## Food Establishment Inspection Report

Establishment Name: EAST COAST WINGS Establishment ID: 3034011624

Date: <u>Ø 2</u> /	12 / 2013 Status Code: A
Time In: <u>Ø 1</u>	: <u>Ø Ø ⊗ pm</u> Time Out: <u>Ø 4</u> : <u>Ø Ø ⊗ pm</u>
Total Time:	3 hrs 0 minutes
Category #:	IV
Establishme	nt Type:

#### Instructions:

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

Location Address:	5014 PETERS CREEK PARKWAY
City: WINSTON SA	ALEM
State: NC	Zip: <sup>27127</sup>
County: 34 Forsytt	1
Permittee: BWR E	
Telephone:	
⊗Inspection	
○Re-Inspection	
Wastewater System	
⊗Municipal/Comi	•
○On-Site System	1
Water Supply:	
⊗Municipal/Comi	munity
○On-Site System	1

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: 98.5

Risk factors: Contributing factors that increase the chance of developing foodborne illness.

Public Health Interventions: Control measures to prevent foodborne illness or injury.								
		ce Statu		OUT	CDI	R	VR	
Su	Supervision .2652							
1		O O UT N/A	PIC Present; Demonstration-Certification by accredited program and perform duties	○ ○ 2 0	0	0	0	
En	Employee Health .2652							
2	⊗ IN	OUT	Management, employees knowledge; responsibilities & reporting	○ ○ ○ 3 1.5 0	0	0	0	
3	⊗ IN	OUT	Proper use of reporting, restriction & exclusion	○ ○ ○ 3 1.5 0	0	0	0	
Go			Practices .2652, .2653					
4	⊗ IN	OUT	Proper eating, tasting, drinking, or tobacco use	O O O 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	eventir	ıg Cont	amination by Hands .2652, .2653, .2655, .2656	5				
6	⊗ IN	OUT	Hands clean & properly washed	$ \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc $ $ 4 2 0 $	0	0	0	
7		O O O/N TU	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	○ ○ ○ 2 1 0	0	0	0	
Αp	proved	d Sourc	e .2653, .2655					
9	⊗ IN	OUT	Food obtained from approved source	0 0 0 2 1 0	0	0	0	
10	⊗ ( IN O	O O	Food received at proper temperature	$\begin{array}{c c} \bigcirc \bigcirc \bigcirc \bigcirc \\ 2 & 1 & 0 \end{array}$	0	0	0	
11	⊗ IN	OUT	Food in good condition, safe & unadulterated	0 0 0 2 1 0	0	0	0	
12	O O IN OUT	⊗ ○ N/A N/O	Required records available: shellstock tags, parasite destruction	0 0 0 2 1 0	0	0	0	
Pro	otectio	n from	Contamination .2653, .2654					
13	⊗ ○ IN OUT	O O N/A N/O	Food separated & protected	○ ○ ○ 3 1.5 0	0	0	0	
14	O IN	⊗ OUT	Food-contact surfaces: cleaned & sanitized	○ ○ <b>⊗</b> 3 1.5 0	8	0	0	
15	⊗ IN	OUT	Proper disposition of returned, previously served, reconditioned, & unsafe food	0 0 0 2 1 0	0	0	0	
Po	tential	y Haza	rdous Food Tlme/Temperature .2653					
16	80	O O N/A N/O	Proper cooking time & temperatures	○ ○ ○ 3 1.5 0	0	0	0	
17	80	O O N/A N/O	Proper reheating procedures for hot holding	0 0 0 3 1.5 0	0	0	0	
18	⊗ ○ IN OUT	O O N/A N/O	Proper cooling time & temperatures	0 0 0 3 1.5 0	0	0	0	
10	<b>8</b> 0	O O N/A N/O	Proper hot holding temperatures	0 0 0 3 1.5 0	0	0	0	
20	⊗ ○ IN OUT	O O N/A N/O	Proper cold holding temperatures	0 0 0 3 1.5 0	0	0	0	
21	⊗ ○ IN OUT	O O N/A N/O	Proper date marking & disposition	0 0 0 3 1.5 0	0	0	0	
22	00	⊗ ○ N/A N/O	Time as a public health control: procedures & records	0 0 0 2 1 0	0	0	0	
Со		er Advis	sory .2653					
23	0 (	⊃ ⊗ DT N/A	Consumer advisory provided for raw or undercooked foods	0 0 0 1 0.5 0	0	0	0	
Hi	ghly Su	ısceptil	ble Populations .2653					
24		O & C	Pasteurized foods used; prohibited foods not offered	0 0 0 3 1.5 0	0	0	0	
Ch	emical		.2653, .2657					
25		O O	Food additives: approved & properly used	0 0 0 1 0.5 0	0	0	0	
26		O O	Toxic substances properly identified stored, & used	$ \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc $ 2 1 0		0	0	
Со	nforma	ance wi	th Approved Procedures .2653, .2654,					
27	O (	O & UT N/A	Compliance with variance, specialized process, reduced oxygen packing criteria or HACCP plan	$\begin{array}{c c} \bigcirc \bigcirc \bigcirc \bigcirc \\ 2 & 1 & 0 \end{array}$	0	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: EAST COAST WINGS Establishment ID: 3034011624

#### 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:



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

REHS ID: 1938 - Faircloth, Craig

No. of Repeat Risk Factor/Intervention Violations:

Safe Food and Water  28   N OUT   Pasteurized eggs used where required   1 0.5 0   29   N OUT   Water and ice from approved source   2 1 0   30   N OUT   N/A   Variance obtained for specialized processing methods   1 0.5 0    Food Temperature Control   .2653, .2654   31   N OUT   Proper cooling methods used; adequate equipment for temperature control   1 0.5 0   32   N OUT   N/A N/O   Plant food properly cooked for hot holding   1 0.5 0   33   N OUT   N/A N/O   Approved thawing methods used   1 0.5 0   34   N OUT   Thermometers provided & accurate   1 0.5 0    Food Identification   .2653   .2654   .2653   .2654   .2656   .2657   35   N OUT   Food properly labeled: original container   0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0										
Safe Food and Water  28   N OUT   Pasteurized eggs used where required   1 0.5 0    29   N OUT   Water and ice from approved source   2 1 0    30   N OUT   N/A   Variance obtained for specialized processing methods   1 0.5 0    Food Temperature Control   .2653, .2654    31   N OUT   Proper cooling methods used; adequate equipment for temperature control   1 0.5 0    32   N OUT   N/A N/O   Plant food properly cooked for hot holding   1 0.5 0    33   N OUT   N/A N/O   Approved thawing methods used   1 0.5 0    34   N OUT   Thermometers provided & accurate   1 0.5 0    Food Identification   .2653   .2654   .2655   .2657    Food Identification   .2653   .2654   .2656   .2657    36   N OUT   Food properly labeled: original container   0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0										
28	CDI	R	VR							
Resteurized eggs used where required   1 0.5 0   29										
Solution   Water and ice from approved source   Solution   Solut	0	0	0							
Food Temperature Control    31	0	0	0							
31	0	0	0							
ST   IN OUT   temperature control   1 0.5 0										
32   IN OUT N/A N/O   1 0.5 0	0	0	0							
Approved thawing methods used  1 0.5 0  34	0	0	0							
Food Identification  35	0	0	0							
35	0	0	0							
Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657  36										
36 N OUT Insects & rodents not present; no unauthorized animals 2 1 0  37 N OUT Contamination prevented during food preparation, 2 1 0  38 N OUT Personal cleanliness 1 0.5 0  39 N OUT Wiping cloths: properly used & stored 1 0.5 0  40 N OUT Washing fruits & vegetables 1 0.5 0  Proper Use of Utensils .2653, .2654  41 N OUT In-use utensils: properly stored 1 0.5 0	0	0	0							
30 IN OUT Insects & rocents not present, no unautifolized allimitals 2 1 0  37 Solution OUT Storage & display 2 1 0  38 NOUT Personal cleanliness 1 0.5 0  39 NOUT Wiping cloths: properly used & stored 1 0.5 0  40 NOUT Washing fruits & vegetables 1 0.5 0  Proper Use of Utensils .2653, .2654  41 NOUT Insects & rocents not present, no unautifolized allimitals 2 1 0  2 1 0  2 1 0  2 1 0  38 NOUT Personal cleanliness 1 0.5 0  1 0.5 0  1 0.5 0										
37	0	0	0							
38	0	0	0							
Vision Counties   Vision Cou	0	0	0							
Proper Use of Utensils  1 0.5 0  Proper Use of Utensils  1 0.5 0  Proper Use of Utensils  1 0.5 0  Proper Use of Utensils: properly stored  1 0.5 0	0	0	0							
41 8 0 In-use utensils: properly stored 1 0.5 0	0	0	0							
1 0.5 0										
143 S O Utensils equipment & linens: properly stored dried OOOL	0	0	0							
IN OUT & handled 1 0.5 0	0	0	0							
stored & used	0	0	0							
44 8 Gloves used properly 0 1 0.5 0	0	0	0							
Utensils and Equipment .2653, .2654, .2663										
cleanable, properly designed, constructed, & used 2 1 0	0	0	0							
10.5 0	0	0	0							
47 S Non-food contact surfaces clean S O 1 0.5 0	0	0	0							
Physical Facilities .2654, .2655, .2656										
2 1 0	0	0	0							
2 1 0	0	0	0							
2 1 0	0	0	0							
a dieaned	0	0	0							
1 0.3 0	0	0	0							
10.50	0	0	0							
54 S O Meets ventilation & lighting requirements; 0 0 0 1 0.5 0	0	0	0							
Total Deductions: 1.5										

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

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Location Address: 5014 PETERS CREEK PARKWAY		Status Code: A
City: WINSTON SALEM State: NC		Category #:IV
County: <u>34 Forsyth</u> Zip: <u>27127</u>		Email 1:
Wastewater System: ⊗ Municipal/Community ○ On-Site System Water Supply: ◆ ⊗ Municipal/Community ○ On-Site System		Email 2:
Permittee: BWR ENTERPRISES INC		Email 3:
Telephone:		

	Temperature Observations							
Item wings	Location final cook	Temp 197	Item mac and	Location make unit	Temp 42	Item	Location	Temp
cooked wings	walk in cooler	43	cut tomatoes	make unit	43			
raw wings	walk in cooler	42	sub sandwich	reach in cooler	43			
pepperoni	walk in cooler	44	hamburger	hot hold	156			
hamburger	walk in cooler	41	chicken	hot hold	157			
cut tomatoes	walk in cooler	42	hamburger	low boy	40			
turkey	walk in cooler	41	chicken	low boy	41			
wings	hot hold	175	hot water	3 comp sink	161			

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.

14 Cleaning is needed on the food processor.



- Repair the cracked areas of the prep sinks and the damaged donage rack in the walk in beer cooler. Repair the leak found below the 3 compartment sink and the vegetable prep sink.
- 47 Cleaning is needed on the areas below cook line equipment, the door gaskets of reach in coolers, the hood system, the shelving, and the bottoms of the fryers.
- 53 Cleaning is needed on the floors below equipment and shelving along base boards and in corners.

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