# Food Establishment Inspection Report

Score: 95.5

Establishment Name: MCDONALDS #6234 Establishment ID: 3034011346

Date: 12 / 20 / 2012 Status Code: A

Time In: 08 : 30 ⊗ am ○ pm Time Out: 10 : 15 ⊗ am ○ pm

Total Time: 1 hr 45 minutes

Category #: II

Establishment Type:

Instructions:

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

Location Address: 1460 TRADE MART BLVD

City: WINSTON SALEM

State: NC Zip: 27107

County: 34 Forsyth

**Permittee:** 3M35 INC RON BAILEY

**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: MCDONALDS #6234 Establishment ID: 3034011346

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:

Vilma Kimrey
Person in Charge (Print)

Vilma Kimrey
Person in Charge (Signature)

M. Craig Faircloth
Regulatory Authority (Print)

Regulatory Authority (Signature)

Contact Number: (336) 703-3166

Verification Required Date: ___/___/_____

REHS ID: 1938 - Faircloth, Craig

No. of Risk Factor/ Intervention Violations: 1

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: | 4.5 | | | |

# Comment Addendum to Food Establishment Inspection Report

Establishment Name: MCDONALDS #6234

Establishment ID: 3034011346

Date: 12/20/2012

Status Code: A

Category #: II

Email 1:

Email 2:

Email 3:

Location Address: 1460 TRADE MART BLVD

City: WINSTON SALEM State: NC

County: 34 Forsyth Zip: 27107

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

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

**Permittee:** 3M35 INC RON BAILEY

**Telephone:**

## Temperature Observations

| Item | Location | Temp | Item | Location | Temp | Item | Location | Temp |
|---|---|---|---|---|---|---|---|---|
| chicken | final cook | 200 | burrito mix | reach in cooler | 40 | | | |
| folded egg | final cook | 189 | folded egg | walk in cooler | 41 | | | |
| round egg | hot hold | 157 | hot water | 3 comp sink | 136 | | | |
| sausage | hot hold | 156 | | | | | | |
| steak | hot hold | 159 | | | | | | |
| sausage | hot hold | 181 | | | | | | |
| cut tomatoes | reach in cooler | 44 | | | | | | |
| breakfast | reach in cooler | 43 | | | | | | |

## 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

14 Several utensils were found dirty. Take more time when cleaning and sanitizing these items.

44 An employee was observed moving between tasks (cracking and placing raw shell eggs on the grill and handling other food items) and changing gloves without washing their hands. When moving between tasks an employee must properly wash their hands before donning clean gloves.

45 Replace the damaged door on the small ice machine. The dirty drain board of the 3 compartment sink is bent down and no longer drains properly repair it. The new shelving installed in the dish cleaning area is not approved, replace it with approved (NSF) shelving. Repair the condensate leak found in the walk in freezer. Do not store food items below the damaged area until the leak is repaired.

47 Cleaning is needed on cook line equipment.

# Comment Addendum to Food Establishment Inspection Report

Establishment Name: MCDONALDS #6234 Establishment ID: 3034011346

## 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.

53 Repair small screw holes and properly seal FRP to the wall throughout the facility.

# Comment Addendum to Food Establishment Inspection Report

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## Observations and Corrective Actions

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Spell

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Establishment Name: MCDONALDS #6234 Establishment ID: 3034011346

## Observations and Corrective Actions

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Spell