

Food Establishment Inspection Report

Score: 97.5

Establishment Name: HARDEE S #1505696

Establishment ID: 3034011869

Date: 05 / 01 / 2013 Status Code: A

Time In: 08 : 45 am pm Time Out: 10 : 45 am pm

Total Time: 2 hrs 0 minutes

Category #: IV

Establishment Type: _____

Instructions:

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

Location Address: 3351 SIDES BRANCH ROAD

City: WINSTON SALEM

State: NC Zip: 27127

County: 34 Forsyth

Permittee: HARDEE S FOOD SYSTEMS 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 | | | | | | | | | | | | |
|--|-------------------------------------|---------------------------|--------------------------------------|--|--|--|--|-------------------------|---------------------------|---------------------------|----------------------------------|-----------------------|
| 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 checked="" type="radio"/> IN | <input type="radio"/> OUT | <input type="radio"/> N/A | PIC Present: Demonstration-Certification by accredited program and perform duties | | | | <input type="radio"/> 2 | <input type="radio"/> 0 | <input type="radio"/> | <input type="radio"/> | |
| 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"/> | |
| 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"/> | |
| 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"/> | |
| 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"/> | |
| 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"/> | |
| 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 checked="" type="radio"/> IN | <input type="radio"/> OUT | | Handwashing sinks supplied & accessible | | | | <input type="radio"/> 2 | <input type="radio"/> 1 | <input type="radio"/> 0 | <input type="radio"/> | |
| 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"/> | |
| 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"/> | |
| 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 | <input type="radio"/> |
| Protection from Contamination .2653, .2654 | | | | | | | | | | | | |
| 13 | <input checked="" type="radio"/> IN | <input type="radio"/> OUT | <input type="radio"/> N/A | <input type="radio"/> N/O | Food separated & protected | | | | <input type="radio"/> 3 | <input type="radio"/> 1.5 | <input type="radio"/> 0 | <input type="radio"/> |
| 14 | <input type="radio"/> IN | <input type="radio"/> OUT | <input checked="" type="radio"/> | | Food-contact surfaces: cleaned & sanitized | | | | <input type="radio"/> 3 | <input type="radio"/> 1.5 | <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"/> |
| Potentially Hazardous Food Time/Temperature .2653 | | | | | | | | | | | | |
| 16 | <input type="radio"/> IN | <input type="radio"/> OUT | <input type="radio"/> N/A | <input checked="" type="radio"/> N/O | Proper cooking time & temperatures | | | | <input type="radio"/> 3 | <input type="radio"/> 1.5 | <input type="radio"/> 0 | <input type="radio"/> |
| 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 | <input type="radio"/> |
| 18 | <input type="radio"/> IN | <input type="radio"/> OUT | <input type="radio"/> N/A | <input checked="" type="radio"/> N/O | Proper cooling time & temperatures | | | | <input type="radio"/> 3 | <input type="radio"/> 1.5 | <input type="radio"/> 0 | <input type="radio"/> |
| 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 | <input type="radio"/> |
| 20 | <input checked="" type="radio"/> IN | <input type="radio"/> OUT | <input type="radio"/> N/A | <input type="radio"/> N/O | Proper cold holding temperatures | | | | <input type="radio"/> 3 | <input type="radio"/> 1.5 | <input type="radio"/> 0 | <input type="radio"/> |
| 21 | <input checked="" type="radio"/> IN | <input 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 type="radio"/> 0 | <input type="radio"/> |
| 22 | <input checked="" type="radio"/> IN | <input type="radio"/> OUT | <input 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 | <input type="radio"/> |
| 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"/> |
| 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"/> |
| Chemical .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"/> |
| 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"/> |



Food Establishment Inspection Report, continued

Establishment Name: HARDEE S #1505696

Establishment ID: 3034011869

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
Shawn Roberts

Person in Charge (Print)

Shawn Roberts
Person in Charge (Signature)

First Last
M. Craig Faircloth

Regulatory Authority (Print)

M. Craig Faircloth
Regulatory Authority (Signature)

Contact Number: (3 3 6) 7 0 3 - 3 1 6 6

Verification Required Date: ___ / ___ / ___

REHS ID: 1938 - Faircloth, Craig

No. of Risk Factor/
Intervention
Violations: 1

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 | 0.5 | 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 type="radio"/> IN | <input type="radio"/> OUT | <input checked="" type="radio"/> N/A | Variance obtained for specialized processing methods | | | | | 1 | 0.5 | 0 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| 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 | 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"/> | | |
| Food Identification .2653 | | | | | | | | | | | | | | | |
| 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"/> | | |
| 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 | <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"/> | | |
| Proper Use of Utensils .2653, .2654 | | | | | | | | | | | | | | | |
| 41 | <input checked="" type="radio"/> IN | <input type="radio"/> OUT | In-use utensils: properly stored | | | | | 1 | 0.5 | 0 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | |
| 42 | <input type="radio"/> IN | <input checked="" type="radio"/> OUT | Utensils, equipment & linens: properly stored, dried & handled | | | | | 1 | 0.5 | 0 | <input checked="" 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"/> | | |
| Utensils and Equipment .2653, .2654, .2663 | | | | | | | | | | | | | | | |
| 45 | <input checked="" type="radio"/> IN | <input 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 type="radio"/> IN | <input checked="" type="radio"/> OUT | Non-food contact surfaces clean | | | | | 1 | 0.5 | 0 | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | | |
| Physical Facilities .2654, .2655, .2656 | | | | | | | | | | | | | | | |
| 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 checked="" type="radio"/> IN | <input 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 checked="" type="radio"/> IN | <input type="radio"/> OUT | Toilet facilities: properly constructed, supplied & cleaned | | | | | 1 | 0.5 | 0 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | |
| 52 | <input type="radio"/> IN | <input checked="" type="radio"/> OUT | Garbage & refuse properly disposed; facilities maintained | | | | | 1 | 0.5 | 0 | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | | |
| 53 | <input type="radio"/> IN | <input checked="" type="radio"/> OUT | Physical facilities installed, maintained & clean | | | | | 1 | 0.5 | 0 | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | | |
| 54 | <input checked="" type="radio"/> IN | <input type="radio"/> OUT | Meets ventilation & lighting requirements; designated areas used | | | | | 1 | 0.5 | 0 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | |
| Total Deductions: | | | | | | | | 2.5 | | | | | | | |

Comment Addendum to Food Establishment Inspection Report

Establishment Name: HARDEE S #1505696

Establishment ID: 3034011869

Date: 05/01/2013

Location Address: 3351 SIDES BRANCH ROAD

City: WINSTON SALEM State: NC

County: 34 Forsyth Zip: 27127

Wastewater System: Municipal/Community On-Site System

Water Supply: Municipal/Community On-Site System

Permittee: HARDEE S FOOD SYSTEMS INC.

Telephone: _____

Status Code: A

Category #: IV

Email 1: _____

Email 2: _____

Email 3: _____

Temperature Observations

| Item | Location | Temp | Item | Location | Temp | Item | Location | Temp |
|-------------|-----------------|------|---------------|-----------------|------|------|----------|------|
| eggs | hot hold | 165 | liquid egg | ice bath | 45 | | | |
| omlet | hot hold | 164 | turkey burger | walk in cooler | 39 | | | |
| roast beef | reach in cooler | 44 | hamburger | walk in cooler | 38 | | | |
| sausage | walk in cooler | 41 | pico | walk in cooler | 40 | | | |
| gravy | hot hold | 156 | chicken | reach in cooler | 40 | | | |
| chicken | hot hold | 167 | sausage | reach in cooler | 39 | | | |
| steak | hot hold | 162 | hot water | 3 comp sink | 142 | | | |
| raw chicken | breeding area | 38 | | | | | | |

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 Three deink machine nozzles were found dirty. Take more time when cleaning and sanitizing these items.
- 42 Knives were found stored in a dirty knife holder mounted above the rear prep sink. Clean the knife holder regularly.
- 47 Cleaning is needed on: the exterior of all equipment; the interior, shelving, and door gaskets of all refrigeration units; the fryers; the cabinets; all shelving; and all carts.
- 52 Repair the small hole on the rear bottom corner of the dumpster or replace the dumpster.



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✓
Spell

- 53 Cleaning is needed on the floors and baseboards throughout the facility underneath equipment and shelving along baseboards and in corners (this includes the walk in refrigeration units). Repair the damaged baseboards on the threshold of the rear storage area.



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Spell



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✓
Spell

