Food Establishment Inspection Report

Establishment Name: HERO HOUSE PETERS CREEK

Date: <u>Ø 1</u> / <u>25</u> / <u>2 Ø 1 3</u> Status Code: A						
Time In: $\underline{10}$: $\underline{45}^{\otimes}_{\bigcirc}$ am Time Out: $\underline{01}$: <u>3 Ø ⊗</u> p	m m				
Total Time: 2 hrs 45 minutes						
Category #: IV						
Establishment Type:		_				

Instructions:

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

Location Address: 1375 PETERS CREEK PARKWAY
City: WINSTON SALEM
State: NC Zip: 27103
County: 34 Forsyth
Permittee: HH FOOD GROUP 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

Score: 99.5

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

Establishment ID: 3034012039

Pu	DIIC Hea	ith inter	ventions: Control measures to prevent foodborne illness	or injury.					
Со	mpliand	ce Statu	s	OUT	CDI	R	VR		
Su	Supervision .2652								
1	⊗ (IN O	O O UT N/A	PIC Present; Demonstration-Certification by accredited program and perform duties	$\bigcirc \bigcirc$ \bigcirc \bigcirc \bigcirc	0	0	0		
En	ploye	e Health	.2652						
2	⊗ IN	OUT	Management, employees knowledge; responsibilities & reporting	○ ○ ○ 3 1.5 0	0	0	0		
3	⊗ IN	OUT	Proper use of reporting, restriction & exclusion	O O O 3 1.5 0	0	0	0		
Go	od Hy	gienic F	Practices .2652, .2653						
4	⊗ IN	OUT	Proper eating, tasting, drinking, or tobacco use	O O O 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	eventin	g Cont	amination by Hands .2652, .2653, .2655, .265	5					
6	⊗ IN	OUT	Hands clean & properly washed		0	0	0		
7		ON TU	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	O O O 2 1 0	0	0	0		
Аp	proved	l Sourc	e .2653, .2655						
9	⊗ IN	OUT	Food obtained from approved source	$ \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc $ 2 1 0	0	0	0		
10	IN O) & JT 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 IN OUT		Required records available: shellstock tags, parasite destruction	$ \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc $ 2 1 0	0	0	0		
Pro	otectio	n from	Contamination .2653, .2654						
13	⊗ ○ IN OUT	O O N/A N/O	Food separated & protected	○ ○ ○ 3 1.5 0	0	0	0		
14	⊗ IN	OUT	Food-contact surfaces: cleaned & sanitized	○ ○ ○ 3 1.5 0	0	0	0		
15	⊗ IN	OUT	Proper disposition of returned, previously served, reconditioned, & unsafe food	$ \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc $ 2 1 0	0	0	0		
Po	tentiall	y Haza	rdous Food Tlme/Temperature .2653						
16	⊗ ○ IN OUT	O O N/A N/O	Proper cooking time & temperatures	O O O 3 1.5 0	0	0	0		
17		O N/A N/O	Proper reheating procedures for hot holding	○ ○ ○ 3 1.5 0	0	0	0		
18		O O N/A N/O	Proper cooling time & temperatures	○ ○ ○ 3 1.5 0	0	0	0		
19		O O N/A N/O	Proper hot holding temperatures	○ ○ ○ 3 1.5 0	0	0	0		
20		O O N/A N/O	Proper cold holding temperatures	0 0 0 3 1.5 0	0	0	0		
21	⊗ ○ IN OUT		Proper date marking & disposition	0 0 0 3 1.5 0	0	0	0		
22	O O IN OUT	⊗ ○ N/A N/O	Time as a public health control: procedures & records	0 0 0 2 1 0	0	0	0		
Co	nsume	r Advis							
23		O ⊗ JT N/A	Consumer advisory provided for raw or undercooked foods	0 0 0 1 0.5 0	0	0	0		
Hi	ghly Su	sceptil	ole Populations .2653						
24	IN O	O ⊗ JT N/A	Pasteurized foods used; prohibited foods not offered	0 0 0 3 1.5 0	0	0	0		
Ch	emical		.2653, .2657						
25	⊗ (IN OI	JT N/A	Food additives: approved & properly used	0 0 0 1 0.5 0	0	0	0		
26		JT N/A	Toxic substances properly identified stored, & used	$ \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc $ 2 1 0	0	0	0		
Co	nforma		th Approved Procedures .2653, .2654,	.2658					
27		∑ ⊗	Compliance with variance, specialized process,	000		\circ	\bigcirc		

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

Food Establishment Inspection Report, continued

Establishment Name: HERO HOUSE PETERS CREEK Establishment ID: 3034012039

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".
- Continue to page 3 for "Comment Addendum to Food Establishment Inspection Report".

Signature Block:

Tanes Hands Person in Charge (Print)

Person in Charge (Signature)

egulatory Authority (Print)

Contact Number: (<u>336</u>) <u>703</u> - <u>3166</u>

Verification Required Date: ___/__/__

REHS ID: 1938 - Faircloth, Craig

No. of Risk Factor/ Intervention Violations: 0 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 CDI R VR Safe Food and Water .2653, .2655, .2658 0 0 0 OUT 0 28 Pasteurized eggs used where required \circ 0 O O O 29 0 0 0 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 0 0 0 1 0.5 0 NOUT N/A N/O Plant food properly cooked for hot holding 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 0 35 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 ⊗ OUT ○ ○ **⊗** 1 0.5 0 In-use utensils: properly stored 41 0 0 000 Utensils, 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 $\overline{000}$ Gloves used properly 0 0 44 0 1 0.5 0 Utensils and Equipment .2653, .2654, .2663 $\bigcirc \bigcirc \bigcirc$ \bigcirc \bigcirc \bigcirc 1 0 Equipment, food & non-food contact surfaces approved, 45 0 \bigcirc OŬT cleanable, properly designed, constructed, & used ⊗ IN OUT 0 0 0 1 0.5 0 Warewashing facilities: installed, maintained, & used; 46 0 0 test strips ○ ○ **⊗** 1 0.5 0 ⊗ OUT 0 0 0 Non-food contact surfaces clean **Facilities Physical** .2654, .2655, .2656 OUT $\begin{array}{c|c} \bigcirc & \bigcirc & \bigcirc \\ 2 & 1 & 0 \end{array}$ Hot & cold water available; adequate pressure 0 0 0 48 ⊗ IN OUT 49 Plumbing installed; proper backflow devices 0 0 0 ⊗ IN 0 0 OUT 50 0 0 0 Sewage & waste water properly disposed ⊗ IN OUT 0 0 0 1 0.5 0 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 8 $\circ \otimes \circ$ 53 Physical facilities installed, maintained & clean 0 0 0 OUT 1 0.5 0 ⊗ IN OUT 0 0 0 1 0.5 0 Meets ventilation & lighting requirements; 54 0 0 0

North Carolina Department of Health & Human Services ● Division of Public Health

Environmental Health Section ● Food Protection Program

Total Deductions:

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Location Address: 1375 PETERS CREEK PARKWAY City: WINSTON SALEM State: NC		Status Code: A Category #: IV
County: 34 Forsyth Zip: 27103		Email 1:
Wastewater System: ⊗ Municipal/Community ○ On-Site System Water Supply: ⊗ Municipal/Community ○ On-Site System Permittee: HH FOOD GROUP INC.		Email 2:
		Email 3:
Telephone:		

	Temperature Observations							
Item cheese	Location make unit	Temp 40	Item lettuce	Location slald make unit	Temp 42	Item raw chicken	Location walk in cooler	Temp 40
raw chicken	reach in cooler	41	cut tomatoes	make unit	41	hot water	3 comp sink	148
cooked	grill top	172	gyro meat	make unit	41			
cooked	hot hold	179	hamburger	walk in cooler	38			
meat sauce	hot hold	158	turkey	walk in cooler	39			
hot dog	reach in cooler	42	chicken salad	walk in cooler	40			
turkay	make unit	42	meat sauce	walk in cooler	40			
ham and	salad make unit	41	potato salad	walk in cooler	39			

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.

A knife was found stored between pieces of equipment on the front service line. Store in use utensils in a manner that prevents contamination such as a clean dry surface or container.

Cleaning is needed on the shelving on the central prep area.

Repair / seal the cracked or damaged floor tiles throughout the facility.



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