

Food Establishment Inspection Report

Score: 97

Establishment Name: FRANK S RESTAURANT

Establishment ID: 3034011468

Date: 02/14/2013 Status Code: A

Time In: 11:00 am pm Time Out: 12:20 am pm

Total Time: 1 hr 20 minutes

Category #: IV

Establishment Type: _____

Instructions:

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

Location Address: 8191 BROAD ST

City: RURAL HALL

State: NC Zip: 27045

County: 34 Forsyth

Permittee: BARKLEY RESTAURANT 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
 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	<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"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
Employee Health .2652									
2	<input checked="" type="radio"/> IN	<input type="radio"/> OUT		Management, employees knowledge; responsibilities & reporting	<input type="radio"/> 3	<input type="radio"/> 1.5	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
3	<input type="radio"/> IN	<input checked="" type="radio"/> OUT		Proper use of reporting, restriction & exclusion	<input type="radio"/> 3	<input type="radio"/> 1.5	<input checked="" type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
Good Hygienic Practices .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"/> 0	<input type="radio"/> 0
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"/> 0	<input type="radio"/> 0
Preventing Contamination by Hands .2652, .2653, .2655, .2656									
6	<input checked="" type="radio"/> IN	<input type="radio"/> OUT		Hands clean & properly washed	<input type="radio"/> 4	<input type="radio"/> 2	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
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"/> 0	<input type="radio"/> 0
8	<input type="radio"/> IN	<input checked="" type="radio"/> OUT		Handwashing sinks supplied & accessible	<input type="radio"/> 2	<input checked="" type="radio"/> 1	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
Approved Source .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"/> 0	<input type="radio"/> 0
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"/> 0	<input type="radio"/> 0
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"/> 0	<input type="radio"/> 0
12	<input type="radio"/> IN	<input type="radio"/> OUT	<input checked="" type="radio"/> N/A	Required records available: shellstock tags, parasite destruction	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
Protection from Contamination .2653, .2654									
13	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	Food separated & protected	<input type="radio"/> 3	<input type="radio"/> 1.5	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
14	<input checked="" type="radio"/> IN	<input type="radio"/> OUT		Food-contact surfaces: cleaned & sanitized	<input type="radio"/> 3	<input type="radio"/> 1.5	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
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"/> 0	<input type="radio"/> 0
Potentially Hazardous Food Time/Temperature .2653									
16	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	Proper cooking time & temperatures	<input type="radio"/> 3	<input type="radio"/> 1.5	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
17	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	Proper reheating procedures for hot holding	<input type="radio"/> 3	<input type="radio"/> 1.5	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
18	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	Proper cooling time & temperatures	<input type="radio"/> 3	<input type="radio"/> 1.5	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
19	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	Proper hot holding temperatures	<input type="radio"/> 3	<input type="radio"/> 1.5	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
20	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	Proper cold holding temperatures	<input type="radio"/> 3	<input type="radio"/> 1.5	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
21	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	Proper date marking & disposition	<input type="radio"/> 3	<input type="radio"/> 1.5	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
22	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	Time as a public health control: procedures & records	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
Consumer Advisory .2653									
23	<input type="radio"/> IN	<input type="radio"/> OUT	<input checked="" 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"/> 0	<input type="radio"/> 0
Highly Susceptible Populations .2653									
24	<input type="radio"/> IN	<input type="radio"/> OUT	<input checked="" 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"/> 0	<input type="radio"/> 0
Chemical .2653, .2657									
25	<input type="radio"/> IN	<input type="radio"/> OUT	<input checked="" 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"/> 0	<input type="radio"/> 0
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"/> 0	<input type="radio"/> 0
Conformance with Approved Procedures .2653, .2654, .2658									
27	<input type="radio"/> IN	<input type="radio"/> OUT	<input checked="" 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"/> 0	<input type="radio"/> 0



Food Establishment Inspection Report, continued

Establishment Name: FRANK S RESTAURANT

Establishment ID: 3034011468

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:

Jose Sivarachi

Person in Charge (Print)

[Signature]

Person in Charge (Signature)

Kenneth Michaud

Regulatory Authority (Print)

Kenneth Michaud REHS
Regulatory Authority (Signature)

Contact Number: (____) ____ - ____

Verification Required Date: ____ / ____ / ____

REHS ID: 2259 - Michaud, Kenneth

No. of Risk Factor/
Intervention
Violations: 3

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	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Pasteurized eggs used where required	1	0	0	
29	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Water and ice from approved source	2	1	0	
30	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A	Variance obtained for specialized processing methods	1	0	5	
Food Temperature Control .2653, .2654						
31	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Proper cooling methods used; adequate equipment for temperature control	1	0	5	
32	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A <input type="radio"/> N/O	Plant food properly cooked for hot holding	1	0	5	
33	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O	Approved thawing methods used	1	0	5	
34	<input type="radio"/> IN <input checked="" type="radio"/> OUT	Thermometers provided & accurate	1	0	5	
Food Identification .2653						
35	<input type="radio"/> IN <input checked="" type="radio"/> OUT	Food properly labeled: original container	2	1	0	
Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657						
36	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Insects & rodents not present; no unauthorized animals	2	1	0	
37	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Contamination prevented during food preparation, storage & display	2	1	0	
38	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Personal cleanliness	1	0	5	
39	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Wiping cloths: properly used & stored	1	0	5	
40	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Washing fruits & vegetables	1	0	5	
Proper Use of Utensils .2653, .2654						
41	<input checked="" type="radio"/> IN <input type="radio"/> OUT	In-use utensils: properly stored	1	0	5	
42	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Utensils, equipment & linens: properly stored, dried & handled	1	0	5	
43	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Single-use & single-service articles: properly stored & used	1	0	5	
44	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Gloves used properly	1	0	5	
Utensils and Equipment .2653, .2654, .2663						
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	
46	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Warewashing facilities: installed, maintained, & used; test strips	1	0	5	
47	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Non-food contact surfaces clean	1	0	5	
Physical Facilities .2654, .2655, .2656						
48	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Hot & cold water available; adequate pressure	2	1	0	
49	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Plumbing installed; proper backflow devices	2	1	0	
50	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Sewage & waste water properly disposed	2	1	0	
51	<input type="radio"/> IN <input checked="" type="radio"/> OUT	Toilet facilities: properly constructed, supplied & cleaned	1	0	5	
52	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Garbage & refuse properly disposed; facilities maintained	1	0	5	
53	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Physical facilities installed, maintained & clean	1	0	5	
54	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Meets ventilation & lighting requirements; designated areas used	1	0	5	
Total Deductions:			3			

Comment Addendum to Food Establishment Inspection Report

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Date: 02/14/2013

Location Address: 8191 BROAD ST

City: RURAL HALL State: NC

County: 34 Forsyth Zip: 27045

Wastewater System: Municipal/Community On-Site System

Water Supply: Municipal/Community On-Site System

Permittee: BARKLEY RESTAURANT LLC

Telephone: _____

Status Code: A

Category #: IV

Email 1:

Email 2:

Email 3:

Temperature Observations

Item	Location	Temp	Item	Location	Temp	Item	Location	Temp
Pepperoni	Pizza make	45	Ham	Reach in cooler	40			
Sausage	Pizza make	32	Shredded	Walk in cooler	45			
Shredded	Pizza make	43	Sausage	Walk in cooler	44			
Sliced	Sandwich make	38						
Shredded	Sandwich make	39	Hot water	Three compartment sink	160			
Shredded	Lower sandwich make	44	Chlorine	Bottle in ppm	50			
Hamburger	Grill	199						
Roast beef	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.

- 1 2-102.12 Certified Food Protection Manager - No ANSI approved certificate at time of inspection - managers must be ANSI certified by Jan 1, 2014

- 3 2-201.12 Exclusions and Restrictions - No employee health policy in place at time of inspection - must have employee health policy in place either restricting or excluding employees with symptoms of being sick from work - instructed manager on duty of concept and applicability of policy

- 8 5-204.11 Handwashing Sinks-Location and Placement - Employee handwash sink located in rear being blocked by swinging door being propped open - employee handwash sinks must be fully accessible at all times during hours of operation - this means not keeping door propped open blocking hand sink

- 34 4-302.12 Food Temperature Measuring Devices - No food temp thermometer present at time of inspection - must have, at minimum, a metal stem thermometer, accurate to within two degrees F and ranging from 0 - 220 deg F



Spell



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Spell

- 35 3-602.11 Food Labels - Fading label of sugar on sugar bin - relabel sugar bin so it is clearly legible
- 45 4-501.11 Good Repair and Proper Adjustment-Equipment - Replace torn cooler/freezer gaskets throughout kitchen
- 51 5-501.17 Toilet Room Receptacle, Covered - Must have covered trash receptacle in women's restroom



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Spell



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Spell

