## Food Establishment Inspection Report

Establishment Name: PINETREE BAR AND GRILL

Date: 01/17/2013 Status Code: A

Time In: 01:500 am Time Out: 03:550 am Total Time: 0:2 brs 5 minutesCategory #: III

Establishment Type:

## Instructions:

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

Location Address: 3880 BETHANIA STATION RD											
City: WINSTON SALEM											
State: NC Zip: 27106											
County: 34 Forsyth											
Permittee: HAZEL MARY LOU LESTER											
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".

Establishment ID: 3034012036

#### Foodborne Illness Risk Factors and Public Health Interventions

Score: 99

Risk factors: Contributing factors that increase the chance of developing foodborne illness.

Public Health Interventions: Control measures to prevent foodborne illness or injury.

Public Health Interventions: Control measures to prevent foodborne illness or injury.													
Со	mpliance Statu	OUT	CDI	R	VR								
Su	Supervision .2652												
1	O & O	PIC Present; Demonstration-Certification by accredited program and perform duties	○ <b>⊗</b> 2 0	0	0	0							
En	Employee Health .2652												
2	O & IN OUT	Management, employees knowledge; responsibilities & reporting	○ ○ <b>⊗</b> 3 1.5 0	8	0	0							
3	⊗ ⊖ IN OUT	Proper use of reporting, restriction & exclusion	○ ○ ○ 3 1.5 0	0	0	0							
Go	od Hygienic P												
4	⊗ ○ IN OUT	Proper eating, tasting, drinking, or tobacco use	0 0 0 2 1 0	0	0	0							
5	⊗ ○ IN OUT	No discharge from eyes, nose, and mouth	0 0 0 1 0.5 0	0	0	0							
Pre	6												
6	⊗ O IN OUT	Hands clean & properly washed	0 0 0 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	○ ○ ○ 3 1.5 0	0	0	0							
8	⊗ ○ IN OUT	Handwashing sinks supplied & accessible	$ \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc $ 2 1 0	0	0	0							
Ap	proved Sourc	e .2653, .2655											
9	⊗ ○ IN OUT	Food obtained from approved source	$ \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc 2 \bigcirc 1 \bigcirc 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	Required records available: shellstock tags, parasite destruction	$ \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc $ 2 1 0	0	0	0							
Pro	otection from	Contamination .2653, .2654											
13	⊗ ○ ○ ○ IN OUT N/A N/O	Food separated & protected	0 0 0 3 1.5 0	0	0	0							
14	⊗ ○ IN OUT	Food-contact surfaces: cleaned & sanitized	3 1.5 0 3 1.5 0	0	0	0							
15	⊗ ○ IN OUT	Proper disposition of returned, previously served, reconditioned, & unsafe food	000	0	0	0							
Po	tentially Haza	rdous Food Time/Temperature .2653											
16	O O O S IN OUT N/A N/O	Proper cooking time & temperatures	0 0 0 3 1.5 0	0	0	0							
17	O O O S IN OUT N/A N/O	Proper reheating procedures for hot holding	○ ○ ○ 3 1.5 0	0	0	0							
18	⊗ ○ ○ ○ IN OUT N/A N/O	Proper cooling time & temperatures	0 0 0 3 1.5 0	0	0	0							
19	O O & O 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	O 🗞 O O IN OUT N/A N/O	Proper date marking & disposition	○ ○ <b>⊗</b> 3 1.5 0	8	0	0							
22	O O & O IN OUT N/A N/O	Time as a public health control: procedures & records	$ \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc $ 2 1 0	0	0	0							
Со	nsumer Advis	ory .2653											
23	O O & IN OUT N/A	Consumer advisory provided for raw or undercooked foods	0 0 0 1 0.5 0	0	0	0							
Hiç		ble Populations .2653											
24	O O & IN OUT N/A	Pasteurized foods used; prohibited foods not offered	0 0 0 3 1.5 0	0	0	0							
Ch	emical	.2653, .2657											
25	O O S IN OUT N/A	Food additives: approved & properly used	0 0 0	0	0	0							
26	⊗ ○ ○ 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	0							
Со	Conformance with Approved Procedures .2653, .2654, .2658												
27	O O S	Compliance with variance, specialized process, reduced oxygen packing criteria or HACCP plan	999	0									

## Food Establishment Inspection Report, continued

Establishment Name: PINETREE BAR AND GRILL Establishment ID: 3034012036

### 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

- 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:

Matic Katz Person in Charge (Print)

Person in Charge (Signature)

Regulatory Authority (Print)

Regulatory Authority (Signature)

Contact Number: (<u>336</u>) <u>703</u> - <u>3135</u>

Verification Required Date: \_\_\_/\_\_/\_\_

REHS ID: 1958 - Allred, Christy

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 ○ ○ ○ 1 0.5 0 OUT 0 28 Pasteurized eggs used where required $\circ$ 0 O O O 0 0 0 29 Water and ice from approved source OUT O O & IN OUT N/A Variance obtained for specialized processing methods 0 30 0 **Food Temperature Control** .2653, .2654 Proper cooling methods used; adequate equipment for temperature control 0 0 0 OUT 0 0 O O S Plant food properly cooked for hot holding 0 0 0 1 0.5 0 32 0 0 0 ⊗ ○ ○ ○ Approved thawing methods used IN OUT N/A N/O 0 0 0 1 0.5 0 33 0 0 0 0 0 1 0.5 0 OUT Thermometers provided & accurate 0 0 0 34 **Food Identification** .2653 OUT Food properly labeled: original container 0 0 35 0 Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657 OUT 0 0 36 Insects & rodents not present; no unauthorized animals 0 0 0 OUT Contamination prevented during food preparation, 37 0 0 $\bigcirc$ storage & display OUT O O O 38 Personal cleanliness 0 0 0 ⊗ IN OUT 0 0 0 1 0.5 0 0 39 Wiping cloths: properly used & stored 0 0 OUT ○ ○ ○ 1 0.5 0 40 Washing fruits & vegetables 0 0 **Proper Use of Utensils** .2653, .2654 0 0 0 1 0.5 0 ⊗ IN OUT In-use utensils: properly stored 41 0 0 000Utensils, equipment & linens: properly stored, dried & handled 0 0 0 42 OUT 1 0.5 0 Single-use & single-service articles: properly 43 0 0 0 OUT 1 0.5 0 stored & used ⊗ IN OUT $\overline{000}$ 0 0 44 Gloves used properly 0 1 0.5 0 **Utensils** and Equipment .2653, .2654, .2663 $\bigcirc \bigcirc \bigcirc$ Equipment, food & non-food contact surfaces approved, 45 0 $\bigcirc$ OŬT cleanable, properly designed, constructed, & used 8 OUT 0 0 0 1 0.5 0 Warewashing facilities: installed, maintained, & used; 46 0 0 0 ΙŇ test strips OUT 0 0 0 1 0.5 0 0 0 0 47 Non-food contact surfaces clean **Facilities Physical** .2654, .2655, .2656 $\bigcirc \bigcirc \bigcirc \bigcirc$ 2 1 0 OUT Hot & cold water available; adequate pressure 0 0 0 48 ⊗ IN OUT 49 Plumbing installed; proper backflow devices 0 0 0 OUT 50 0 0 0 Sewage & waste water properly disposed 1 0 ⊗ IN 0 0 0 1 0.5 0 OUT Toilet facilities: properly constructed, supplied 0 0 51 0 OUT Garbage & refuse properly disposed; 0 0 0 1 0.5 0 52 0 0 facilities maintained 0000 53 Physical facilities installed, maintained & clean 0 0 0 OUT 1 0.5 0 OIN ⊗ OUT **⊗** ○ ○ 1 0.5 0 Meets ventilation & lighting requirements; 54 0 8 0 **Total Deductions:**

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

Establishme	Establish	ment ID: _	3034012036	Date: 01/17/20	13			
Location Address: 3880 BETHANIA STATION RD							Status Code:	Α
City: WIN	NC			Category #:_	III			
County: 3					Email 1:			
Wastewa	System							
Water Su	System			Email 2:				
Permittee: HAZEL MARY LOU LESTER						Email 3:		
Telephon	ne:							
			Temp	erature Observa	tions			
ltem chicken salad			Item air temp	Location make unit bottom	Temp 40	Item	Location	Temp
raw burger	upright cooler	38	air temp	bar cooler	33			
air temp	upright cooler	37						
butter	walk-in cooler	40						
air temp	walk-in cooler	37						
hot water	utensil sink-bar	173						
chlorine	spray bottle	50						
sliced	make unit top	41						
			Observation	ons and Correctiv	e Actions	3	- 44 (1) ( )	
	vsafe will become n			in the time frames below,	or as stated i	n sections 8-405	5.11 of the food code.	
u-pis. Ser	vsale will become in	nanualory be	egirining Jan	uary 2014.				
0-pts. Nev	v Rule. Need to esta	ablish an em	ployee heal	th policy. Please refer	to the attacl	hed handout f	or details.	

0-pts. Potentially hazardous, ready-to-eat foods, that have been prepared onsite and will be held more than 24 hours need to be date marked.

Repeat.. Need to replace burned out light bulbs. The light shield in the walk-in cooler are getting condensation in the globes. The globe shields under the hood need cleaning. The hood section over the fryer needs cleaning.

# Comment Addendum to Food Establishment Inspection Report

Establishment Name: PINETREE BAR AND GRILL Establishment ID: 3034012036

## **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.





Comment Addendum to Food Establishment Inspection Report

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