Food Establishment Inspection Report

Score: 98

Establishment Name: WENDYS RESTAURANT 530 Establishment ID: 3034011350

Date: 02 / 15 / 2013 Status Code: A

Time In: 02 : 35 ○ am ⊗ pm Time Out: 06 : 45 ○ am ⊗ pm

Total Time: 4 hrs 10 minutes

Category #: III

Establishment Type:

Instructions:

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

Location Address: 6400 SESSIONS COURT

City: CLEMMONS

State: NC Zip: 27012

County: 34 Forsyth

Permittee: TRIAD DIV OF WENDELTA INC

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: WENDYS RESTAURANT 530 Establishment ID: 3034011350

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:

Veronica Gonzalez
Person in Charge (Print)

Person in Charge (Signature)

C. Kentt Long
Regulatory Authority (Print)

Regulatory Authority (Signature)

Contact Number: (336) 703-3136

Verification Required Date: ___/___/_____

REHS ID: 1158 - Long, C. Kentt

No. of Risk Factor/ Intervention Violations: 4

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:	2			

Comment Addendum to Food Establishment Inspection Report

Establishment Name: WENDYS RESTAURANT 530

Establishment ID: 3034011350

Date: 02/15/2013

Status Code: A

Category #: III

Email 1:

Email 2:

Email 3:

Location Address: 6400 SESSIONS COURT

City: CLEMMONS State: NC

County: 34 Forsyth Zip: 27012

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

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

Permittee: TRIAD DIV OF WENDELTA INC

Telephone:

Temperature Observations

Item	Location	Temp	Item	Location	Temp	Item	Location	Temp
wash water	utensil sink	110	4 oz raw	top of reach-in cooler	44	guacamole	top of make unit	39
hot water	out of tap at utensil sink	152	chili meat	hot holding drawer	158	bleu cheese	top of make unit	39
shredded	walk-in cooler	47	2 oz	on grill	143	sliced	top of make unit	43
cut apples	walk-in cooler	46	4 oz	on grill	143	lettuce mix	top of make unit	43
lettuce	walk-in cooler	49	shredded	top of make unit	37	lettuce	top of make unit	40
cheese sauce	walk-in cooler	45	asiago	top of make unit	41	grilled chicken	hot holding drawer	168
2 oz raw	top of reach-in cooler	43	shredded	top of make unit	37	spicy chicken	hot holding drawer	176
2 oz raw	top of reach-in cooler	38	pico	top of make unit	35	shredded	top of make unit (front	48

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

6 Be sure employees wash hands for at least 20 seconds and cut off sink's faucet with a paper towel.

8 Hand sinks for hand washing only, do not use a s dump sink for drinks, etc.

14 Watch cleaning on pans (some pans, still greasy, after washing). Pans were placed back in utensil sink to be washed again. Be sure to clean nozzle (build up) on extra lemonade dispenser. Couple containers of sanitizer (on lines) needed to be changed, no reading and looked dirty. Sanitizer (in containers) was replaced, while there.

20 Shredded cheese 47 degrees, cut apples 46 degrees and lettuce 49 degrees (just placed back in walk-in, salad prep) inside walk-in cooler (cooler had been cut off earlier from delivery). Walk-in cooler air temperature was 40 degrees. One pan of shredded cheese (front counter) was 48 degrees. Shredded cheese (on front counter) was disposed of by manager.

Comment Addendum to Food Establishment Inspection Report

Establishment Name: WENDYS RESTAURANT 530 Establishment ID: 3034011350

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.

36 Couple of flies present in facility. Consult with PCO for treatment options.

38 Managers involved in food preparation will need to wear hair restraints. Food service workers involved in food preparation may not wear jewelry on their hands or wrist, except for a plain wedding band.

42 Need to air dry pans, etc. before stacking. Pans were stacked together wet on shelving over utensil sink.

45 Green cutting board getting rough (food contact surface), either resurface board or replace board on regular basis. Prep sink faucet leaks (some). Walk-in freezer door icing up some around bottom of door (inside walk-in cooler). Hobart reach-in cooler (for salads) has rusty shelving inside unit. Toastmaster oven door to be repaired (door spring). Door gasket damaged on one hot holding drawer (for grilled chicken, etc.). Drive thru stainless counter has some rough places (not cleanable).

46 Faucet leaking on utensil sink and wash compartment drain leaks.

47 Need to remove cardboard from french fry reach-in cooler, some cleaning on fryers.

53 Some storage on floor in dining room cleaning closet.

Comment Addendum to Food Establishment Inspection Report

Establishment Name: WENDYS RESTAURANT 530 Establishment ID: 3034011350

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

54 Lighting poor over one commode in women's bathroom (20 foot candles now required). Lighting was poor at entrance to bun walk-in cooler (light was out) 10 foot candles required. Clean overhead vents (over prep table, near utensil sink).

Spell check complete

Comment Addendum to Food Establishment Inspection Report

Establishment Name: WENDYS RESTAURANT 530 Establishment ID: 3034011350

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