

Food Establishment Inspection Report

Score: 98

Establishment Name: MCDONALDS #4481

Establishment ID: 3034011978

Date: 02 / 14 / 2013 Status Code: A

Time In: 01 : 45 am pm Time Out: 05 : 30 am pm

Total Time: 3 hrs 45 minutes

Category #: II

Establishment Type: _____

Instructions:

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

Location Address: 2470 LEWISVILLE CLEMMONS ROAD

City: CLEMMONS

State: NC Zip: 27012

County: 34 Forsyth

Permittee: RAT RACE MANAGEMENT, 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"/>	<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"/>	<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"/>	<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"/>	<input type="radio"/>
Preventing Contamination by Hands .2652, .2653, .2655, .2656											
6	<input type="radio"/> IN	<input checked="" type="radio"/> OUT	Hands clean & properly washed				<input type="radio"/> 4	<input type="radio"/> 2	<input checked="" type="radio"/> 0	<input checked="" type="radio"/>	<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 type="radio"/> IN	<input checked="" type="radio"/> OUT	Handwashing sinks supplied & accessible				<input type="radio"/> 2	<input type="radio"/> 1	<input checked="" type="radio"/> 0	<input checked="" type="radio"/>	<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"/>	<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"/>	<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
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
14	<input type="radio"/> IN	<input checked="" type="radio"/> OUT	Food-contact surfaces: cleaned & sanitized				<input type="radio"/> 3	<input type="radio"/> 1.5	<input checked="" type="radio"/> 0	<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"/>	<input type="radio"/>
Potentially Hazardous Food Time/Temperature .2653											
16	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<input 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 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
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
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 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
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 type="radio"/> IN	<input type="radio"/> OUT	<input checked="" 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 type="radio"/> IN	<input checked="" type="radio"/> OUT	<input type="radio"/> N/A	Toxic substances properly identified stored, & used				<input type="radio"/> 2	<input type="radio"/> 1	<input checked="" type="radio"/> 0	<input checked="" 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

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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:

Leticia Graciano

Person in Charge (Print)

Leticia G.

Person in Charge (Signature)

C. Kent Long

Regulatory Authority (Print)

C. Long

Regulatory Authority (Signature)

Contact Number: (336) 703 - 3136

Verification Required Date: ___ / ___ / ___

REHS ID: 1158 - Long, C. Kentt

No. of Risk Factor/
Intervention
Violations: 4

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					0	0	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					0	0	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					0	0	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
32	<input type="radio"/> IN	<input type="radio"/> OUT	<input checked="" type="radio"/> N/A	<input type="radio"/> N/O	Plant food properly cooked for hot holding					0	0	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33	<input type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<input checked="" type="radio"/> N/O	Approved thawing methods used					0	0	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34	<input type="radio"/> IN	<input checked="" type="radio"/> OUT	Thermometers provided & accurate					0	0	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					0	0	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657															
36	<input type="radio"/> IN	<input checked="" type="radio"/> OUT	Insects & rodents not present; no unauthorized animals					0	2	1	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
37	<input type="radio"/> IN	<input checked="" type="radio"/> OUT	Contamination prevented during food preparation, storage & display					0	0	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
38	<input type="radio"/> IN	<input checked="" type="radio"/> OUT	Personal cleanliness					0	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					0	0	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
40	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Washing fruits & vegetables					0	0	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					0	0	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					0	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					0	0	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
44	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Gloves used properly					0	0	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Utensils and Equipment .2653, .2654, .2663															
45	<input type="radio"/> IN	<input checked="" type="radio"/> OUT	Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed, & used					0	2	1	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
46	<input type="radio"/> IN	<input checked="" type="radio"/> OUT	Warewashing facilities: installed, maintained, & used; test strips					0	0	0	0	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	
47	<input type="radio"/> IN	<input checked="" type="radio"/> OUT	Non-food contact surfaces clean					0	0	0	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Physical Facilities .2654, .2655, .2656															
48	<input type="radio"/> IN	<input checked="" type="radio"/> OUT	Hot & cold water available; adequate pressure					0	0	0	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
49	<input type="radio"/> IN	<input checked="" type="radio"/> OUT	Plumbing installed; proper backflow devices					0	0	0	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					0	0	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					0	0	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					0	0	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					0	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					0	0	0	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Total Deductions:							2								

Comment Addendum to Food Establishment Inspection Report

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Establishment ID: 3034011978

Date: 02/14/2013

Location Address: 2470 LEWISVILLE CLEMMONS ROAD

City: CLEMMONS State: NC

County: 34 Forsyth Zip: 27012

Wastewater System: Municipal/Community On-Site System

Water Supply: Municipal/Community On-Site System

Permittee: RAT RACE MANAGEMENT, INC.

Telephone: _____

Status Code: A

Category #: II

Email 1: _____

Email 2: _____

Email 3: _____

Temperature Observations

Item	Location	Temp	Item	Location	Temp	Item	Location	Temp
hot water	out of tap on utensil sink	132	regular	hot holding	168			
wash water	utensil sink	82	quarter pound	hot holding	167			
french fries	hot holding	205	grilled chicken	hot holding	171			
fish	hot holding	135	McChicken	hot holding	189			
McRib	hot holding	175	chicken	hot holding	162			
grilled onions	hot holding	178	fish McBites	hot holding	165			
crispy chicken	hot holding	179						
milk (for	reach-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

- 6 Be sure employees wash hands after touching hair, headsets, etc. Wash hands for at least 20 seconds and cut off water with paper towel.
- 8 Hand sink (beside utensil sink) blocked by cart. Also spoon stored in hand sink basin and drain leaks. Hand sink for hand washing only, not to be used as a dump sink.
- 14 Stickers still left on some pans, after washing. Pans were placed back in utensil sink to be washed again.
- 26 One sanitizer bucket not labeled in cleaning closet (dining room). Label all chemical containers, buckets and spray bottles.



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Observations and Corrective Actions

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- 34 Thermometers missing from a couple refrigeration units. Corrected while there.
- 36 Couple of flies in facility today. Check with PCO for treatment options.
- 37 Tea urns lids not tight fitting in customer self service area. Be sure and cover hamburger patties inside reach-in freezers.
- 38 Managers need to wear hair restraints, if involved with food preparation.
- 42 Plastic pans, biscuit pans, etc. were stacked wet on shelving. Need to air dry utensils before stacking.
- 45 Replace damaged meat trays and plastic containers (small wares). Walk-in freezer's delivery door is icing up around bottom of door. Door gaskets torn on Delfield reach-in cooler #1, Franke reach-in cooler (for french fries), Wall mounted reach-in freezers (for chicken nuggets, etc.) and reach-in freezer (for hamburger patties). Some fryer baskets are damaged, replace when needed. Prep sink drain leaks, need to repair. One Q-ing oven has damaged interior. Small cutting boards (red and white) for McRib, etc. getting a rough food contact surface, need to replace or resurface. One fryer to be repaired.
- 46 Wash water needs to be maintained at 110 degrees, wash water temperature was 82 degrees.

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Observations and Corrective Actions

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- 47 Clean wall mounted refrigerated case (in drive thru), gaskets, etc.
- 48 Hand sinks warm water temperature in the public bathrooms was too low. Men's hand sink water temperature was 57-81 degrees, women's water temperature was 82-93 degrees. Warm water to hand sinks should be at least 100 degrees.
- 49 Check with Bunn about coffee and tea makers having proper back flow protection (air gap, dual check, etc.). Letter from company (Bunn) stating back flow prevention is installed will be needed or install proper backflow protection on water lines going to both makers.
- 53 Floor tiles damaged around can wash or wash pit. Clean floors in outside storage shed. Keep storage off floor in outside shed and remove unnecessary articles.
- 54 Lighting low over bathrooms fixtures in public bathrooms (urinals and commodes) 20 foot candles of lighting now required in these areas.



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✓
Spell

