# Food Establishment Inspection Report

Score: 96.5

Establishment Name: MAC & NELLI S

Establishment ID: 3034012125

Date: 12 / 06 / 2012 Status Code: A

Time In: 01 : 00 ○ am ⊗ pm Time Out: 04 : 30 ○ am ⊗ pm

Total Time: 3 hrs 30 minutes

Category #: IV

Establishment Type: Full-Service Restaurant

Instructions:

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

Location Address: 5232 ROBINHOOD VILLAGE RD

City: WINSTON SALEM

State: NC Zip: 27106

County: 34 Forsyth

**Permittee:** MAC ENTERPRISES, LLC

**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 | ⊗ IN ○ OUT ○ N/A | PIC Present; Demonstration-Certification by accredited program and perform duties | ○ 2 ○ 0 | ○ | ○ | ○ |
| | **Employee Health .2652** | | | | | |
| 2 | ○ IN ⊗ OUT | Management, employees knowledge; responsibilities & reporting | ○ 3 ○ 1.5 ⊗ 0 | ⊗ | ○ | ○ |
| 3 | ○ IN ⊗ OUT | Proper use of reporting, restriction & exclusion | ○ 3 ○ 1.5 ⊗ 0 | ⊗ | ○ | ○ |
| | **Good Hygienic Practices .2652, .2653** | | | | | |
| 4 | ⊗ IN ○ OUT | Proper eating, tasting, drinking, or tobacco use | ○ 2 ○ 1 ○ 0 | ○ | ○ | ○ |
| 5 | ⊗ IN ○ OUT | No discharge from eyes, nose, and mouth | ○ 1 ○ 0.5 ○ 0 | ○ | ○ | ○ |
| | **Preventing Contamination by Hands .2652, .2653, .2655, .2656** | | | | | |
| 6 | ⊗ IN ○ OUT | Hands clean & properly washed | ○ 4 ○ 2 ○ 0 | ○ | ○ | ○ |
| 7 | ⊗ IN ○ OUT ○ N/O | No bare hand contact with RTE foods or pre-approved alternate procedure properly allowed | ○ 3 ○ 1.5 ○ 0 | ○ | ○ | ○ |
| 8 | ⊗ IN ○ OUT | Handwashing sinks supplied & accessible | ○ 2 ○ 1 ○ 0 | ○ | ○ | ○ |
| | **Approved Source .2653, .2655** | | | | | |
| 9 | ⊗ IN ○ OUT | Food obtained from approved source | ○ 2 ○ 1 ○ 0 | ○ | ○ | ○ |
| 10 | ○ IN ○ OUT ⊗ N/O | Food received at proper temperature | ○ 2 ○ 1 ○ 0 | ○ | ○ | ○ |
| 11 | ⊗ IN ○ OUT | Food in good condition, safe & unadulterated | ○ 2 ○ 1 ○ 0 | ○ | ○ | ○ |
| 12 | ○ IN ○ OUT ○ N/A ⊗ N/O | Required records available: shellstock tags, parasite destruction | ○ 2 ○ 1 ○ 0 | ○ | ○ | ○ |
| | **Protection from Contamination .2653, .2654** | | | | | |
| 13 | ⊗ IN ○ OUT ○ N/A ○ N/O | Food separated & protected | ○ 3 ○ 1.5 ○ 0 | ○ | ○ | ○ |
| 14 | ○ IN ⊗ OUT | Food-contact surfaces: cleaned & sanitized | ○ 3 ⊗ 1.5 ○ 0 | ○ | ○ | ○ |
| 15 | ⊗ IN ○ OUT | Proper disposition of returned, previously served, reconditioned, & unsafe food | ○ 2 ○ 1 ○ 0 | ○ | ○ | ○ |
| | **Potentially Hazardous Food TIme/Temperature .2653** | | | | | |
| 16 | ○ IN ○ OUT ○ N/A ⊗ N/O | Proper cooking time & temperatures | ○ 3 ○ 1.5 ○ 0 | ○ | ○ | ○ |
| 17 | ○ IN ○ OUT ○ N/A ⊗ N/O | Proper reheating procedures for hot holding | ○ 3 ○ 1.5 ○ 0 | ○ | ○ | ○ |
| 18 | ○ IN ○ OUT ○ N/A ⊗ N/O | Proper cooling time & temperatures | ○ 3 ○ 1.5 ○ 0 | ○ | ○ | ○ |
| 19 | ⊗ IN ○ OUT ○ N/A ○ N/O | Proper hot holding temperatures | ○ 3 ○ 1.5 ○ 0 | ○ | ○ | ○ |
| 20 | ⊗ IN ○ OUT ○ N/A ○ N/O | Proper cold holding temperatures | ○ 3 ○ 1.5 ○ 0 | ○ | ○ | ○ |
| 21 | ⊗ IN ○ OUT ○ N/A ○ N/O | Proper date marking & disposition | ○ 3 ○ 1.5 ○ 0 | ○ | ○ | ○ |
| 22 | ○ IN ○ OUT ○ N/A ⊗ N/O | Time as a public health control: procedures & records | ○ 2 ○ 1 ○ 0 | ○ | ○ | ○ |
| | **Consumer Advisory .2653** | | | | | |
| 23 | ⊗ IN ○ OUT ○ N/A | Consumer advisory provided for raw or undercooked foods | ○ 1 ○ 0.5 ○ 0 | ○ | ○ | ○ |
| | **Highly Susceptible Populations .2653** | | | | | |
| 24 | ○ IN ○ OUT ⊗ N/A | Pasteurized foods used; prohibited foods not offered | ○ 3 ○ 1.5 ○ 0 | ○ | ○ | ○ |
| | **Chemical .2653, .2657** | | | | | |
| 25 | ⊗ IN ○ OUT ○ N/A | Food additives: approved & properly used | ○ 1 ○ 0.5 ○ 0 | ○ | ○ | ○ |
| 26 | ⊗ IN ○ OUT ○ N/A | Toxic substances properly identified stored, & used | ○ 2 ○ 1 ○ 0 | ○ | ○ | ○ |
| | **Conformance with Approved Procedures .2653, .2654, .2658** | | | | | |
| 27 | ○ IN ○ OUT ⊗ N/A | Compliance with variance, specialized process, reduced oxygen packing criteria or HACCP plan | ○ 2 ○ 1 ○ 0 | ○ | ○ | ○ |

# Food Establishment Inspection Report, continued

Establishment Name: MAC & NELLI S  Establishment ID: 3034012125

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:

Chad Smith
Person in Charge (Print)

Person in Charge (Signature)

Clark Sizemore
Regulatory Authority (Print)

Regulatory Authority (Signature)

Contact Number: (336) 703-3128

Verification Required Date: ___/___/_____

REHS ID: 944 - Sizemore, Clark

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 | ⊗ IN ○ OUT | Pasteurized eggs used where required | ○ 1 ○ 0.5 ○ 0 | ○ | ○ | ○ |
| 29 | ⊗ IN ○ OUT | Water and ice from approved source | ○ 2 ○ 1 ○ 0 | ○ | ○ | ○ |
| 30 | ○ IN ○ OUT ⊗ N/A | Variance obtained for specialized processing methods | ○ 1 ○ 0.5 ○ 0 | ○ | ○ | ○ |
| | **Food Temperature Control** | .2653, .2654 | | | | |
| 31 | ⊗ IN ○ OUT | Proper cooling methods used; adequate equipment for temperature control | ○ 1 ○ 0.5 ○ 0 | ○ | ○ | ○ |
| 32 | ○ IN ○ OUT ○ N/A ⊗ N/O | Plant food properly cooked for hot holding | ○ 1 ○ 0.5 ○ 0 | ○ | ○ | ○ |
| 33 | ○ IN ○ OUT ○ N/A ⊗ N/O | Approved thawing methods used | ○ 1 ○ 0.5 ○ 0 | ○ | ○ | ○ |
| 34 | ○ IN ⊗ OUT | Thermometers provided & accurate | ○ 1 ⊗ 0.5 ○ 0 | ○ | ○ | ○ |
| | **Food Identification** | .2653 | | | | |
| 35 | ⊗ IN ○ OUT | Food properly labeled: original container | ○ 2 ○ 1 ○ 0 | ○ | ○ | ○ |
| | **Prevention of Food Contamination** | .2652, .2653, .2654, .2656, .2657 | | | | |
| 36 | ⊗ IN ○ OUT | Insects & rodents not present; no unauthorized animals | ○ 2 ○ 1 ○ 0 | ○ | ○ | ○ |
| 37 | ⊗ IN ○ OUT | Contamination prevented during food preparation, storage & display | ○ 2 ○ 1 ○ 0 | ○ | ○ | ○ |
| 38 | ⊗ IN ○ OUT | Personal cleanliness | ○ 1 ○ 0.5 ○ 0 | ○ | ○ | ○ |
| 39 | ○ IN ⊗ OUT | Wiping cloths: properly used & stored | ○ 1 ○ 0.5 ⊗ 0 | ○ | ○ | ○ |
| 40 | ⊗ IN ○ OUT | Washing fruits & vegetables | ○ 1 ○ 0.5 ○ 0 | ○ | ○ | ○ |
| | **Proper Use of Utensils** | .2653, .2654 | | | | |
| 41 | ⊗ IN ○ OUT | In-use utensils: properly stored | ○ 1 ○ 0.5 ○ 0 | ○ | ○ | ○ |
| 42 | ⊗ IN ○ OUT | Utensils, equipment & linens: properly stored, dried & handled | ○ 1 ○ 0.5 ○ 0 | ○ | ○ | ○ |
| 43 | ⊗ IN ○ OUT | Single-use & single-service articles: properly stored & used | ○ 1 ○ 0.5 ○ 0 | ○ | ○ | ○ |
| 44 | ⊗ IN ○ OUT | Gloves used properly | ○ 1 ○ 0.5 ○ 0 | ○ | ○ | ○ |
| | **Utensils and Equipment** | .2653, .2654, .2663 | | | | |
| 45 | ○ IN ⊗ OUT | Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed, & used | ○ 2 ⊗ 1 ○ 0 | ○ | ○ | ○ |
| 46 | ⊗ IN ○ OUT | Warewashing facilities: installed, maintained, & used; test strips | ○ 1 ○ 0.5 ○ 0 | ○ | ○ | ○ |
| 47 | ⊗ IN ○ OUT | Non-food contact surfaces clean | ○ 1 ○ 0.5 ○ 0 | ○ | ○ | ○ |
| | **Physical Facilities** | .2654, .2655, .2656 | | | | |
| 48 | ⊗ IN ○ OUT | Hot & cold water available; adequate pressure | ○ 2 ○ 1 ○ 0 | ○ | ○ | ○ |
| 49 | ⊗ IN ○ OUT | Plumbing installed; proper backflow devices | ○ 2 ○ 1 ○ 0 | ○ | ○ | ○ |
| 50 | ⊗ IN ○ OUT | Sewage & waste water properly disposed | ○ 2 ○ 1 ○ 0 | ○ | ○ | ○ |
| 51 | ⊗ IN ○ OUT | Toilet facilities: properly constructed, supplied & cleaned | ○ 1 ○ 0.5 ○ 0 | ○ | ○ | ○ |
| 52 | ○ IN ⊗ OUT | Garbage & refuse properly disposed; facilities maintained | ○ 1 ○ 0.5 ⊗ 0 | ○ | ○ | ○ |
| 53 | ○ IN ⊗ OUT | Physical facilities installed, maintained & clean | ○ 1 ⊗ 0.5 ○ 0 | ○ | ○ | ○ |
| 54 | ○ IN ⊗ OUT | Meets ventilation & lighting requirements; designated areas used | ○ 1 ○ 0.5 ⊗ 0 | ○ | ○ | ○ |
| | | Total Deductions: | 3.5 | | | |

# Comment Addendum to Food Establishment Inspection Report

Establishment Name: MAC & NELLI S

Establishment ID: 3034012125

Date: 12/06/2012

Status Code: A

Category #: IV

Email 1:

Email 2:

Email 3:

Location Address: 5232 ROBINHOOD VILLAGE RD

City: WINSTON SALEM State: NC

County: 34 Forsyth Zip: 27106

**Wastewater System:** ⊗ Municipal/Community ○ On-Site System

**Water Supply:** ⊗ Municipal/Community ○ On-Site System

**Permittee:** MAC ENTERPRISES, LLC

**Telephone:**

## Temperature Observations

| Item | Location | Temp | Item | Location | Temp | Item | Location | Temp |
|---|---|---|---|---|---|---|---|---|
| potaatoes | warmer | 165 | chicken salad | make unit | 36 | chicken | cooler | 43 |
| tomatoes | make unit | 34 | tomatoes | make unit | 37 | rinse | dish machine | 161 |
| cheese. | make unit | 37 | tomatoes | cooler | 36 | hot water | faucet | 136 |
| steak | make unit | 38 | turkey | cooler | 43 | | | |
| chicken | make unit | 39 | ham | cooler | 41 | | | |
| crab | make unit | 39 | corned beef | cooler. | 41. | | | |
| crab soup | warmer | 166 | fish | cooler | 44 | | | |
| pasta | make unit | 38 | cheese | cooler | 44 | | | |

## 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

2 Management has had a meeting with all employees about health policy; please have each employee sign a health policy form. 2-103.11,2-201.11

3 All employees must be informed when to report a food borne illness to management. 2-201.12

14 About eight bowls were dirty at a steel storage table. One utensil had food particles; stored in a clean utensil drawer. The sanitizer was weak in the three compartment sink corrected to 200ppm Quat during the inspection. Some steel pans had food particles, need to presoak pans with heavy soil. 4-602.11,4-501.114 Only one sanitizer bottle located need a sanitizer bucket or bottle at each work station.

34 Only one dial head thermometer was located today and it read 40F in an ice water bath. Need a new thermometer. 4-502.11(B)

# Comment Addendum to Food Establishment Inspection Report

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## Observations and Corrective Actions

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Spell

39 A dirty wiping cloth was on a cutting board, cloth must be dry and clean or wet in a sanitizer bucket. 3-304.14

45 Several refrigeration doors need new gaskets. Need to replace handle on one fryer. Need to caulk sinks as needed at splash guards and at sink wall interface. Need to caulk sink in women's rest room.4-201.11

52 Door open on dumpster; need to lock dumpster to keep others out of dumpster. 5-501.110

53 Wall cleaning need in several areas. Floor cleaning needed behind and under equipment, at baseboards and in corners.

54 Low light at clean dish area corrected during inspection.

# Comment Addendum to Food Establishment Inspection Report

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## Observations and Corrective Actions

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