Food Establishment Inspection Report

Establishment Name: SPRINGHILL SUITES BREAKFAST AREA Establishment ID: 3034011967

Date: <u>Ø 2</u> / <u>Ø 7</u> / <u>2 Ø 1 3</u> Status Code: A						
Time In: <u>Ø 8</u> : <u>3 Ø 0 pm</u> Time Out: <u>1 Ø</u> : <u>1 5 0 pm</u>						
Total Time: 1 hr 45 minutes						
Category #: _IV						
Establishment Type:						

Instructions:

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

Location Address: 1015 MARRIOTT CROSSING WAY
City: WINSTON SALEM
State: NC Zip: 27103
County: 34 Forsyth
Permittee: BPR HOTELS OF HANES MALL, LLC
Telephone:
⊗Inspection
○Re-Inspection
Wastewater System:
⊗Municipal/Community
On-Site System
Water Supply:
⊗Municipal/Community
On-Site System

 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

 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

Risk factors: Contributing factors that increase the chance of developing foodborne illness. **Public Health Interventions:** Control measures to prevent foodborne illness or injury

Pu	blic Health Interv	ventions: Control measures to prevent foodborne illness	or injury.			
Со	mpliance Statu	OUT	CDI	R	VR	
Su	pervision	.2652				
1	⊗ ○ ○ IN OUT N/A	PIC Present; Demonstration-Certification by accredited program and perform duties	○ ○ 2 0	0	0	0
En	ployee 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	od Hygienic F	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					0
Pre	eventing Cont	amination by Hands .2652, .2653, .2655, .265	6			
6	⊗ ○ IN OUT	Hands clean & properly washed	O O O 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	0 0 0 3 1.5 0	0	0	0
8	⊗ ○ IN OUT	Handwashing sinks supplied & accessible	O O O 2 1 0	0	0	0
Ap	proved Sourc	e .2653, .2655				
9	⊗ ○ IN OUT	Food obtained from approved source	0 0 0 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 IN OUT N/A N/O	$ \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc $ 2 1 0	0	0	0	
Pro	otection from	Contamination .2653, .2654				
13		Food separated & protected	000		0	0
14	IN OUT N/A N/O	Food-contact surfaces: cleaned & sanitized	3 1.5 0 ○ 8 ○ 3 1.5 0	0	0	0
15	® ○ IN OUT				0	0
Pο		rdous Food TIme/Temperature .2653	2 1 0	_	-	
16	O O O S	Proper cooking time & temperatures	000		0	0
17		Proper reheating procedures for hot holding	3 1.5 0	0	0	0
18	0008	Proper cooling time & temperatures	3 1.5 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	3 1.5 0	0	0	0
22	IN OUT N/A N/O	Time as a public health control: procedures & records	3 1.5 0	0	0	0
	IN OUT N/A N/O	sory .2653	2 1 0			
	0 0 8	Consumer advisory provided for raw or undercooked	000			
23	IN OUT N/A	foods	1 0.5 0		0	0
Hi	, ,	ole Populations .2653				
24	IN OUT N/A	Pasteurized foods used; prohibited foods not offered	3 1.5 0	0	0	0
Ch	emical	.2653, .2657				
25	IN OUT N/A	Food additives: approved & properly used	0 0 0	0	0	0
26	Ø ○ ○ IN OUT N/A	Toxic substances properly identified stored, & used	$\begin{array}{c c} \bigcirc \bigcirc \bigcirc \bigcirc \\ 2 & 1 & 0 \end{array}$		0	0
Co		th Approved Procedures .2653, .2654,	.2658			
27	⊗ ○ ○ IN OUT N/A	Compliance with variance, specialized process, reduced oxygen packing criteria or HACCP plan	0			0

Food Establishment Inspection Report, continued

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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".
- 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:

Person in Charge (Print)

Person in Charge (Signature)

Regulatory Authority (Print)

Regulatory Suthority (Signature)

Contact Number: (336) 703 - 3128

Verification Required Date: ___/ ___/

REHS ID: 944 - Sizemore, Clark

No. of Risk Factor/ Intervention Violations: ______ No. of Repeat Risk Factor/Intervention Violations:

Good Retail Practices										
Preventative measures to control the addition of pathogens,										
C	chemicals, and physical objects into foods.									
Compliance Status OUT C Safe Food and Water .2653, .2655, .2658										
28	⊗ IN	OUT	Pasteurized eggs used where required		0.5	0	0	0	0	
29	⊗ IN	OUT	Water and ice from approved source	0	0	0	0	0	0	
30	O (0	0.5	0	0	0	0			
Food Temperature Control .2653, .2654										
31	⊗ IN	OUT	Proper cooling methods used; adequate equipment for temperature control		〇 0.5	0	0	0	0	
32		○ ⊗ TN/A N/O	Plant food properly cooked for hot holding		〇 0.5		0	0	0	
33		○ ⊗	Approved thawing methods used		〇 0.5	0	0	0	0	
34	⊗ IN	OUT	Thermometers provided & accurate		〇 0.5		0	0	0	
Fc	od Ide	ntificati	on .2653							
35	⊗ IN	OUT	Food properly labeled: original container) 2	<u> </u>	0	0	0	0	
Pr			ood Contamination .2652, .2653, .2654, .265		_	$\overline{}$				
36	⊗ IN	OUT	Insects & rodents not present; no unauthorized animals	2	1	0	0	0	0	
37	⊗ IN	OUT	Contamination prevented during food preparation, storage & display) 2	1	0	0	0	0	
38	8 N OUT Personal cleanliness 1 0.5							0	0	
39	9 8 0 Wiping cloths: properly used & stored 0.5 1 0.5							0	0	
40 8 0 Washing fruits & vegetables 0 0 0 1 0.5 0								0	0	
Pr	•	lse of U	tensils .2653, .2654							
41	⊗ IN	OUT	In-use utensils: properly stored		0.5	0	0	0	0	
42	⊗ IN	OUT	Utensils, equipment & linens: properly stored, dried & handled		0.5		0	0	0	
43	⊗ IN	OUT	Single-use & single-service articles: properly stored & used		0.5	0	0	0	0	
44	⊗z	OUT	Gloves used properly) 1	〇 0.5	0	0	0	0	
Ut			uipment .2653, .2654, .2663							
45	OIN	⊗ OUT	Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed, & used	2	1	⊗ 0	0	0	0	
46	O IN	⊗ OUT	Warewashing facilities: installed, maintained, & used; test strips	1	〇 0.5	0	0	0	0	
47	○ N	⊗ OUT	Non-food contact surfaces clean		O 0.5		0	0	0	
Ph		Faciliti	es .2654, .2655, .2656							
48	⊗ IN	OUT	Hot & cold water available; adequate pressure) 2	0	0	0	0	0	
49	⊗ IN	OUT	Plumbing installed; proper backflow devices) 2	1	\bigcirc \circ	0	0	0	
50	⊗ IN	OUT	Sewage & waste water properly disposed) 2	1	0	0	0	0	
51	⊗ IN	OUT	Toilet facilities: properly constructed, supplied & cleaned) 1	0.5	0	0	0	0	
52	○ N	⊗ OUT	Garbage & refuse properly disposed; facilities maintained		⊗ 0.5		0	0	0	
53	⊗ IN	OUT	Physical facilities installed, maintained & clean		〇 0.5		0	0	0	
54	⊗ IN	OUT	Meets ventilation & lighting requirements; designated areas used		〇 0.5		0	0	0	
			Total Deductions:	2						

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

_						1			tion Report	Ĺ
Ε		ent Name: SPRINGH				Establis	hment ID: _	3034011967	Date: 02/07/2	013
	Location	Address: 1015 MAR	RRIOTT CRO	SSING WA	Υ				Status Code	:_A
	City: WI	NSTON SALEM		Sta	te: NC				Category #:	IV
	_	34 Forsyth		p: 27103					Email 1:	
		ater System: ⊗ Mu							Email 2:	
	Water S	uppry: ⊗ Mu ee: _BPR HOTELS OF	inicipal/Commur F HANES MAL		Site System				Email 3:	
	Telepho								Elliali 5.	
Γ				Ter	nperature	Observa	ations			
	em	Location	Temp	Item	Locati	on	Temp	Item	Location	Temp
-	water	faucet	140							
_	rinse	dish machine	165							
-	iquid eggs	up right	43							
-	poiled eggs	glass door unit	41							
_	milk	glass door unit	41 167							
-	eggs	hot holding	159	-				-		
-	sausage oatmeal	hot holding hot holding	162							
Ē	Jatifical	not notaling		heoryo	tions and	Corrocti	ve Actions			
L	,	Violations cited in this re							05.11 of the food code.	
3	NA									
3	Person ir	n charge must know	when to exc	lude and r	restrict food	emplovees.	2-201.12			
•	. 0.001111	. onargo maot know	WHOT TO ONO	iddo dira i		op.o, 000.				
	-				400	0				
14		tizer in the 3-compar in the sink corrected							well over 400ppm Q	uat. Mix
					-					
				_						
45	Cabinets	in serving area need	d detail paint	ting at sor	ne shelving.	4-201.11				

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Comment Addendum to Food Establishment Inspection Report

Establishment Name: SPRINGHILL SUITES BREAKFAST AREA	Establishment ID: 3034011967
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Observations	and C	orroc	stiv.o	A ctions
Coservanons	ancit	JUHEC	nve	ACHORS

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.



Temperature in wash vat of 3-compartment sink must be 110F; 90F today. 4-302.13

Detail cleaning on one shelve in kitchen to remove sticker residue. Cleaning needed in cereal cabinet up front. 4-601.11,4-602.13

Need plug in dumpster. 5-501.114

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Observations and Corrective Actions

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