Food Establishment Inspection Report

Score: 95

Establishment Name: K F C/LONG JOHN SILVERS Establishment ID: 3034011282

Date: 10 / 17 / 2012 Status Code: A

Time In: 10 : 55 ⊗ am ○ pm Time Out: 2 : 45 ○ am ⊗ pm

Total Time: 3 hrs 50 minutes

Category #: III

Establishment Type: Full-Service Restaurant

Instructions:

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

Location Address: 1125 N. LIBERTY ST

City: WINSTON-SALEM

State: NC Zip: 27101

County: 34 Forsyth

Permittee: LUIHIN FOOD SYSTEMS INC

Telephone: (336) 725-9022

⊗ 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: K F C/LONG JOHN SILVERS Establishment ID: 3034011282

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:

x Gregory MCCallister
Person in Charge (Print)

x Gregory McCallister
Person in Charge (Signature)

Anthony Williams
Regulatory Authority (Print)

Anthony Williams
Regulatory Authority (Signature)

Contact Number: (____) ____ - _____

Verification Required Date: ___ / ___ / _____

REHS ID: 1846 - Williams, Tony

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.

	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:	5			

Comment Addendum to Food Establishment Inspection Report

Establishment Name: K F C/LONG JOHN SILVERS

Establishment ID: 3034011282

Date: 10/17/2012

Status Code: A

Category #: III

Email 1: CLYDE@LUIHNFOOD.COM

Email 2:

Email 3:

Location Address: 1125 N. LIBERTY ST

City: WINSTON-SALEM State: NC

County: 34 Forsyth Zip: 27101

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

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

Permittee: LUIHIN FOOD SYSTEMS INC

Telephone: (336) 725-9022

Temperature Observations

Item	Location	Temp	Item	Location	Temp	Item	Location	Temp
hot water	3 comp. sink	158	chicken	walk-in cooler	37			
chicken	hot holding	156						
chicken	final cook	197						
mac and	hot holding	163						
cole slaw	cold holding	45						
cheese	cold holding	38						
string cheese	small refrigerator	34						
string cheese	walk-in cooler	39						

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

2 Ensure employees are aware of health policy. Ensure current policy contains updated information. Sample of Form 1 B was provided during inspection.

4 Employee food containers were found on the top shelves. Ensure employee food is placed below food for customers in the walk-in cooler and freezer.

13 Couple of items were not covered with the plastic in the walk-in cooler. Keep items covered in the refrigeration.

36 Drive thru window is not properly sealed. Window must be tight fitting.

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Spell

42 Dishes were found stacked wet. Air dry dishes before stacking.

45 Repair or replace the damaged or rusting wire shelves throughout the facility. The rusty walk in cooler floor must be addressed. Repair the small holes in equipment and tables. Equipment repairs should be made by a tech. that is certified to meet NSF standards. Replace/repair damaged mixer.

46 Wash water was 102 F. When washing dishes, maintain temperature at 110 F or above.

47 Detailed cleaning is needed on: the exterior of equipment; the under sides of the fryers; the wire shelving throughout the facility; line equipment, condiment containers, under equipment, the interior and door gaskets of refrigeration units, this includes the walk in units; and the lower shelves and legs of tables.

49 Repair leaks in the walk-in freezer and cooler.

50 Floor drains backed up in the floor during inspection after using hand sinks. Plumber corrected the problem during the inspection. Ensure plumbing is working properly.
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52 Dumpster door was open. Grease accumulation on the pad needs to be removed and pad cleaned. Ensure outside storage shed is properly sealed where holes and gaps exist.

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53 Detailed cleaning is needed on the floors underneath equipment and shelving, along baseboards and in corners. Repair or replace all damaged or loose floor and baseboard tiles throughout the facility this includes the walk in units. Repair the damaged or missing floor grout throughout the facility. Repair the damaged FRP behind the shelves in the rear storage area.

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Spell