Food Establishment Inspection Report

Establishment Name: TED S FAMOUS CHICKEN

Date: <u>Ø 1</u> / <u>1 6</u> / <u>2 Ø 1 3</u> Status Code: A						
Time In: <u>Ø 3</u>	: <u>4 5</u> ⊗ am	Time Out: 05 : $45 \otimes pm$				
Total Time:	2 hrs 0 minute	s				
Category #:	IV					
Fetablishment Type:						

Instructions:

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

Location Address:	4695 S MAIN STREET					
City: WINSTON SA	ALEM					
State: NC	Zip: ²⁷¹²⁷					
County: 34 Forsyt	h					
Permittee: THB						
Telephone:						
⊗Inspection						
○Re-Inspection						
Wastewater System:						
⊗Municipal/Com	•					
○On-Site Systen	า					
Water Supply:						
⊗Municipal/Com	munity					
○On-Site Systen	1					

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: 3034011312

Public Health Interventions: Control measures to prevent foodborne illness or injury.								
Сс	Compliance Status				С	:DI	R	VR
Su	pervision	.2652						
1	IN OUT N/A	PIC Present; Demonstration-Certification by accredited program and perform duties	2	8) (0	0
En	nployee Health	.2652						
2	⊗ ○ IN OUT	Management, employees knowledge; responsibilities & reporting	3 1) (.5	$\frac{\circ}{0}$		0	0
3	⊗ ○ IN OUT	Proper use of reporting, restriction & exclusion) . 5			0	0
Go	od Hygienic F	Practices .2652, .2653						
4	⊗ ○ IN OUT	Proper eating, tasting, drinking, or tobacco use	2		$\begin{bmatrix} 0 \\ 0 \end{bmatrix}$		0	0
5	⊗ ○ IN OUT	No discharge from eyes, nose, and mouth) 0.5	$\bigcap_{0} \left \left\langle \right \right $		0	0
Pr	eventing Cont	amination by Hands .2652, .2653, .2655, .2656	5					
6	⊗ ○ IN OUT	Hands clean & properly washed	0		္ပါ (0	0
7	⊗ ○ ○ IN OUT N/O	No bare hand contact with RTE foods or pre-approved alternate procedure properly allowed	O 1		္ (0	0
8	⊗ ○ IN OUT	Handwashing sinks supplied & accessible	O 2		0 (0	0	0
Αp	proved Sourc	e .2653, .2655			Ò			
9	⊗ ○ IN OUT	Food obtained from approved source	O 2		\bigcirc		0	0
10	O O S IN OUT N/O	Food received at proper temperature			\bigcap_{0}	0	0	0
11	⊗ ○ IN OUT	Food in good condition, safe & unadulterated			\bigcirc		0	0
12	O O 🗞 O	Required records available: shellstock tags, parasite destruction	O 2		္ပ		0	0
Pr	otection from	Contamination .2653, .2654						
13	⊗ ○ ○ ○ ○ IN OUT N/A N/O	Food separated & protected	O 1		္ပု		0	0
14	⊗ ○ IN OUT	Food-contact surfaces: cleaned & sanitized) .5	ु (0	0
15	⊗ ○ IN OUT	Proper disposition of returned, previously served, reconditioned, & unsafe food	O 2		<u></u> (0	0
Ро	tentially Haza	rdous Food Time/Temperature .2653						
16	⊗ ○ ○ ○ IN OUT N/A N/O	Proper cooking time & temperatures	3 1		္ပ		0	0
17	⊗ ○ ○ ○ OIN OUT N/A N/O	Proper reheating procedures for hot holding) .5	္ပ		0	0
18	OOO ⊗ IN OUT N/A N/O	Proper cooling time & temperatures	O 3 1) .5	\bigcap_{0}		0	0
19	⊗ ○ ○ ○ IN OUT N/A N/O	Proper hot holding temperatures	3 1	○ (.5	္ပ	0	0	0
20	⊗ ○ ○ ○ IN OUT N/A N/O	Proper cold holding temperatures) .5	္ပ		0	0
21	O 🗞 O O	Proper date marking & disposition	3 1		8 0	8	0	0
22	O O SO O	Time as a public health control: procedures & records			္ပု		0	0
Co	nsumer Advis	3						
23	O O S IN OUT N/A	Consumer advisory provided for raw or undercooked foods	1 ().5	$\bigcap_{0} _{0}$		0	0
Hi		ole Populations .2653						
24	O O & IN OUT N/A	Pasteurized foods used; prohibited foods not offered	3 1) .5	္ပု		0	0
Ch	emical	.2653, .2657						
25	⊗ ○ ○ IN OUT N/A	Food additives: approved & properly used	1 ().5			0	0
26	IN OUT N/A	Toxic substances properly identified stored, & used	<u></u>		္ပ		0	0
Co		th Approved Procedures .2653, .2654,	.265	58				
27		Compliance with variance, specialized process,	Ŏ	O (ر ا ر	\supset	\Box	

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

Food Establishment Inspection Report, continued

Establishment Name: TED S FAMOUS CHICKEN Establishment ID: 3034011312

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".
- 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:

Person in Charge (Print)

Take C. Speck 19

Person in Charge (Signature)

Person in Charge (Print)

Person in Charge (Signature)

Person in Charge (Signat

No. of Risk Factor/ Intervention Violations: 2

REHS ID: 1938 - Faircloth, Craig

No. of Repeat Risk Factor/Intervention Violations:

	Good Retail Practices								
	Preventative measures to control the addition of pathogens,								
Co	ompliar	ice Statu	chemicals, and physical objects into foods.	OUT	CDI	R	VR		
		od and V			100.				
28	⊗ IN	OUT	Pasteurized eggs used where required	0 0 0 1 0.5 0	0	0	0		
29	⊗ IN	OUT	Water and ice from approved source	0 0 0 2 1 0	0	0	0		
30		O & UT N/A	Variance obtained for specialized processing methods	0 0 0 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	⊗ O IN OU	O O	Plant food properly cooked for hot holding	0 0 0	0	0	0		
33	⊗ ○ IN OUT	O N/A N/O	Approved thawing methods used	0 0 0	0	0	0		
34	⊗ IN	OUT	Thermometers provided & accurate	0 0 0 1 0.5 0	0	0	0		
Fc		entificat	ion .2653				ı		
35	⊗ IN	OUT	Food properly labeled: original container	2 1 0	0	0	0		
Pr		_	ood Contamination .2652, .2653, .2654, .265						
36	⊗ IN	OUT	Insects & rodents not present; no unauthorized animals	2 1 0	0	0	0		
37	⊗ IN	OUT	Contamination prevented during food preparation, storage & display	O O O 2 1 0	0	0	0		
38	⊗ IN	OUT	Personal cleanliness	0 0 0	0	0	0		
39	⊗ IN	OUT	Wiping cloths: properly used & stored	0 0 0 1 0.5 0	0	0	0		
40	⊗ IN	OUT	Washing fruits & vegetables	0 0 0	0	0	0		
Pr		lse 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	IN	OUT	Single-use & single-service articles: properly stored & used	1 0.5 0	0	0	0		
44	⊗ IN	OUT	Gloves used properly	1 0.5 0	0	0	0		
Ut	_		uipment .2653, .2654, .2663						
45	11.4	⊗ 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	0 0 0	0	0	0		
47	O IN	⊗ OUT	Non-food contact surfaces clean	0 0 % 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	0 0 0 2 1 0	0	0	0		
50	⊗ IN	OUT	Sewage & waste water properly disposed	0 0 0 2 1 0	0	0	0		
51	⊗ IN	OUT	Toilet facilities: properly constructed, supplied & cleaned	0 0 0	0	0	0		
52	⊗ IN	OUT	Garbage & refuse properly disposed; facilities maintained	1 0.5 0	0	0	0		
53	⊗ IN	OUT	Physical facilities installed, maintained & clean	1 0.5 0	0	0	0		
54	O IN	⊗ OUT	Meets ventilation & lighting requirements; designated areas used	0.5 0	0	0	0		
			Total Deductions:	1.5					

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

Comment Addendum to Food Establishment Inspection Report							
Establishment Name: TED S FAMOUS CHICKEN	Establishment ID: 3034011312	Date: 01/16/2013					
Location Address: 4695 S MAIN STREET City: WINSTON SALEM State: NC County: 34 Forsyth Zip: 27127 Wastewater System: Water Supply: Municipal/Community On-Site System Water Supply: TH BRIGGS & SON INC Telephone:		Status Code: A Category #: IV Email 1: Email 2: Email 3:					
Temperature Observations							

	Temperature Observations							
Item chicken	Location hot hold	Temp 146	Item chicken	Location reach in cooler	Temp 39	Item	Location	Temp
chili	hot hold	156	chicken	reach in cooler	38			
nacho cheese	hot hold	139	hot dog	reach in cooler	40			
bologna	walik in cooler	39	hamburg	reach in cooler	41			
chicken	final cook	169	ground beef	walk in cooler	40			
slaw	make unit	38	potato salad	reach in cooler	41			
cut tomatoeer	make unit	41	hot water	3 comp sink	164			
wings	reach in cooler	40	hot water	sanitizing vat	200			

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.

The person in charge of this facility has not completed an approved food safety course. By January 1, 2014 the person in charge of this facility must complete an approved food safety course.

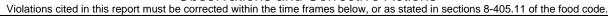


- A date marking procedure is not currently in place in this facility. A date marking procedure required so that items can be tracked 21 and stock can be properly rotated. Food items must be either used or discarded within 4 days of initial prep.
- The top of the Beverage Air make unit has been removed and reinstalled backwards, the unit no longer meets NSF standards and 45 is not approved.
- Cleaning is needed on the interior of the reach in cooler below the make unit.

Comment Addendum to Food Establishment Inspection Report

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Observations and Corrective Actions





Lighting levels are too low above the front and rear prep areas and the bar ranging from 38 Ftc to 55 Ftc. The required lighting level for all of these areas is 50 Ftc.



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Comment Addendum to Food Establishment Inspection Report

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Observations and Corrective Actions

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