

Food Establishment Inspection Report

Score: 96.5

Establishment Name: BREAKFAST OF COURSE-MARYS TOO

Establishment ID: 3034012032

Date: 04 / 03 / 2013 **Status Code:** A

Time In: 09 : 10 am pm **Time Out:** 12 : 30 am pm

Total Time: 3 hrs 20 minutes

Category #: IV

Establishment Type: Full-Service Restaurant

Instructions:

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

Location Address: 723 NORTH TRADE STREET

City: WINSTON SALEM

State: NC **Zip:** 27101

County: 34 Forsyth

Permittee: BREAKFAST OF COURSE MARYS

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 type="radio"/> IN | <input checked="" type="radio"/> OUT | | Management, employees knowledge; responsibilities & reporting | | | | <input type="radio"/> 3 | <input type="radio"/> 1.5 | <input checked="" 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 type="radio"/> IN | <input checked="" 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 checked="" type="radio"/> 1.5 | <input type="radio"/> 0 | <input checked="" 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 | <input type="radio"/> |
| 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 | <input type="radio"/> |
| 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 | <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 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 | <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 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 | <input type="radio"/> |
| Consumer Advisory .2653 | | | | | | | | | | | | |
| 23 | <input type="radio"/> IN | <input checked="" 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 checked="" 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: BREAKFAST OF COURSE-MARYS TOO

Establishment ID: 3034012032

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:

First Last
Shama .Blalock

Person in Charge (Print)

Shama Blalock
Person in Charge (Signature)

First Last
Mike Patrick

Regulatory Authority (Print)

Michael Patrick REHS
Regulatory Authority (Signature)

Contact Number: (336) 703 - 3142

Verification Required Date: ___ / ___ / ___

REHS ID: 1050 - Patrick, Michael

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 checked="" type="radio"/> IN | <input type="radio"/> OUT | <input type="radio"/> N/A | <input type="radio"/> N/O | 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 type="radio"/> IN | <input type="radio"/> OUT | <input type="radio"/> N/A | <input checked="" 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 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"/> | | |
| 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 type="radio"/> | <input type="radio"/> | | |
| 46 | <input type="radio"/> IN | <input checked="" 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"/> | | |
| 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 type="radio"/> | <input type="radio"/> | <input type="radio"/> | | |
| 54 | <input checked="" type="radio"/> IN | <input type="radio"/> OUT | Meets ventilation & lighting requirements; designated areas used | | | | | 1 | 0.5 | 0 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | |
| Total Deductions: | | | | | | | | 3.5 | | | | | | | |

Comment Addendum to Food Establishment Inspection Report

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Establishment ID: 3034012032

Date: 04/03/2013

Location Address: 723 NORTH TRADE STREET

City: WINSTON SALEM State: NC

County: 34 Forsyth Zip: 27101

Wastewater System: Municipal/Community On-Site System

Water Supply: Municipal/Community On-Site System

Permittee: BREAKFAST OF COURSE MARYS TOOLLC

Telephone: _____

Status Code: A

Category #: IV

Email 1:

Email 2:

Email 3:

Temperature Observations

| Item | Location | Temp | Item | Location | Temp | Item | Location | Temp |
|--------------|--------------|------|--------------|----------------|------|------|----------|------|
| hot water | utensil sink | 163 | ham | cooler drawer | 41 | | | |
| sanitizer | spray bottle | 50 | sausage | cooler drawer | 41 | | | |
| diced tomato | make unit | 38 | steak | cooler drawer | 42 | | | |
| diced tomato | make unit | 40 | cheese | ice bath | 42 | | | |
| sausage | make unit | 41 | tomato | walk in cooler | 35 | | | |
| ham | make unit | 42 | salmon | walk in cooler | 36 | | | |
| tomato basil | steam table | 140 | tomato basil | walk in cooler | 41 | | | |
| grits | steam table | 165 | | | | | | |

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.

- 2 •2-201.11 (A), (B), (C), & (E) Responsibility of Permit Holder, Person in Charge, and Conditional Employees You need to establish an employee health policy, preferably by using the pre-approved form provided, signed by all employees and management, and kept on file.
- 7 Cook was using bare-hand contact with preparing breakfast dishes. Must use proper use of gloves, tongs, spoons, deli paper, etc.
3-301.11 Preventing Contamination from Hands
- 23 " Need a consumer advisory on the menu because of eggs cooked to order.
3-603.11 Consumption of Animal Foods that are Raw, Undercooked, or Not Otherwise Processed to Eliminate Pathogens
- 39 3-304.14 Wiping Cloths, Use Limitation Keep wiping cloths in a sanitizer solution and keep it clean.



Spell



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Observations and Corrective Actions

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- 45 4-101.17 Wood, Use Limitation Use a cleanable item as a block behind refrigerators.
4-202.16 Nonfood-Contact Surfaces Repair gaskets where needed, re-paint shelf with food-grade paint
4-202.11 Food-Contact Surfaces-Cleanability Replace worn out and badly cracked wooden bowls used for cook area.
- 46 Need a spec plate for dishmachine. 4-204.113 Warewashing Machine, Data Plate Operation Specifications
• 4-203.13 Pressure Measuring Devices, Mechanical Warewashing Equipment The pressure gauge shows about 10psi - have checked out by a professional. Should be about 20 psi.
- 47 4-602.13 Nonfood Contact Surfaces Waist-level and below areas of several pieces of equipment , esp. outside of dishmachine and walk-in cooler shelving, need cleaning.
- 53 6-201.11 Floors, Walls and Ceilings-Cleanability Need to improve on floor and wall cleaning in the kitchen.



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Spell



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