

Food Establishment Inspection Report

Score: 97

Establishment Name: WAFFLE HOUSE #1407

Establishment ID: 3034012029

Date: 01 / 02 / 2013 Status Code: A

Time In: 10 : 45 am pm Time Out: 01 : 15 am pm

Total Time: 2 hrs 30 minutes

Category #: II

Establishment Type: _____

Instructions:

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

Location Address: 150 BEAU VIEW CT

City: WINSTON SALEM

State: NC Zip: 27127

County: 34 Forsyth

Permittee: WAFFLE HOUSE 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"/>
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 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"/>
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 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	<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 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 checked="" type="radio"/> 1.5	<input type="radio"/> 0
14	<input checked="" type="radio"/> IN	<input type="radio"/> OUT		Food-contact surfaces: cleaned & sanitized			<input type="radio"/> 3	<input 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
17	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<input 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 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 type="radio"/> IN	<input checked="" 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 checked="" type="radio"/> 0
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
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
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
Chemical .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
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



Food Establishment Inspection Report, continued

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Establishment ID: 3034012029

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
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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:

Bernard Teresyn
Person in Charge (Print)

[Signature]
Person in Charge (Signature)

McGregor Franklin
Regulatory Authority (Print)

[Signature]
Regulatory Authority (Signature)

Contact Number: (____) _____ - _____

Verification Required Date: ____ / ____ / ____

REHS ID: 1938 - Faircloth, Craig

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	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Pasteurized eggs used where required	1	0	0	
29	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Water and ice from approved source	2	1	0	
30	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A	Variance obtained for specialized processing methods	1	0	5	
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	
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	
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	
34	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Thermometers provided & accurate	1	0	5	
Food Identification .2653						
35	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Food properly labeled: original container	2	1	0	
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	
37	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Contamination prevented during food preparation, storage & display	2	1	0	
38	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Personal cleanliness	1	0	5	
39	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Wiping cloths: properly used & stored	1	0	5	
40	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Washing fruits & vegetables	1	0	5	
Proper Use of Utensils .2653, .2654						
41	<input checked="" type="radio"/> IN <input type="radio"/> OUT	In-use utensils: properly stored	1	0	5	
42	<input type="radio"/> IN <input checked="" type="radio"/> OUT	Utensils, equipment & linens: properly stored, dried & handled	1	0	5	
43	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Single-use & single-service articles: properly stored & used	1	0	5	
44	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Gloves used properly	1	0	5	
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	
46	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Warewashing facilities: installed, maintained, & used; test strips	1	0	5	
47	<input type="radio"/> IN <input checked="" type="radio"/> OUT	Non-food contact surfaces clean	1	0	5	
Physical Facilities .2654, .2655, .2656						
48	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Hot & cold water available; adequate pressure	2	1	0	
49	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Plumbing installed; proper backflow devices	2	1	0	
50	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Sewage & waste water properly disposed	2	1	0	
51	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Toilet facilities: properly constructed, supplied & cleaned	1	0	5	
52	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Garbage & refuse properly disposed; facilities maintained	1	0	5	
53	<input type="radio"/> IN <input checked="" type="radio"/> OUT	Physical facilities installed, maintained & clean	1	0	5	
54	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Meets ventilation & lighting requirements; designated areas used	1	0	5	
Total Deductions:			3			

Comment Addendum to Food Establishment Inspection Report

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Date: 01/02/2013

Location Address: 150 BEAU VIEW CT

Status Code: A

City: WINSTON SALEM State: NC

Category #: II

County: 34 Forsyth Zip: 27127

Email 1:

Wastewater System: Municipal/Community On-Site System

Water Supply: Municipal/Community On-Site System

Email 2:

Permittee: WAFFLE HOUSE INC.

Email 3:

Telephone: _____

Temperature Observations

Item	Location	Temp	Item	Location	Temp	Item	Location	Temp
cut tomatoes	make unit	40	steak	walk in cooler	40			
hamburger	reach in cooler	41	milk	walk in cooler	42			
mushrooms	make unit	40	hot water	3 comp sink	142			
countyr ham	cooler drawer	41						
ham cubes	make unit	45						
sausage	hot hold	157						
grits	hot hold	174						
ham	walk in cooler	41						

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

- 13 Sealed packages of steak and containers of ground beef patties were found stored above packages of pork chops and slabs of bacon. Keep all items on shelves in refrigerated storage in order of final cooking temperature. E.G. (from bottom to top shelves) poultry, ground beef, beef, shell eggs, pork, seafood, and vegetables / cooked / ready to eat.

- 21 A date marking procedure is not currently in place in this facility. A date marking procedure required so that items can be tracked and stock can be properly rotated. Food items must be either used or discarded within 4 days of initial prep.

- 42 Utensils were found stored in dirty bins. Clean the utensil storage bins on a regular basis.

- 45 Repair or replace all rusting damaged shelving and shelf supports.



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47 Cleaning is needed on the exterior of cook line equipment, in cabinets, in drawers, and on the areas below table top equipment.

53 Cleaning is needed on the floors below equipment and shelving along baseboards and in corners.



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✓
Spell



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