

# Food Establishment Inspection Report

Score: 94.5

Establishment Name: GEORGES GRECIAN CORNER

Establishment ID: 3034011452

Date: 06 / 24 / 2013 Status Code: A

Time In: 03 : 35  am  pm Time Out: 6 : 30  am  pm

Total Time: 2 hrs 55 minutes

Category #: IV

Establishment Type: \_\_\_\_\_

**Instructions:**

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

Location Address: 101 EDEN TERRACE

City: WINSTON-SALEM

State: NC Zip: 27103

County: 34 Forsyth

Permittee: GRECIAN CORNER 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".

<b>Foodborne Illness Risk Factors and Public Health Interventions</b>											
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
<b>Supervision</b> .2652											
1	<input type="radio"/> IN	<input checked="" type="radio"/> OUT	<input type="radio"/> N/A	PIC Present: Demonstration-Certification by accredited program and perform duties				<input type="radio"/> 2	<input checked="" type="radio"/> 0	<input type="radio"/>	<input type="radio"/>
<b>Employee Health</b> .2652											
2	<input type="radio"/> IN	<input checked="" type="radio"/> OUT	Management, employees knowledge; responsibilities & reporting				<input type="radio"/> 3	<input type="radio"/> 1.5	<input checked="" type="radio"/> 0	<input checked="" type="radio"/>	<input type="radio"/>
3	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Proper use of reporting, restriction & exclusion				<input type="radio"/> 3	<input type="radio"/> 1.5	<input type="radio"/> 0	<input type="radio"/>	<input type="radio"/>
<b>Good Hygienic Practices</b> .2652, .2653											
4	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Proper eating, tasting, drinking, or tobacco use				<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0	<input type="radio"/>	<input type="radio"/>
5	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	No discharge from eyes, nose, and mouth				<input type="radio"/> 1	<input type="radio"/> 0.5	<input type="radio"/> 0	<input type="radio"/>	<input type="radio"/>
<b>Preventing Contamination by Hands</b> .2652, .2653, .2655, .2656											
6	<input type="radio"/> IN	<input checked="" type="radio"/> OUT	Hands clean & properly washed				<input type="radio"/> 4	<input checked="" type="radio"/> 2	<input type="radio"/> 0	<input type="radio"/>	<input type="radio"/>
7	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/O	No bare hand contact with RTE foods or pre-approved alternate procedure properly allowed				<input type="radio"/> 3	<input type="radio"/> 1.5	<input type="radio"/> 0	<input type="radio"/>
8	<input type="radio"/> IN	<input checked="" type="radio"/> OUT	Handwashing sinks supplied & accessible				<input type="radio"/> 2	<input type="radio"/> 1	<input checked="" type="radio"/> 0	<input checked="" type="radio"/>	<input type="radio"/>
<b>Approved Source</b> .2653, .2655											
9	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Food obtained from approved source				<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0	<input type="radio"/>	<input type="radio"/>
10	<input type="radio"/> IN	<input type="radio"/> OUT	<input checked="" type="radio"/> N/O	Food received at proper temperature				<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0	<input type="radio"/>
11	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Food in good condition, safe & unadulterated				<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0	<input type="radio"/>	<input type="radio"/>
12	<input type="radio"/> IN	<input type="radio"/> OUT	<input checked="" type="radio"/> N/A	<input type="radio"/> N/O	Required records available: shellstock tags, parasite destruction				<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0
<b>Protection from Contamination</b> .2653, .2654											
13	<input type="radio"/> IN	<input checked="" type="radio"/> OUT	<input type="radio"/> N/A	<input type="radio"/> N/O	Food separated & protected				<input type="radio"/> 3	<input checked="" type="radio"/> 1.5	<input type="radio"/> 0
14	<input type="radio"/> IN	<input checked="" type="radio"/> OUT	Food-contact surfaces: cleaned & sanitized				<input type="radio"/> 3	<input type="radio"/> 1.5	<input checked="" type="radio"/> 0	<input checked="" type="radio"/>	<input type="radio"/>
15	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Proper disposition of returned, previously served, reconditioned, & unsafe food				<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0	<input type="radio"/>	<input type="radio"/>
<b>Potentially Hazardous Food Time/Temperature</b> .2653											
16	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<input type="radio"/> N/O	Proper cooking time & temperatures				<input type="radio"/> 3	<input type="radio"/> 1.5	<input type="radio"/> 0
17	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<input type="radio"/> N/O	Proper reheating procedures for hot holding				<input type="radio"/> 3	<input type="radio"/> 1.5	<input type="radio"/> 0
18	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<input type="radio"/> N/O	Proper cooling time & temperatures				<input type="radio"/> 3	<input type="radio"/> 1.5	<input type="radio"/> 0
19	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<input type="radio"/> N/O	Proper hot holding temperatures				<input type="radio"/> 3	<input type="radio"/> 1.5	<input type="radio"/> 0
20	<input type="radio"/> IN	<input checked="" type="radio"/> OUT	<input type="radio"/> N/A	<input type="radio"/> N/O	Proper cold holding temperatures				<input type="radio"/> 3	<input checked="" type="radio"/> 1.5	<input type="radio"/> 0
21	<input type="radio"/> IN	<input checked="" type="radio"/> OUT	<input type="radio"/> N/A	<input type="radio"/> N/O	Proper date marking & disposition				<input type="radio"/> 3	<input type="radio"/> 1.5	<input checked="" type="radio"/> 0
22	<input type="radio"/> IN	<input type="radio"/> OUT	<input checked="" type="radio"/> N/A	<input type="radio"/> N/O	Time as a public health control: procedures & records				<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0
<b>Consumer Advisory</b> .2653											
23	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	Consumer advisory provided for raw or undercooked foods				<input type="radio"/> 1	<input type="radio"/> 0.5	<input type="radio"/> 0	<input type="radio"/>
<b>Highly Susceptible Populations</b> .2653											
24	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	Pasteurized foods used; prohibited foods not offered				<input type="radio"/> 3	<input type="radio"/> 1.5	<input type="radio"/> 0	<input type="radio"/>
<b>Chemical</b> .2653, .2657											
25	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	Food additives: approved & properly used				<input type="radio"/> 1	<input type="radio"/> 0.5	<input type="radio"/> 0	<input type="radio"/>
26	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	Toxic substances properly identified stored, & used				<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0	<input type="radio"/>
<b>Conformance with Approved Procedures</b> .2653, .2654, .2658											
27	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	Compliance with variance, specialized process, reduced oxygen packing criteria or HACCP plan				<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0	<input type="radio"/>



# Food Establishment Inspection Report, continued

Establishment Name: GEORGES GRECIAN CORNER

Establishment ID: 3034011452

**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:**

First Last  
Angelo Ballas

Person in Charge (Print)



Person in Charge (Signature)

First Last  
Anthony Williams

Regulatory Authority (Print)



Regulatory Authority (Signature)

Contact Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Verification Required Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

REHS ID: 1846 - Williams, Tony

No. of Risk Factor/  
Intervention  
Violations: 8

No. of Repeat Risk  
Factor/Intervention  
Violations: \_\_\_\_\_

<b>Good Retail Practices</b>								
Preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.								
Compliance Status		OUT	CDI	R	VR			
<b>Safe Food and Water .2653, .2655, .2658</b>								
28	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Pasteurized eggs used where required	1	0.5	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Water and ice from approved source	2	1	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Variance obtained for specialized processing methods	1	0.5	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Food Temperature Control .2653, .2654</b>								
31	<input type="radio"/> IN <input checked="" type="radio"/> OUT	Proper cooling methods used; adequate equipment for temperature control	1	0.5	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Plant food properly cooked for hot holding	1	0.5	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Approved thawing methods used	1	0.5	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Thermometers provided & accurate	1	0.5	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Food Identification .2653</b>								
35	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Food properly labeled: original container	2	1	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657</b>								
36	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Insects & rodents not present; no unauthorized animals	2	1	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Contamination prevented during food preparation, storage & display	2	1	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Personal cleanliness	1	0.5	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Wiping cloths: properly used & stored	1	0.5	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Washing fruits & vegetables	1	0.5	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Proper Use of Utensils .2653, .2654</b>								
41	<input type="radio"/> IN <input checked="" type="radio"/> OUT	In-use utensils: properly stored	1	0.5	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
42	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Utensils, equipment & linens: properly stored, dried & handled	1	0.5	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
43	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Single-use & single-service articles: properly stored & used	1	0.5	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
44	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Gloves used properly	1	0.5	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Utensils and Equipment .2653, .2654, .2663</b>								
45	<input type="radio"/> IN <input checked="" type="radio"/> OUT	Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed, & used	2	1	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
46	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Warewashing facilities: installed, maintained, & used; test strips	1	0.5	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
47	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Non-food contact surfaces clean	1	0.5	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Physical Facilities .2654, .2655, .2656</b>								
48	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Hot & cold water available; adequate pressure	2	1	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
49	<input type="radio"/> IN <input checked="" type="radio"/> OUT	Plumbing installed; proper backflow devices	2	1	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
50	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Sewage & waste water properly disposed	2	1	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
51	<input type="radio"/> IN <input checked="" type="radio"/> OUT	Toilet facilities: properly constructed, supplied & cleaned	1	0.5	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
52	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Garbage & refuse properly disposed; facilities maintained	1	0.5	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
53	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Physical facilities installed, maintained & clean	1	0.5	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
54	<input type="radio"/> IN <input checked="" type="radio"/> OUT	Meets ventilation & lighting requirements; designated areas used	1	0.5	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Total Deductions:</b>			<b>5.5</b>					

# Comment Addendum to Food Establishment Inspection Report

Establishment Name: GEORGES GRECIAN CORNER

Establishment ID: 3034011452

Date: 06/24/2013

Location Address: 101 EDEN TERRACE

City: WINSTON-SALEM State: NC

County: 34 Forsyth Zip: 27103

Wastewater System:  Municipal/Community  On-Site System

Water Supply:  Municipal/Community  On-Site System

Permittee: GRECIAN CORNER INC

Telephone: \_\_\_\_\_

Status Code: A

Category #: IV

Email 1: \_\_\_\_\_

Email 2: \_\_\_\_\_

Email 3: \_\_\_\_\_

## Temperature Observations

Item	Location	Temp	Item	Location	Temp	Item	Location	Temp
cheese	small make unit	46	turkey	large make unit bottom	43			
lettuce	small make unit	46	gyro meat	large make unit bottom	47			
chicken	fryer	180	grilled onions	make unit	52			
soup	hot holding	171	cheese	make unit	47			
chili	hot holding	185	hot water	3 comp. sink	132			
hot dog	hot holding	173	soup	walk-in cooler	39			
turkey	large make unit	48	spanakopita	walk-in cooler (cooling)	62			
tomatoes	large make unit	46	marinara	prep sink (cooling)	116			

## 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.

- 1 PIC did not meet requirements for demonstrating food safety knowledge. The PIC shall demonstrate this knowledge by being a certified food protection manager who has shown proficiency of required information through passing a test that is part of an accredited program.
  
- 2 Employee health policy is not implemented. Food employees and conditional employees must be informed of their responsibility to report in accordance with law, to the PIC, information about their health and activities as they relate to diseases that are transmissible through food.
  
- 6 Employee walked outside and entered back into the facility without washing hands. Employees shall clean their hands and exposed portions of their arms immediately before engaging in food preparation including working with exposed food, clean equipment and utensils, and unwrapped single-service and single-use articles and: (A) After touching bare human body parts other than clean hands and clean, exposed portions of arms; (B) After using the toilet room; (C) After caring for or handling service animals or aquatic animals; (D) After coughing, sneezing, using a handkerchief or disposable tissue, using tobacco, eating, or drinking; (E) After handling soiled equipment or utensils; (F) During food preparation, as often as necessary to remove soil and contamination and to prevent cross contamination when changing tasks; (G) When switching between working with raw food and working with ready-to-eat food; (H) Before donning gloves for working with food; and (I) After engaging in other activities that contaminate the hands.
  
- 8 Sign directing employees to wash hands was not posted in the employee restroom. Ensure sign is posted.



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# Comment Addendum to Food Establishment Inspection Report

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## 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.



- 13 Food items were uncovered in the make unit and walk-in cooler. Ensure items are kept covered in storage. Ice bin lids were open upon arrival. Keep ice protected by keeping lids closed when not in use.
- 14 Pans required additional cleaning. Wash, rinse and sanitize dishes properly to remove food debris. Sanitizer in the bottle and in the sink was good at 50 - 100 ppm.
- 20 Turkey 48 F and grilled onions 54 F in the make unit. When cold holding PHF, ensure food is maintained at 45 F or below. Turkey discarded and grilled onions were placed into the walk-in freezer for additional cooling.
- 21 Date marking has not been implemented fully to indicate the date or day by which the food shall be consumed on the premises, sold, or discarded as required. This applies to food items that are held for more than 24 hours. These items shall include but are not limited to cooked potentially hazardous foods, lunchmeats, cut leafy greens, cut fruits, and other ready-to-eat items. Date mark with either the date of preparation or date of expiration. For refrigeration capable of maintaining food at 41 F or below, date mark for 7 days (4 days if refrigeration maintains food at 42–45 F). For items such as lunchmeat, once a package is opened it shall be date marked. If manufacturers use by date is shorter than 7 (or 4) days, then discard at that date.
- 31 Marinara sauce cooling in large portion on the prep sink on an ice bath. When cooling, separate into thin, small portions. Use metal pans for cooling rather than plastic.
- 41 Scoop handles found in dry goods. Keep handle out of product. Knife stored between sandwich units. Store utensils on a clean dry surface.
- 45 Replace or repair make unit top that is no longer sealed.



# Comment Addendum to Food Establishment Inspection Report

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## 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.



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- 49 Ensure backflow prevention is installed at the soda machine and at the outside can wash. If nozzle remains attached, provide backflow prevention made for continuous pressure.
- 51 Repair wall damage in the employee restroom.
- 54 Provide lighting at 50 f/c at the prep sink. Provide 20 f/c on light in the employee restroom.



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