Food Establishment Inspection Report

Score: 97.5

Establishment Name: CHICK FIL A

Establishment ID: 3034011930

Date: 05 / 01 / 2013 Status Code: A

Time In: 01 : 40 ○ am ⊗ pm Time Out: 04 : 20 ○ am ⊗ pm

Total Time: 2 hrs 40 minutes

Category #: III

Establishment Type:

Instructions:

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

Location Address: 924 HANES MALL BLVD

City: WINSTON SALEM

State: NC Zip: 27103

County: 34 Forsyth

Permittee: TODD PERKINS

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

Food Establishment Inspection Report, continued

Establishment Name: CHICK FIL A Establishment ID: 3034011930

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*
Chris	Pratt

Person in Charge (Print)

Person in Charge (Signature)

First	*Last*
C. Kentt / Carla	Long / Day

Regulatory Authority (Print)

Regulatory Authority (Signature)

Contact Number: (336) 703-3136

Verification Required Date: ___ / ___ / _____

REHS ID: 1158 - Long, C. Kentt

No. of Risk Factor/ Intervention Violations: 2

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	⊗ IN ○ OUT	Pasteurized eggs used where required	○ 1 ○ 0.5 ○ 0	○	○	○
29	⊗ IN ○ OUT	Water and ice from approved source	○ 2 ○ 1 ○ 0	○	○	○
30	○ IN ○ OUT ⊗ N/A	Variance obtained for specialized processing methods	○ 1 ○ 0.5 ○ 0	○	○	○
	Food Temperature Control	.2653, .2654				
31	⊗ IN ○ OUT	Proper cooling methods used; adequate equipment for temperature control	○ 1 ○ 0.5 ○ 0	○	○	○
32	⊗ IN ○ OUT ○ N/A ○ N/O	Plant food properly cooked for hot holding	○ 1 ○ 0.5 ○ 0	○	○	○
33	⊗ IN ○ OUT ○ N/A ○ N/O	Approved thawing methods used	○ 1 ○ 0.5 ○ 0	○	○	○
34	⊗ IN ○ OUT	Thermometers provided & accurate	○ 1 ○ 0.5 ○ 0	○	○	○
	Food Identification	.2653				
35	○ IN ⊗ OUT	Food properly labeled: original container	○ 2 ○ 1 ⊗ 0	○	○	○
	Prevention of Food Contamination	.2652, .2653, .2654, .2656, .2657				
36	⊗ IN ○ OUT	Insects & rodents not present; no unauthorized animals	○ 2 ○ 1 ○ 0	○	○	○
37	⊗ IN ○ OUT	Contamination prevented during food preparation, storage & display	○ 2 ○ 1 ○ 0	○	○	○
38	⊗ IN ○ OUT	Personal cleanliness	○ 1 ○ 0.5 ○ 0	○	○	○
39	○ IN ⊗ OUT	Wiping cloths: properly used & stored	○ 1 ○ 0.5 ⊗ 0	○	○	○
40	⊗ IN ○ OUT	Washing fruits & vegetables	○ 1 ○ 0.5 ○ 0	○	○	○
	Proper Use of Utensils	.2653, .2654				
41	⊗ IN ○ OUT	In-use utensils: properly stored	○ 1 ○ 0.5 ○ 0	○	○	○
42	⊗ IN ○ OUT	Utensils, equipment & linens: properly stored, dried & handled	○ 1 ○ 0.5 ○ 0	○	○	○
43	○ IN ⊗ OUT	Single-use & single-service articles: properly stored & used	○ 1 ⊗ 0.5 ○ 0	○	○	○
44	⊗ IN ○ OUT	Gloves used properly	○ 1 ○ 0.5 ○ 0	○	○	○
	Utensils and Equipment	.2653, .2654, .2663				
45	○ IN ⊗ OUT	Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed, & used	○ 2 ⊗ 1 ○ 0	○	○	○
46	⊗ IN ○ OUT	Warewashing facilities: installed, maintained, & used; test strips	○ 1 ○ 0.5 ○ 0	○	○	○
47	⊗ IN ○ OUT	Non-food contact surfaces clean	○ 1 ○ 0.5 ○ 0	○	○	○
	Physical Facilities	.2654, .2655, .2656				
48	⊗ IN ○ OUT	Hot & cold water available; adequate pressure	○ 2 ○ 1 ○ 0	○	○	○
49	⊗ IN ○ OUT	Plumbing installed; proper backflow devices	○ 2 ○ 1 ○ 0	○	○	○
50	⊗ IN ○ OUT	Sewage & waste water properly disposed	○ 2 ○ 1 ○ 0	○	○	○
51	⊗ IN ○ OUT	Toilet facilities: properly constructed, supplied & cleaned	○ 1 ○ 0.5 ○ 0	○	○	○
52	○ IN ⊗ OUT	Garbage & refuse properly disposed; facilities maintained	○ 1 ⊗ 0.5 ○ 0	○	○	○
53	○ IN ⊗ OUT	Physical facilities installed, maintained & clean	○ 1 ⊗ 0.5 ○ 0	○	○	○
54	○ IN ⊗ OUT	Meets ventilation & lighting requirements; designated areas used	○ 1 ○ 0.5 ⊗ 0	○	○	○
		Total Deductions:	2.5			

Comment Addendum to Food Establishment Inspection Report

Establishment Name: CHICK FIL A

Establishment ID: 3034011930

Date: 05/01/2013

Status Code: A

Category #: III

Email 1:

Email 2:

Email 3:

Location Address: 924 HANES MALL BLVD

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: TODD PERKINS

Telephone:

Temperature Observations

Item	Location	Temp	Item	Location	Temp	Item	Location	Temp
salad mix	make unit	40	grilled chicken	hot hold	154	chicken	walk in cooler	44
grilled chicken	make unit	38	spicy chicken	hot hold	166	sausage	walk in cooler	34
carrots and	reach in cooler	44	chicken	breading station	43	fruit cup	reach in cooler drive	42
chicken	hot hold	164	chicken	breading station reach in	39			
chicken	hot hold	167	spicy chicken	breading station reach in	43			
lettuce	ice bath	51	chicken salad	reach in cooler	42			
sliced tomato	ice bath	44	hot water	veggie sink	146			
grilled	hot hold	136	lettuce	walk in cooler	45			

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.

Spell

2 An employee health policy must be in place and each employee must be informed and aware of illness reporting responsibilities. Please refer to handout given to PIC.
2-201.11 (A), (B), (C), & (E) Responsibility of Permit Holder, Person in Charge, and Conditional Employees

8 Employee placed bins on handwash sink and PIC immediately removed them. Handwash sinks should only be used for handwashing. CDI // A trash bin should be located near handwash sink to dispose of paper towels.
5-501.16 (C) and 6-301.20

35 A container of flour was found unlabeled. Unless food is readily identifiable (ex: pasta), working containers hold food or food ingredients must be labeled with common name of food.
3-302.12 Food Storage Containers Identified with Common Name of Food

39 Wiping cloths were found on prep tables in kitchen area. When not in use, wiping cloths must be in a sanitizer solution.
3-304.14 Wiping Cloths, Use Limitation

Comment Addendum to Food Establishment Inspection Report

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Observations and Corrective Actions

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43 Coffee cups on beverage line were not protected by packaging or dispenser. Protect cups from splash and other possible contamination. 4-903.11 (A) and (C) Equipment, Utensils, Linens and Single-Service and Single-Use Articles-Storing

45 Shelving in reach in coolers and walk in cooler is beginning to chip and rust. 4-101.19 Nonfood-Contact Surfaces // Torn gasket was found on first reach in cooler in the prep line.

52 Plug in recycling dumpster is missing.

53 Repair holes in the wall of the can wash area.

54 In the women's restroom, lighting measured 10 foot candles at the hand wash sink. A minimum of 20 foot candles is required.

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