

# Food Establishment Inspection Report

Score: 96.5

Establishment Name: BRUEGGERS BAGELS

Establishment ID: 3034011965

Date: 02 / 15 / 2013 Status Code: A

Time In: 04 : 00  am  pm Time Out: 06 : 00  am  pm

Total Time: 2 hrs 0 minutes

Category #: II

Establishment Type: \_\_\_\_\_

**Instructions:**

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

Location Address: 205 S STRATFORD ROAD

City: WINSTON SALEM

State: NC Zip: 27103

County: 34 Forsyth

Permittee: THREE BELLS BAGELS, 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".

<b>Foodborne Illness Risk Factors and Public Health Interventions</b>									
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
<b>Supervision</b> .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"/>
<b>Employee Health</b> .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"/>
<b>Good Hygienic Practices</b> .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"/>
<b>Preventing Contamination by Hands</b> .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"/>
<b>Approved Source</b> .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	Required records available: shellstock tags, parasite destruction		<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0	<input type="radio"/>
<b>Protection from Contamination</b> .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
14	<input type="radio"/> IN	<input checked="" type="radio"/> OUT		Food-contact surfaces: cleaned & sanitized		<input checked="" type="radio"/> 3	<input type="radio"/> 1.5	<input type="radio"/> 0	<input checked="" 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"/>
<b>Potentially Hazardous Food Time/Temperature</b> .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
17	<input type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<input checked="" type="radio"/> N/O	Proper reheating procedures for hot holding		<input type="radio"/> 3	<input type="radio"/> 1.5	<input type="radio"/> 0
18	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<input type="radio"/> N/O	Proper cooling time & temperatures		<input type="radio"/> 3	<input type="radio"/> 1.5	<input type="radio"/> 0
19	<input type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<input checked="" type="radio"/> N/O	Proper hot holding temperatures		<input type="radio"/> 3	<input type="radio"/> 1.5	<input type="radio"/> 0
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
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
22	<input type="radio"/> IN	<input type="radio"/> OUT	<input checked="" 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
<b>Consumer Advisory</b> .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
<b>Highly Susceptible Populations</b> .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
<b>Chemical</b> .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
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
<b>Conformance with Approved Procedures</b> .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



# Food Establishment Inspection Report, continued

Establishment Name: BRUEGGERS BAGELS

Establishment ID: 3034011965

**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:**

Erin Huffman  
Person in Charge (Print)

Erin Huffman  
Person in Charge (Signature)

M. Craig Faircloth  
Regulatory Authority (Print)

[Signature]  
Regulatory Authority (Signature)

Contact Number: ( 336 ) 703 - 3166

Verification Required Date: \_\_\_ / \_\_\_ / \_\_\_

REHS ID: 1938 - Faircloth, Craig

<b>Good Retail Practices</b>					
Preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.					

Compliance Status		OUT	CDI	R	VR			
<b>Safe Food and Water</b> .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"/>
<b>Food Temperature Control</b> .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"/>
<b>Food Identification</b> .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"/>
<b>Prevention of Food Contamination</b> .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"/>
<b>Proper Use of Utensils</b> .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 checked="" type="radio"/> IN <input type="radio"/> OUT	Utensils, equipment & linens: properly stored, dried & handled	1	0.5	0	<input 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"/>
<b>Utensils and Equipment</b> .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 type="radio"/>	<input type="radio"/>
<b>Physical Facilities</b> .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 checked="" type="radio"/> IN <input type="radio"/> OUT	Garbage & refuse properly disposed; facilities maintained	1	0.5	0	<input type="radio"/>	<input 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 type="radio"/>	<input type="radio"/>
54	<input type="radio"/> IN <input checked="" type="radio"/> OUT	Meets ventilation & lighting requirements; designated areas used	1	0.5	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Total Deductions:</b>			3.5					

No. of Risk Factor/ Intervention Violations: 1

No. of Repeat Risk Factor/ Intervention Violations: 1

# Comment Addendum to Food Establishment Inspection Report

Establishment Name: BRUEGGERS BAGELS

Establishment ID: 3034011965

Date: 02/15/2013

Location Address: 205 S STRATFORD ROAD

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: THREE BELLS BAGELS, INC.

Telephone: \_\_\_\_\_

Status Code: A

Category #: II

Email 1: \_\_\_\_\_

Email 2: \_\_\_\_\_

Email 3: \_\_\_\_\_

## Temperature Observations

Item	Location	Temp	Item	Location	Temp	Item	Location	Temp
cream cheese	make unit	42	omlet	walk in cooler	40			
salmon	make unit	41	salmon	walk in cooler	41			
turkey	make unit	41	roast beef	walk in cooler	40			
chicken salad	make unit	42	hot water	3 comp sink	154			
cut tomatoes	make unit	41						
ham	reach in cooler	40						
turkey	reach in cooler	41						
turkey	walk in cooler	40						

## 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 Detailed cleaning is needed on the soda machine and tea urn nozzles and the ice machine.
- 47 Cleaning is needed on the shelving, the cabinets, areas bellow table top equipment, and the top of the make units.
- 53 Repair the damaged floor tiles around the drain adjacent to the oven and the damaged baseboard tile adjacent to the walk in cooler.
- 54 Lighting levels above the clean drain board of the 3 compartment sink and the steam kettle are too low (21Ftc). The required lighting level for these areas is 50 Ftc. Repair the damaged light fixture.



Spell



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## 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.



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Spell



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## 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.

