Food Establishment Inspection Report

Establishment Name: GRILL-VILLE Establishment ID: 3034011435

Date: <u>Ø 1</u> / <u>1 5</u> / <u>2 Ø 1 3</u> Status Code: A								
Time In: $\underline{10}$: $\underline{15} \overset{\otimes}{\bigcirc} \overset{\text{am}}{\text{pm}}$ Time Out: $\underline{12}$: $\underline{20} \overset{\bigcirc}{\otimes} \overset{\text{am}}{\text{pm}}$								
Total Time: 2 hrs 5 minutes								
Category #: _IV								
Establishment Type:								

Instructions:

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

Location Address: 902 E SPRAGUE ST
City: WINSTON SALEM
State: NC Zip: 27107
County: 34 Forsyth
Permittee: GRILL VILLE LLC
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.

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: 99

Risk factors: Contributing factors that increase the chance of developing foodborne illness. **Public Health Interventions:** Control measures to prevent foodborne illness or injury

Public Health Interventions: Control measures to prevent foodborne illness or injury. Compliance Status OUT CDI R VR								
Со	mpliance Statu	s	OUT	CDI	R	VR		
Su	pervision	.2652						
1		PIC Present; Demonstration-Certification by accredited program and perform duties	○ ⊗ 2 0	0	0	0		
En	nployee Health							
2	⊗ O IN OUT	Management, employees knowledge; responsibilities & reporting	3 1.5 0	0	0	0		
3	⊗ ○ IN OUT	Proper use of reporting, restriction & exclusion	0 0 0 3 1.5 0	0	0	0		
Go	od Hygienic P	Practices .2652, .2653						
4	⊗ ○ IN OUT	Proper eating, tasting, drinking, or tobacco use	O O O 2 1 0	0	0	0		
5	⊗ O• IN OUT	No discharge from eyes, nose, and mouth	0 0 0	0	0	0		
Pre		amination by Hands .2652, .2653, .2655, .2656	6					
6	⊗ ○ IN OUT	Hands clean & properly washed	0 0 0 4 2 0	0	0	0		
7	⊗ ○ ○ IN OUT N/O	No bare hand contact with RTE foods or pre-approved alternate procedure properly allowed	○ ○ ○ 3 1.5 0	0	0	0		
8	₩ ○ IN OUT	Handwashing sinks supplied & accessible	0 0 0 2 1 0	0	0	0		
Ap	proved Sourc	e .2653, .2655						
9	⊗ ○ IN OUT	Food obtained from approved source	$ \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc $ 2 1 0	0	0	0		
10	O O S IN OUT N/O	Food received at proper temperature	$ \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc $ 2 1 0	0	0	0		
11	⊗ ○ IN OUT	Food in good condition, safe & unadulterated	$ \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc $ 2 1 0	0	0	0		
12	O O & O	Required records available: shellstock tags, parasite destruction	$ \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc $ 2 1 0	0	0	0		
Pro	otection from	Contamination .2653, .2654						
13	⊗ ○ ○ ○ IN OUT N/A N/O	Food separated & protected	0 0 0 3 1.5 0	0	0	0		
14	⊗ ○ IN OUT	Food-contact surfaces: cleaned & sanitized	3 1.5 0 3 1.5 0	0	0	0		
15	⊗ ○ IN OUT	Proper disposition of returned, previously served, reconditioned, & unsafe food	000	0	0	0		
Po	tentially Haza	rdous Food Time/Temperature .2653						
16	⊗ ○ ○ ○ IN OUT N/A N/O	Proper cooking time & temperatures	0 0 0 3 1.5 0	0	0	0		
17	⊗ ○ ○ ○ IN OUT N/A N/O	Proper reheating procedures for hot holding	0 0 0 3 1.5 0	0	0	0		
18	⊗ ○ ○ ○ IN OUT N/A N/O	Proper cooling time & temperatures	○ ○ ○ 3 1.5 0	0	0	0		
19	⊗ ○ ○ ○ IN OUT N/A N/O	Proper hot holding temperatures	○ ○ ○ 3 1.5 0	0	0	0		
20	⊗ ○ ○ ○ IN OUT N/A N/O	Proper cold holding temperatures	○ ○ ○ 3 1.5 0	0	0	0		
21	⊗ ○ ○ ○ IN OUT N/A N/O	Proper date marking & disposition	○ ○ ○ 3 1.5 0	0	0	0		
22	O O & O IN OUT N/A N/O	Time as a public health control: procedures & records	$ \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc $ 2 1 0	0	0	0		
Со	nsumer Advis	sory .2653						
23	⊗ ○ ○ IN OUT N/A	Consumer advisory provided for raw or undercooked foods	0 0 0 1 0.5 0	0	0	0		
Hiç	jhly Susceptik	ple Populations .2653						
24	⊗ ○ ○ IN OUT N/A	Pasteurized foods used; prohibited foods not offered	O O O 3 1.5 0	0	0	0		
Ch	emical	.2653, .2657						
25	⊗ ○ ○ IN OUT N/A	Food additives: approved & properly used	0 0 0 1 0.5 0	0	0	0		
26	⊗ ○ ○ IN OUT N/A	Toxic substances properly identified stored, & used	$ \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc $ 2 1 0		0	0		
Со		th Approved Procedures .2653, .2654,	.2658					
27	O O & IN OUT N/A	Compliance with variance, specialized process, reduced oxygen packing criteria or HACCP plan	$\begin{array}{c} \bigcirc \bigcirc$		0	0		

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

Food Establishment Inspection Report, continued

Establishment Name: GRILL-VILLE Establishment ID: 3034011435

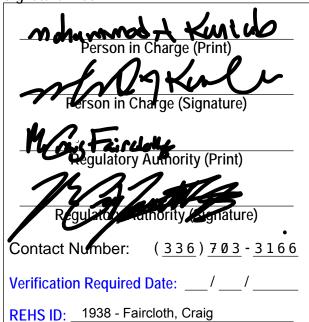
Instructions, continued:

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:



No. of Risk Factor/ Intervention Violations: ______ 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									
		od and V		33.	02.		VR		
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		○ ⊗ UT N/A	Variance obtained for specialized processing methods	0 0 0 1 0.5 0	0	0	0		
Fo	Food Temperature Control .2653, .2654								
31	⊗ ≧	OUT	Proper cooling methods used; adequate equipment for temperature control	0 0 0	0	0	0		
32	⊗ OU	O O TN/A N/O	Plant food properly cooked for hot holding	0 0 0	0	0	0		
33	⊗ () N ()	O O	Approved thawing methods used	0 0 0 1 0.5 0	0	0	0		
34	⊗¤	OUT	Thermometers provided & accurate	0 0 0 1 0.5 0	0	0	0		
Fo		entificat	ion .2653		1				
35	⊗ IN	OUT	Food properly labeled: original container	0 0 0 2 1 0	0	0	0		
Pr		_	ood Contamination .2652, .2653, .2654, .265	0 0 0					
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	0	0	0		
40	⊗ IN	OUT	Washing fruits & vegetables	0 0 0	0	0	0		
Pr	•	Jse 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	0 0 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	OIN	⊗ 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 1 0.5 0	0	0	0		
47	OIN	⊗ OUT	Non-food contact surfaces clean	○ ○ ⊗ 1 0.5 0	0	0	0		
Ph		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	2 1 0	0	0	0		
50	⊗ IN	OUT	Sewage & waste water properly disposed	2 1 0	0	0	0		
51	⊗ IN	OUT	Toilet facilities: properly constructed, supplied & cleaned	1 0.5 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	0 0 0 1 0.5 0	0	0	0		
54	⊗ IN	OUT	Meets ventilation & lighting requirements; designated areas used	0 0 0 1 0.5 0	0	0	0		
			Total Deductions:	1					

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

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Location Address: 902 E SPRAGUE ST		Status Code: A
City: WINSTON SALEM State: NC		Category #:IV
County: <u>34 Forsyth</u> Zip: <u>27107</u>		Email 1:
Wastewater System: ⊗ Municipal/Community ○ On-Site System Water Supply: ⊗ Municipal/Community ○ On-Site System		Email 2:
Permittee: GRILL VILLE LLC		Email 3:
Telephone:		

	Temperature Observations								
Item country style	Location hot hold	Temp 179	Item pork loin	Location reach in cooler	Temp 40	Item meat loaf	Location walk in cooler	Temp 40	
greens	hot hold	181	cooked	reach in cooler	40	pintos	walk in cooler	38	
pork tender	final cook	209	cut tomatoes	reach in cooler	40	pork loin	walk in cooler	39	
bologna	reach in cooler	41	slaw	make unit	42	cooked	walk nin cooler	40	
sausage	hot hold	151	hot water	3 comp sink	135				
grits	hot hold	171	hot water	wash vat	125				
pintos	hot hold	171	grilled onions	hot hold	195				
hot dog	reach in cooler	41	chili	hot hold	209				

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.

Repair the rusting / damaged shelves in the walk in cooler. 45

Cleaning is needed on the shelving in the rear storage area.





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