shellstock tags, parasite destruction	○ 2 ○ 1 ○ 0	○	○	○
	Protection from Contamination .2653, .2654					
13	⊗ IN ○ OUT ○ N/A ○ N/O	Food separated & protected	○ 3 ○ 1.5 ○ 0	○	○	○
14	⊗ IN ○ OUT	Food-contact surfaces: cleaned & sanitized	○ 3 ○ 1.5 ○ 0	○	○	○
15	⊗ IN ○ OUT	Proper disposition of returned, previously served, reconditioned, & unsafe food	○ 2 ○ 1 ○ 0	○	○	○
	Potentially Hazardous Food TIme/Temperature .2653					
16	⊗ IN ○ OUT ○ N/A ○ N/O	Proper cooking time & temperatures	○ 3 ○ 1.5 ○ 0	○	○	○
17	○ IN ○ OUT ○ N/A ⊗ N/O	Proper reheating procedures for hot holding	○ 3 ○ 1.5 ○ 0	○	○	○
18	○ IN ○ OUT ○ N/A ⊗ N/O	Proper cooling time & temperatures	○ 3 ○ 1.5 ○ 0	○	○	○
19	⊗ IN ○ OUT ○ N/A ○ N/O	Proper hot holding temperatures	○ 3 ○ 1.5 ○ 0	○	○	○
20	⊗ IN ○ OUT ○ N/A ○ N/O	Proper cold holding temperatures	○ 3 ○ 1.5 ○ 0	○	○	○
21	⊗ IN ○ OUT ○ N/A ○ N/O	Proper date marking & disposition	○ 3 ○ 1.5 ○ 0	○	○	○
22	○ IN ○ OUT ⊗ N/A ○ N/O	Time as a public health control: procedures & records	○ 2 ○ 1 ○ 0	○	○	○
	Consumer Advisory .2653					
23	○ IN ○ OUT ⊗ N/A	Consumer advisory provided for raw or undercooked foods	○ 1 ○ 0.5 ○ 0	○	○	○
	Highly Susceptible Populations .2653					
24	○ IN ○ OUT ⊗ N/A	Pasteurized foods used; prohibited foods not offered	○ 3 ○ 1.5 ○ 0	○	○	○
	Chemical .2653, .2657					
25	⊗ IN ○ OUT ○ N/A	Food additives: approved & properly used	○ 1 ○ 0.5 ○ 0	○	○	○
26	⊗ IN ○ OUT ○ N/A	Toxic substances properly identified stored, & used	○ 2 ○ 1 ○ 0	○	○	○
	Conformance with Approved Procedures .2653, .2654, .2658					
27	○ IN ○ OUT ⊗ N/A	Compliance with variance, specialized process, reduced oxygen packing criteria or HACCP plan	○ 2 ○ 1 ○ 0	○	○	○

Food Establishment Inspection Report, continued

Establishment Name: ARBYS 6234 Establishment ID: 3034011115

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:

First	*Last*
Jaylne	Porter

Person in Charge (Print)

Person in Charge (Signature)

First	*Last*
Greg	Gartner

Regulatory Authority (Print)

Regulatory Authority (Signature)

Contact Number: (336) 703-3383

Verification Required Date: ___ / ___ / _____

REHS ID: 2360 - Gartner, Gregory

No. of Risk Factor/ Intervention Violations: 0

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	VR
	Safe Food and Water	.2653, .2655, .2658				
28	⊗ IN ○ OUT	Pasteurized eggs used where required	○ 1 ○ 0.5 ○ 0	○	○	○
29	⊗ IN ○ OUT	Water and ice from approved source	○ 2 ○ 1 ○ 0	○	○	○
30	○ IN ○ OUT ⊗ N/A	Variance obtained for specialized processing methods	○ 1 ○ 0.5 ○ 0	○	○	○
	Food Temperature Control	.2653, .2654				
31	⊗ IN ○ OUT	Proper cooling methods used; adequate equipment for temperature control	○ 1 ○ 0.5 ○ 0	○	○	○
32	○ IN ○ OUT ○ N/A ⊗ N/O	Plant food properly cooked for hot holding	○ 1 ○ 0.5 ○ 0	○	○	○
33	⊗ IN ○ OUT ○ N/A ○ N/O	Approved thawing methods used	○ 1 ○ 0.5 ○ 0	○	○	○
34	⊗ IN ○ OUT	Thermometers provided & accurate	○ 1 ○ 0.5 ○ 0	○	○	○
	Food Identification	.2653				
35	⊗ IN ○ OUT	Food properly labeled: original container	○ 2 ○ 1 ○ 0	○	○	○
	Prevention of Food Contamination	.2652, .2653, .2654, .2656, .2657				
36	⊗ IN ○ OUT	Insects & rodents not present; no unauthorized animals	○ 2 ○ 1 ○ 0	○	○	○
37	○ IN ⊗ OUT	Contamination prevented during food preparation, storage & display	○ 2 ⊗ 1 ○ 0	○	○	○
38	○ IN ⊗ OUT	Personal cleanliness	○ 1 ⊗ 0.5 ○ 0	○	○	○
39	⊗ IN ○ OUT	Wiping cloths: properly used & stored	○ 1 ○ 0.5 ○ 0	○	○	○
40	⊗ IN ○ OUT	Washing fruits & vegetables	○ 1 ○ 0.5 ○ 0	○	○	○
	Proper Use of Utensils	.2653, .2654				
41	⊗ IN ○ OUT	In-use utensils: properly stored	○ 1 ○ 0.5 ○ 0	○	○	○
42	○ IN ⊗ OUT	Utensils, equipment & linens: properly stored, dried & handled	○ 1 ⊗ 0.5 ○ 0	○	○	○
43	⊗ IN ○ OUT	Single-use & single-service articles: properly stored & used	○ 1 ○ 0.5 ○ 0	○	○	○
44	⊗ IN ○ OUT	Gloves used properly	○ 1 ○ 0.5 ○ 0	○	○	○
	Utensils and Equipment	.2653, .2654, .2663				
45	○ IN ⊗ OUT	Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed, & used	⊗ 2 ○ 1 ○ 0	○	⊗	○
46	○ IN ⊗ OUT	Warewashing facilities: installed, maintained, & used; test strips	○ 1 ○ 0.5 ⊗ 0	○	○	○
47	○ IN ⊗ OUT	Non-food contact surfaces clean	⊗ 1 ○ 0.5 ○ 0	○	⊗	○
	Physical Facilities	.2654, .2655, .2656				
48	⊗ IN ○ OUT	Hot & cold water available; adequate pressure	○ 2 ○ 1 ○ 0	○	○	○
49	⊗ IN ○ OUT	Plumbing installed; proper backflow devices	○ 2 ○ 1 ○ 0	○	○	○
50	⊗ IN ○ OUT	Sewage & waste water properly disposed	○ 2 ○ 1 ○ 0	○	○	○
51	⊗ IN ○ OUT	Toilet facilities: properly constructed, supplied & cleaned	○ 1 ○ 0.5 ○ 0	○	○	○
52	⊗ IN ○ OUT	Garbage & refuse properly disposed; facilities maintained	○ 1 ○ 0.5 ○ 0	○	○	○
53	○ IN ⊗ OUT	Physical facilities installed, maintained & clean	⊗ 1 ○ 0.5 ○ 0	○	⊗	○
54	○ IN ⊗ OUT	Meets ventilation & lighting requirements; designated areas used	⊗ 1 ○ 0.5 ○ 0	○	⊗	○
		Total Deductions:	7			

Comment Addendum to Food Establishment Inspection Report

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Establishment ID: 3034011115

Date: 06/19/2013

Status Code: A

Category #: II

Email 1:

Email 2:

Email 3:

Location Address: 1015 S MAIN ST

City: KERNERSVILLE State: NC

County: 34 Forsyth Zip: 27284

Wastewater System: ⊗ Municipal/Community ○ On-Site System

Water Supply: ⊗ Municipal/Community ○ On-Site System

Permittee: RTM OPERATING COMPANY

Telephone:

Temperature Observations

Item	Location	Temp	Item	Location	Temp	Item	Location	Temp
wash water	3 vat sink	104	tomato	make top	37			
sani water	sani vat	93	swiss cheese	make top	38			
roast beef	alto sham hot hold	173	turkey	make bottom	36			
nacho cheese	cheese dispenser	137	sliced cheese	walk in	38			
jr chicken	hot lamp	193	roast beef	walk in	38			
reg chicken	hot lamp	192	turkey	walk in	38			
shake base	milkshake machine	30						
lettuce	make top	38						

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

37 Several food items stored on the floor of walk in freezer. All food must be stored on approved shelving 6" or higher.
3-305.11 Food Storage-Preventing Contamination from the Premises

38 Management observed preparing foods without proper hair restraints. Any food employee engaged in food preparation or handling clean utensils must wear adequate restraints. Some employees observed with unapproved jewelry on wrists but not observed working with food.
2-402.11 Effectiveness-Hair Restraints
2-303.11 Prohibition-Jewelry

42 Ice scoop stored in blue holster in standing, unclean water. Bulk utensils stored in unclean plastic totes under slicer table. Keep utensils stored in clean, dry areas. Recommend putting holes in ice scoop holster that provides drainage.
4-903.11 (A), (B) and (D) Equipment, Utensils, Linens and Single-Service and Single-Use Articles-Storing

45 Some equipment repair had been done since previous inspeciton, but a lot still remains, many repeat violations. Replace or recoat rusted/peeling metal shelving in kitchen and walk in units. / Properly seal metal and blue plastic paneling and repair/replace as necessary. All damage laminate must be properly repaired or replaced (kitchen, front counter, customer self service counters, restroom stall partitions, etc. / Replace rusted/broken Pepsi spill grate. / Properly seal metal flashing around permimeter of drive thru ice chest. Tighten fryer door handles. // New violations: Remove or repair non-working middle fryer. Replace damaged door of cheese hot holder and upper stacked freezer door. / Repair all missing and damaged panels of roast beef oven and vent cover under bun toaster. / Reseal side panel of walk in cooler condenser. / Repair severe leaks at walk in freezer fans. Properly wrap pipe lines of both walk in units with cleanable tape. / Properly seal metal floor paneling between walk in cooler/freezer. Transition between walls and floor of walk in units must form a coved intersection for clean ability. / Repair leak at cold water faucet of 3 vat sink.

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Spell

46 Wash water measured below minimum 110°F requirement at 104°F. Maintain minimum temperatures at all times of warewashing.
4-501.19 Manual Warewashing Equipment, Wash Solution Temperature

47 Repeat Violation: Clean tops, insides, and undersides of fry hot holding station and adjacent fryers. / Clean bread racks, above backsplash of prep sink, and legs of equipment.
4-601.11 (B) and (C) Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils

53 Repeat Violations: Clean walls back of fryers. Properly repair restroom stall partitions. Replace and repair damaged baseboard tiles throughout facility. Properly seal all wall and ceiling penetrations where pipes of equipment and plumbing fixtures intersect. / New violations: Properly repair the very large hole in the can wash wall. / Replace missing ceiling tile over walk in cooler. / Clean floor corners of walk in cooler.

54 Low lighting requirements is a repeat violation. Lighting measures below the required minimum 10 foot candles (fc) in the walk in freezer (1-3.5fc) and walk in cooler (2-7fc). Lighting measures below the required minimum 50fc at the 2 vat prep sink (30-40fc) and left side of back slicer table by oven (6fc). Lighting measures below the minimum 20fc at the fryer line handsink (14fc) and the right corner women's restroom stall (12fc). Increase lighting in all areas.
6-303.11 Intensity-Lighting

Comment Addendum to Food Establishment Inspection Report

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Spell

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Spell