

Food Establishment Inspection Report

Score: 94.5

Establishment Name: WAFFLE HOUSE 1020

Establishment ID: 3034012025

Date: 12/20/2012 Status Code: A

Time In: 10:00 am pm Time Out: 12:45 am pm

Total Time: 2 hrs 45 minutes

Category #: II

Establishment Type: _____

Instructions:

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

Location Address: 513 JONESTOWN RD

City: WINSTON SALEM

State: NC Zip: 27103

County: 34 Forsyth

Permittee: WAFFLE HOUSE INC.

Telephone: (336) 760-4417

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 type="radio"/> IN	<input checked="" type="radio"/> OUT		Handwashing sinks supplied & accessible				<input type="radio"/> 2	<input checked="" 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 checked="" type="radio"/> IN	<input type="radio"/> OUT	<input 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 type="radio"/> IN	<input checked="" 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 checked="" type="radio"/> 0	<input type="radio"/>
14	<input type="radio"/> IN	<input checked="" type="radio"/> OUT			Food-contact surfaces: cleaned & sanitized				<input type="radio"/> 3	<input checked="" type="radio"/> 1.5	<input type="radio"/> 0	<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 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	<input type="radio"/>
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	<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 type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<input checked="" 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 checked="" type="radio"/> IN	<input type="radio"/> OUT	<input 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 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: WAFFLE HOUSE 1020

Establishment ID: 3034012025

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:


Person in Charge (Print)


Person in Charge (Signature)

Greg Gartner REHSI
Regulatory Authority (Print)

 REHSI
Regulatory Authority (Signature)

Contact Number: (336) 703 - 3383

Verification Required Date: ___ / ___ / ___

REHS ID: 2360 - Gartner, Gregory

No. of Risk Factor/
Intervention
Violations: 3

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 type="radio"/> IN <input checked="" 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 type="radio"/>	<input checked="" 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 type="radio"/> IN <input checked="" type="radio"/> OUT	Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed, & used	2	1	0	<input type="radio"/>	<input checked="" 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 checked="" type="radio"/> IN <input type="radio"/> OUT	Non-food contact surfaces clean	1	0.5	0	<input type="radio"/>	<input 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 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 checked="" type="radio"/>	<input type="radio"/>	<input checked="" 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 checked="" type="radio"/>	<input type="radio"/>
Total Deductions:			5.5					

Comment Addendum to Food Establishment Inspection Report

Establishment Name: WAFFLE HOUSE 1020
Location Address: 513 JONESTOWN RD
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: WAFFLE HOUSE INC.
Telephone: (336) 760-4417

Establishment ID: 3034012025

Date: 12/20/2012
Status Code: A
Category #: II
Email 1:
Email 2:
Email 3:

Temperature Observations

Item	Location	Temp	Item	Location	Temp	Item	Location	Temp
chili	right hot hold	167	hot water	3 vat sink	150			
gravy	right hot hold	184	plate	dish machine	165			
grits	right hot hold	170	grits	cookline hot hold	160			
grilled chicken	final cook	175	milk	left 4 door unit	42			
cheese	make top	45	air temp	right 4 door unit	37			
lettuce	make top	45	chocolate milk	walk in	38			
tomatoes	make top	40	steak (raw)	walk in	38			
ham (diced)	make top	43						

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.

- 8 Front handsink had ice and empty cup inside. Handsinks are for handwashing only, and not to be used as dump sinks. 15A NCAC 18A .2655 ref. 5-205.11(B): A handwashing sink may not be used for purposes other than handwashing / No handwash sign at this sink. 15A NCAC 18A .2656 ref. 6-301.14 A sign or poster that notifies food employees to wash their hands shall be provided at all handwashing sinks used by food employees and shall be clearly visible to food employees.
- 13 Containers of waffle batter stored beneath flats of raw eggs in right 4 door cooler. Always store raw foods beneath other foods. Corrected during inspection.
- 14 Approximately 1/2 dozen coffee mugs stored as clean had drink residues on them. They were sent back for rewashing. / Ice machine needs additional cleaning behind guard and along chute to remove algale from bottom compartment.
- 39 Wiping clothes stored improperly throughout kitchen (front and back). 15A NCAC 18A .2653 ref. 3-304.14(B-E) Cloths in-use for wiping counters and other equipment surfaces shall be held between uses in a chemical sanitizer solution at proper concentration and laundered daily. Cloths in-use for wiping surfaces in contact with raw animal foods shall be kept separate from cloths used for other purposes. Chemical sanitizing solution shall be free of food debris and visible soil. Containers of chemical sanitizing solutions shall be stored off the floor and used in a manner that prevents contamination of food, utensils, linens, and equipment. Single-use disposable sanitizer wipes shall be used in accordance with EPA-approved manufacturer's label use instructions



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Observations and Corrective Actions

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- 42 Metal containers stacked wet in cabinetry under coffee counter. Allow for utensils to completely air dry before stacking. / Cooking utensils stored in unclean drawer at grill line. Keep utensils stored in clean, dry surfaces.
- 45 Replace missing single service cup holster caps. / One torn cooler gasket observed on left 4 door cooler on top right door must be replaced. / Shelving in right 4 door cooler is beginning to rust/chip. This must be replaced or repaired. If repainting, paint must be foodservice equipment paint approved for incidental food contact. / Properly repair taped drainpipe under men's room handsink. Piping must be smooth and easily cleanable. / Milk crates are not approved as shelving in facility. Remove all crates from facility used in this manner.
- 53 Repeat Violation: Clean floors along walls along cookline and under ice machine.
- 54 Lighting measures below the required minimum 10 foot candles (fc) in the walk in cooler (2-6fc). Lighting measures below the required minimum 20fc in the men's restroom toilet and handsink (5-6fc) and the women's restroom (16-19fc). Increase lighting.

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Observations and Corrective Actions

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Spell



Comment Addendum to Food Establishment Inspection Report

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Observations and Corrective Actions

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