## Food Establishment Inspection Report

Establishment Name: BURGER KING Establishment ID: 3034012135 Date: 04/22/2013 Status Code: A Time In:  $\underline{\emptyset} \ 2 : \underline{45 \, \overset{\bigcirc}{\otimes} \, \text{pm}}$  Time Out:  $\underline{\emptyset} \ 5 : \underline{45 \, \overset{\bigcirc}{\otimes} \, \text{pm}}$ Total Time: 3 hrs 0 minutes

Category #: II

Establishment Type: \_

### Instructions:

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

Location Address: 415 JONESTOWN RD WINSTON SALEM City: Zip: 27104 State: NC County: 34 Forsyth Permittee: \_CARROLS LLC BK Telephone: **⊗**Inspection ○ Re-Inspection Wastewater System: ⊗Municipal/Community On-Site System Water Supply: 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: 92.5

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

Public Health Interventions: Control measures to prevent foodborne illness or injury.								
	mpliance Statu	OUT	CDI	R	VR			
Su	Supervision .2652							
1	⊗ ○ ○ IN OUT N/A	PIC Present; Demonstration-Certification by accredited program and perform duties	○ ○ 2 0	0	0	0		
En	nployee Health	.2652						
2	⊗ O IN OUT	Management, employees knowledge; responsibilities & reporting	0 0 0 3 1.5 0	0	0	0		
3	⊗ ○ IN OUT	Proper use of reporting, restriction & exclusion	○ ○ ○ 3 1.5 0	0	0	0		
Go	od Hygienic P	Practices .2652, .2653						
4	O & IN OUT	Proper eating, tasting, drinking, or tobacco use	O 😸 O 2 1 0	0	0	0		
5	⊗ ○ IN OUT	No discharge from eyes, nose, and mouth	0 0 0	0	0	0		
Pro		amination by Hands .2652, .2653, .2655, .265	6					
6	O & IN OUT	Hands clean & properly washed	○ ○ <b>⊗</b> 4 2 0	8	0	0		
7	⊗ ○ ○ IN OUT N/O	No bare hand contact with RTE foods or pre-approved alternate procedure properly allowed	0 0 0 3 1.5 0	0	0	0		
8	O & IN OUT	Handwashing sinks supplied & accessible	○ <b>⊗</b> ○ 2 1 0	0	0	0		
Ap	proved Sourc	e .2653, .2655						
9	⊗ ○ IN OUT	Food obtained from approved source	○ ○ ○ 2 1 0	0	0	0		
10	O O S IN OUT N/O	Food received at proper temperature	$ \bigcirc\bigcirc\bigcirc\bigcirc$ 2 1 0	0	0	0		
11	⊗ ○ IN OUT					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		
Protection 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	O & IN OUT	Food-contact surfaces: cleaned & sanitized	3 1.5 0 3 1.5 0 3 1.5 0	8	0	0		
15	⊗ ○ IN OUT	Proper disposition of returned, previously served, reconditioned, & unsafe food	000	0	0	0		
Potentially Hazardous Food Time/Temperature .2653								
16	⊗ ○ ○ ○ IN OUT N/A N/O	Proper cooking time & temperatures	○ ○ ○ 3 1.5 0	0	0	0		
17	O O & O IN OUT N/A N/O	Proper reheating procedures for hot holding	○ ○ ○ 3 1.5 0	0	0	0		
18	O O 🗞 O IN OUT N/A N/O	Proper cooling time & temperatures	○ ○ ○ 3 1.5 0	0	0	0		
19	O 🗞 O O IN OUT N/A N/O	Proper hot holding temperatures	○ ○ <b>⊗</b> 3 1.5 0	8	•0	0		
20	⊗ ○ ○ ○ IN OUT N/A N/O	Proper cold holding temperatures	○ ○ ○ 3 1.5 0	0	0	0		
21	⊗ ○ ○ ○ IN OUT N/A N/O	Proper date marking & disposition	○ ○ ○ 3 1.5 0	0	0	0		
22	O & O O IN OUT N/A N/O	Time as a public health control: procedures & records	○ <b>⊗</b> ○ 2 1 0	0	0	0		
Consumer Advisory .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		
Highly Susceptible 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 & IN OUT N/A	Food additives: approved & properly used	0 0 0 1 0.5 0	0	0	0		
26	⊗ ○ ○ IN OUT N/A					0		
Со		th Approved Procedures .2653, .2654,	.2658					
27	O O 🗞	Compliance with variance, specialized process, reduced oxygen packing criteria or HACCP plan	999	0	0			

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

## Food Establishment Inspection Report, continued

Establishment Name: BURGER KING Establishment ID: 3034012135

Instru	ictions	, contin	iuea:

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".
- 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

Scott

Last Bauchamp

Person in Charge (Print)

Person in Charge (Signature)

Firs
Greg/Carla

Gartner/Day

Regulatory Authority (Print)

Regulatory Authority (Signature)

Contact Number: (336)703-3383

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

REHS ID: 2360 - Gartner, Gregory

No. of Risk Factor/ Intervention Violations:

No. of Repeat Risk Factor/Intervention Violations:

Good Retail Practices									
Preventative measures to control the addition of pathogens,									
Co	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	0	O 0.5	0	0	0	0
29	⊗ IN	OUT	Water and ice from approved source	O 2	<u> </u>	0	0	0	0
30 N OUT N/A Variance obtained for specialized processing methods 1 0.5 0							0	0	0
Fo	Food Temperature Control .2653, .2654								
31	⊗ IN	OUT	Proper cooling methods used; adequate equipment for temperature control	0	〇 0.5	0	0	0	0
32							0		
33	⊗ ⊝ IN OUT	O O	Approved thawing methods used		O 0.5	0	0	0	0
34	⊗ IN	OUT	Thermometers provided & accurate		O 0.5	0	0	0	0
Fc	od Ide	entificati	ion .2653						
35	⊗ IN	OUT	Food properly labeled: original container	〇 2	0 1	0	0	0	0
Pr		_	ood Contamination .2652, .2653, .2654, .265	5, .2	$\overline{}$	$\overline{}$			
36	IN	OUT	Insects & rodents not present; no unauthorized animals	2	1	0	0	0	0
37	⊗ IN	OUT	Contamination prevented during food preparation, storage & display	2	<u> </u>	0	0	0	0
38	O IN	⊗ OUT	Personal cleanliness		O 0.5	<b>⊗</b>	0	0	0
39	○N	O ⊥⊗	Wiping cloths: properly used & stored		O 0.5	<b>⊗</b> 0	0	0	0
40	⊗ IN	UO∪	Washing fruits & vegetables		〇 0.5	0	0	0	0
Pr	oper U	Jse of U	tensils .2653, .2654						
41	O IN	⊗ OUT	In-use utensils: properly stored		<b>⊗</b> 0.5		0	8	0
42	⊗ IN	OUT	Utensils, equipment & linens: properly stored, dried & handled		〇 0.5	0	0	0	0
43	O N	OUT &	Single-use & single-service articles: properly stored & used					0	
44	1 0.5 0   5   5						0		
Ut	ensils		uipment .2653, .2654, .2663						
45	IN	⊗ OUT	Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed, & used	2	<b>⊗</b> 1	0	0	0	0
46	⊗ IN	OUT	Warewashing facilities: installed, maintained, & used; test strips		〇 0.5		0	0	0
47	⊗ IN	UO∪	Non-food contact surfaces clean	0	〇 0.5	0	0	0	0
Physical Facilities .2654, .2655, .2656									
48	⊗ IN	OUT	Hot & cold water available; adequate pressure	2	1	0	0	0	0
49	O IN	<b>⊗</b> OUT	Plumbing installed; proper backflow devices	) 2	<b>⊗</b> 1	0	0	0	0
50	⊗ IN	OUT	Sewage & waste water properly disposed	) 2	〇 1	0	0	0	0
51	⊗ IN	OUT	Toilet facilities: properly constructed, supplied & cleaned		〇 0.5	0	0	0	0
52	⊗ IN	OUT	Garbage & refuse properly disposed; facilities maintained	0	〇 0.5	0	0	0	0
53	O IN	⊗ OUT	Physical facilities installed, maintained & clean		<b>⊗</b> 0.5	0	0	0	0
54	OIN	⊗ OUT	Meets ventilation & lighting requirements; designated areas used	0	<b>⊗</b> 0.5	0	0	0	0
	Total Deductions: 7.5								
North Carolina Department of Health & Human Services ● Division of Public Health									

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

## Comment Addendum to Food Establishment Inspection Report

		<u> </u>
Establishment Name: BURGER KING	Establishment ID: 3034012135	Date: 04/22/2013
Location Address: 415 JONESTOWN RD		Status Code: A
City: WINSTON SALEM State: NC		Category #:II
County: 34 Forsyth Zip: 27104		Email 1:
Wastewater System: ⊗ Municipal/Community ○ On-Site System Water Supply: ⊗ Municipal/Community ○ On-Site System		Email 2:
Permittee: CARROLS LLC BK		Email 3:
Telephone:		

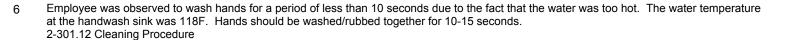
Temperature Observations								
ltem Milk Shake	Location Milk Shake Mixer	Temp 43	Item cheese	Location walk in cooler	Temp 39	Item	Location	Temp
Whopper	Hot Hold	170	turkey pattie	walk in cooler	37			
Chicken	Hot Hold	115	hot water	veggie prep sink	142			
Chicken	HOt Hold	135	air temp	front reach	38			
Grilled	Hot HOld	145	whopper final	final cook	180			
Original	Hot Hold	153						
Lettuce	salad make unit	43						
Lettuce	walk in cooler	42						

### **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.

Employee beverages were observed on work tops throughout the facility. Employee beverages must be in a closed beverage container and handled to prevent contamination of employee hands, container, and exposed food, clean equipment and utensils.

2-401.11 Eating, Drinking, or Using Tobacco



Handwash sink by 3 compartment sink not functioning properly and men's restroom had broken towel dispenser. Both kitchen handsinks slow to drain. Evaluate for reppairs. At back handsink, tempered water measures 118F. Highly recommend lowering between 100-110F to encourage proper handwash techniques.

Ice machine observed unclean. Clean more thoroughly around chute.4-601.11 (A) Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils





F	Stablishment Name: BURGER KING	Establishment ID: 3034012135
_	Stubilishment Nume.	Establishment ID
Г	• Observ	ations and Corrective Actions
L		within the time frames below, or as stated in sections 8-405.11 of the food code.
19		r voluntarily discarded. During hot holding, food must be maintained at 135F or above. mperature Control for Safety Food), Hot and Cold Holding
22		led onions were labeled, but past expiration. Facility is using 4 hour discard time for all e for some items. Written procedures for Time as a Public Health Control must be
38	An employee was observed to be wearing wrist jewelr be worn on a necklace or ankle. 2-303.11 Prohibition-Jewelry	y. Except for a plain ring, hand and wrist jewelry may not be worn. Medical alerts may
39	Sanitizer solution in buckets was observed to have de storing in use wiping cloths must be kept free of food of 3-304.14 Wiping Cloths, Use Limitation	ebris and build up. One bucket stored on floor. Keep off floor. Sanitizer buckets used for debris and visible soil.
41	Ice bucket was found inside ice machine (Repeat) and does not come in contact with ice. 3-304.12 In-Use Utensils, Between-Use Storage	d a paper cup was found in the sugar container. In use utensils must have a handle that
43	Single service cups stored at the drive thru and under be dispensed in a manner that will prevent contaminat 4-904.11 Kitchenware and Tableware-Preventing Con	
45	Repair leak under vegetable sink.	



# Comment Addendum to Food Establishment Inspection Report

Establishment Name: BURGER KING Establishment ID: 3034012135

### **Observations and Corrective Actions**

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- If spray gun remains attached to the hose, a backflow prevention device rated for continuous pressure must be installed. Otherwise, as 49 currently set up, spray gun must be removed after every use.
- Repair cracked tile by fryer station. Floor cleaning is needed under equipment (ex: grill, reach in coolers). The floor drain of the vegetable 53 sink was clogged.
- Employee items (cell phones, chargers, keys) were found on work top. Designate an area for storage of personal items so that food and equipment are protected from contamination.
- 6-305.11 Designation-Dressing Areas and Lockers

# Comment Addendum to Food Establishment Inspection Report

Establishment Name: BURGER KING Establishment ID: 3034012135

### Observations and Corrective Actions

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