Food Establishment Inspection Report

Establishment Name: PANERA BREAD Establishment ID: 3034011523

Date: <u>Ø 3</u> / <u>1 1</u> / <u>2 Ø 1 3</u> Status Code: A				
Time In: <u>Ø 1</u> : <u>Ø 5</u> ⊗ pm	Time Out: <u>Ø 4</u> : <u>Ø Ø ⊗ pm</u>			
Total Time: 2 hrs 55 minute	es			
Category #: IV				
Establishment Type:				

Instructions:

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

Location Address	s: _970 HWY 150				
City: KERNERSVILLE					
State: NC	Zip: ²⁷²⁸⁴				
County: 34 Forsyth					
Permittee: SHOW ME BREAD 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

Score: 96.5

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				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	⊗ O IN OUT	Proper eating, tasting, drinking, or tobacco use	0 0 0 2 1 0	0	0	0
5	⊗ ○ IN OUT	No discharge from eyes, nose, and mouth	0 0 0 1 0.5 0	0	0	0
Pre		amination by Hands .2652, .2653, .2655, .265	6			
6	⊗ O 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	0 0 0 3 1.5 0	0	0	0
15	⊗ ○ IN OUT	Proper disposition of returned, previously served, reconditioned, & unsafe food	0 0 0 2 1 0	0	0	0
Ро	tentially Haza	rdous Food Time/Temperature .2653				
16	OOO ⊗ IN OUT N/A N/O	Proper cooking time & temperatures	○ ○ ○ 3 1.5 0	0	0	0
17	OOO ⊗ IN OUT N/A N/O	Proper reheating procedures for hot holding	○ ○ ○ 3 1.5 0	0	0	0
18	OOO ⊗ 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	O O O 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	ory .2653				
23	O O & IN OUT N/A	Consumer advisory provided for raw or undercooked foods	0 0 0 1 0.5 0	0	0	0
Hiç	hly Susceptil	le Populations .2653				
24	O O & 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	O O & 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	0
Conformance with 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: PANERA BREAD Establishment ID: 3034011523

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

- 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".
- 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:

Brad Horton Person in Charge (Print)

Person in Charge (Signature)

Grea Gartner REHS
Regulatory Authority (Print)

Regulatory Authority (Signature)

Contact Number: (<u>336</u>) <u>703</u> - <u>3383</u>

Verification Required Date: ___/ ___/

REHS ID: 2360 - Gartner, Gregory

No. of Risk Factor/ Intervention Violations: 0

No. of Repeat Risk Factor/Intervention Violations:

Good Retail Practices Preventative measures to control the addition of pathogens. chemicals, and physical objects into foods. CDI R VR Compliance Status Safe Food and Water .2653, .2655, .2658 0 0 0 OUT 0 28 Pasteurized eggs used where required \circ 0 O O O 29 0 0 0 Water and ice from approved source OUT ○ ⊗ ○ IN OUT N/A 0 0 **8** 1 0.5 0 8 Variance obtained for specialized processing methods 0 30 0 **Food Temperature Control** .2653, .2654 Proper cooling methods used; adequate equipment for temperature control 0 0 0 OUT 0 0 0 0 0 1 0.5 0 NOUT N/A N/O Plant food properly cooked for hot holding 32 0 0 0 ⊗ ○ ○ ○ Approved thawing methods used IN OUT N/A N/O 0 0 0 1 0.5 0 0 0 0 0 0 1 0.5 0 OUT 0 0 0 34 Thermometers provided & accurate **Food Identification** .2653 OUT Food properly labeled: original container 0 0 0 35 Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657 OUT $\begin{array}{cccc} \bigcirc \bigcirc \bigcirc \bigcirc \\ 2 & 1 & 0 \end{array}$ 36 Insects & rodents not present; no unauthorized animals 0 0 0 OUT Contamination prevented during food preparation, 37 0 0 \bigcirc storage & display OUT O O O 38 Personal cleanliness 0 0 0 OIN. ⊗ OUT 0 0 **8** 1 0.5 0 0 0 39 Wiping cloths: properly used & stored 0 OUT 0 0 0 1 0.5 0 40 Washing fruits & vegetables 0 0 **Proper Use of Utensils** .2653, .2654 0 0 0 1 0.5 0 ⊗ IN OUT In-use utensils: properly stored 41 0 0 000 Utensils, equipment & linens: properly stored, dried & handled 0 0 0 42 OUT 1 0.5 0 OIN 8 Single-use & single-service articles: properly 43 0 8 0 OUT 1 0.5 0 stored & used ⊗ IN OUT $\overline{000}$ 0 0 44 Gloves used properly 0 1 0.5 0 Utensils and Equipment .2653, .2654, .2663 ⊗ OUT ○ **⊗** ○ 2 1 0 Equipment, food & non-food contact surfaces approved, 45 0 \bigcirc cleanable, properly designed, constructed, & used ⊗ IN OUT 0 0 0 1 0.5 0 Warewashing facilities: installed, maintained, & used; 0 0 46 test strips ⊗ OUT ○ **⊗** ○ 1 0.5 0 0 0 0 47 Non-food contact surfaces clean Physical Facilities .2654, .2655, .2656 OUT $\bigcirc \bigcirc \bigcirc$ 0 Hot & cold water available; adequate pressure 0 0 0 48 ⊗ IN OUT 0 0 49 Plumbing installed; proper backflow devices 0 0 OUT 50 0 0 0 Sewage & waste water properly disposed OIN ⊗ OUT 0 0 **8** 1 0.5 0 Toilet facilities: properly constructed, supplied 0 0 51 0 OUT Garbage & refuse properly disposed; 0 0 0 1 0.5 0 52 0 0 facilities maintained **8**00 8 53 Physical facilities installed, maintained & clean 0 8 0 OUT 1 0.5 0 OIN ⊗ OUT 0 0 **8** 1 0.5 0 Meets ventilation & lighting requirements; 54 0 0 0

North Carolina Department of Health & Human Services

Division of Public Health

Environmental Health Section

Food Protection Program

Total Deductions:

Comment Addendum to Food Establishment Inspection Report

Establishment Name: PANERA BREAD	Establishment ID: 3034011523	Date: 03/11/2013
Location Address: 970 HWY 150		Status Code: A
City: KERNERSVILLE State: NC		Category #:IV
County: 34 Forsyth Zip: 27284		Email 1:
Wastewater System: ⊗ Municipal/Community ○ On-Site System Water Supply: ⊗ Municipal/Community ○ On-Site System		Email 2:
Permittee: SHOW ME BREAD INC		Email 3:
Telephone:		

	Temperature Observations							
Item sliced	Location sandwich make	Temp 48	Item wash water	Location wash vat	Temp 114	Item air temp	Location tea reach in	Temp 37
spring mix	sandwich make	42	sani water	sani vat	136			
greenleaf	sandwich make	41	choc milk	cafe walk in	39			
chicken salad	cold drawer	41	greenleaf	cafe walk in	39			
panini	panini make	39	spring mix	cafe walk in	39			
skim milk	coffee reach in	39	romaine	salad make	42			
tomato bisque	steam table	175	creamer	ice caddy (bev station)	47			
potato soup	steam table	174	air temp	bakery 2 door reach in	28			

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.

Quick chilling of soups with tied bags and ice baths meets the definition of Reduced Oxygen Packaging (2)(d), which requires a variance. Apply for variance using provided application.



- Wiping cloths stored improperly on countertop surfaces. 15A NCAC 18A .2653 ref. 3-304.14: (B) Cloths in-use for wiping counter and other equipment surfaces shall be (1) Held between used in a chemical sanitizer solution at proper concentration and (2) Laundered daily; (D) chemical sanitizing solution shall be free of food debris and visible soil. Containers of chemical sanitizing solutions in which wet wiping cloths are held between uses shall be stored off the floor and used in a manner that prevents contamination of food, utensils, linens, and equipment.
- Single service cups stored unprotected at tea station and some out of holsters. Keep plastic sleeve around cups that extend outside of holster. Coffee straws at customer self service must be individually wrapped or in approved dispenser. Currently in bulk container.
 - 4-903.11 (A) and (C) Equipment, Utensils, Linens and Single-Service and Single-Use Articles-Storing 4-904.11 Kitchenware and Tableware-Preventing Contamination
- Replace rusted/peeling shelving along left wall at cafe walk in and any other affected shelving. / Replace cover to timer on wall at cafe walk in. / Properly seal hole in back door panel at bakery cooler.



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Comment Addendum to Foo	d Establishment inspection Report
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	and Corrective Actions ime frames below, or as stated in sections 8-405.11 of the food code.
Clean under countertop equipment (hot plate, cup holster, e	etc.) along front line and bread racks.



51 Door must completely self-close and seal at employee restroom. 6-202.14 Toilet Rooms, Enclosed: ...A toilet room located on the premises shall be completely enclosed and provided with a tight-fitting and self-closing door

53 Clean floors under bread oven (Repeat Violation) and walls behind dish machine.

54 Lighting measures below the required minimum 20 foot candles in the customer restrooms: women's restroom stalls (1; 4-15fc), and men's restroom stall/urinal (12-17fc). Increase lighting. / Replace the cracked light shield in the bag-in-the box room and tighten loose fixtures at 3 balists in ceiling at warewashing line.



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