## Food Establishment Inspection Report

Establishment Name: WAFFLE HOUSE 1920

Date: <u>Ø 1</u> / <u>Ø 7</u> / <u>2 Ø 1 3</u> Status Code: A						
Time In: $01 : 20 \otimes pm$ Time Out: $4 : 40 \otimes pm$						
Total Time: 3 hrs 20 minutes						
Category #: II						
Establishment Type:						

#### Instructions:

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

Location Address:	3411 WALKERTOWN LANDING DR							
City: WALKERTOV	VN							
State: NC	Zip: <sup>27051</sup>							
County: 34 Forsyth								
Permittee: WAFFLE HOUSE INC.								
Telephone:								
⊗Inspection								
○Re-Inspection								
Wastewater Syste								
⊗Municipal/Community								
On-Site System								
Water Supply:								
⊗Municipal/Comr	munity							
○On-Site System	1							

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: 93

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

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

Establishment ID: 3034012141

Public Health Interventions: Control measures to prevent foodborne illness or injury.								
Compliance Status OUT CDI R						VR		
Su	Supervision .2652							
1	⊗ ○ ○ IN OUT N/A	PIC Present; Demonstration-Certification by accredited program and perform duties	$\bigcirc \bigcirc$ $\bigcirc$ $\bigcirc$ $\bigcirc$	0	0	0		
En	nployee 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	○ ○ ○ 3 1.5 0	0	0	0		
Go	od Hygienic F	Practices .2652, .2653						
4	O & IN OUT	Proper eating, tasting, drinking, or tobacco use	O & O 2 1 0	8	0	0		
5	⊗ ○ IN OUT	No discharge from eyes, nose, and mouth	O O O 1 0.5 0	0	0	0		
Pre		amination by Hands .2652, .2653, .2655, .2656	5					
6	⊗ ⊖ IN OUT	Hands clean & properly washed	$ \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc $ $ 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	O & IN OUT	Handwashing sinks supplied & accessible	○ <b>⊗</b> ○ 2 1 0	8	0	0		
Ap	proved Sourc	e .2653, .2655						
9	○ ⊗ IN OUT	Food obtained from approved source	○ ○ <b>⊗</b> 2 1 0	8	0	0		
10	O O & 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                                  $	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 \bigcirc 1 \bigcirc 0 $	0	0	0		
Pro	otection from	Contamination .2653, .2654						
13	O 🗞 O O	Food separated & protected	○ ○ <b>⊗</b> 3 1.5 0	8	0	0		
14	O & IN OUT	Food-contact surfaces: cleaned & sanitized	○ <b>⊗</b> ○ 3 1.5 0	8	0	0		
15	⊗ ○ IN OUT	Proper disposition of returned, previously served, reconditioned, & unsafe food	0 0 0 2 1 0	0	0	0		
Po	tentially Haza	rdous Food Time/Temperature .2653						
16	⊗ ○ ○ ○ IN OUT N/A N/O	Proper cooking time & temperatures	○ ○ ○ 3 1.5 0	0	0	0		
17	OOO ⊗ IN OUT N/A N/O	Proper reheating procedures for hot holding	○ ○ ○ 3 1.5 0	0	0	0		
18	OOO ⊗ IN OUT N/A N/O	Proper cooling time & temperatures	○ ○ ○ 3 1.5 0	0	0	0		
19	O & O 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	Time as a public health control: procedures & records	$  \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc $ 2 1 0	0	0	0		
Co	Consumer Advisory .2653							
23	⊗ ○ ○ IN OUT N/A	Consumer advisory provided for raw or undercooked foods	0 0 0 1 0.5 0	0	0	0		
Hiç		ole Populations .2653						
24	O O & IN OUT N/A	Pasteurized foods used; prohibited foods not offered	O O O 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	O & O	Toxic substances properly identified stored, & used	○ ○ <b>⊗</b> 2 1 0	8	0	0		
Со		th Approved Procedures .2653, .2654,	.2658					
27	O O S IN OUT N/A	Compliance with variance, specialized process, reduced oxygen packing criteria or HACCP plan	$\begin{array}{cccc} \bigcirc \bigcirc \bigcirc \bigcirc \\ 2 & 1 & 0 \end{array}$			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: WAFFLE HOUSE 1920 Establishment ID: 3034012141

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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:

Person in Charge (Print)

Person in Charge (Signature)

Regulatory Authority (Print)

Regulatory Authority (Signature)

Contact Number: (\_\_\_\_\_) \_\_\_\_ -

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

REHS ID: 1846 - Williams, Tony

No. of Risk Factor/ Intervention Violations: 7 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 .2653, .2655, .2658 Safe Food and Water ○ ○ ○ 1 0.5 0 OUT 0 28 Pasteurized eggs used where required $\circ$ 0 0 0 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 OOO ⊗ IN OUTN/A N/O 0 0 0 1 0.5 0 32 Plant food properly cooked for hot holding 0 0 0 0 0 0 1 0.5 0 0 0 Approved thawing methods used 0 0 IN OUT N/A N/O 0 0 **8** 1 0.5 0 ⊗ OUT Thermometers provided & accurate $\bigcirc$ 0 0 34 **Food Identification** .2653 Food properly labeled: original container 0 0 35 0 Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657 OUT 0 0 Insects & rodents not present; no unauthorized animals 0 0 0 36 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 41 0 0 In-use utensils: properly stored <u>800</u> Utensils, equipment & linens: properly stored, dried & handled 0 0 42 0 ΙŇ OUT 1 0.5 0 Single-use & single-service articles: properly 43 0 0 0 OUT 1 0.5 0 stored & used 8 $\bigcirc$ 0 0 44 Gloves used properly 0 OUT 1 0.5 0 Utensils and Equipment .2653, .2654, .2663 ⊗ OUT ○ **⊗** ○ 2 1 0 Equipment, food & non-food contact surfaces approved, 45 0 $\bigcirc$ cleanable, properly designed, constructed, & used ⊗ IN OUT 0 0 0 1 0.5 0 Warewashing facilities: installed, maintained, & used; 46 0 0 test strips ⊗ OUT ○ **⊗** ○ 1 0.5 0 47 0 0 0 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 ⊗ OUT OIN ○ **⊗** 1 0 49 Plumbing installed; proper backflow devices 0 0 0 ⊗ IN OUT 50 0 0 0 Sewage & waste water properly disposed 1 0 ⊗ IN OUT 0 0 0 1 0.5 0 Toilet facilities: properly constructed, supplied 0 0 51 0 ⊗ OUT Garbage & refuse properly disposed; ○ ○ **⊗** 1 0.5 0 52 0 0 facilities maintained OUT 00053 Physical facilities installed, maintained & clean 0 0 0 1 0.5 0 OUT 0 0 0 1 0.5 0 Meets ventilation & lighting requirements; 54 0 0 0 **Total Deductions:**

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

Environmental Health Section ● Food Protection Program

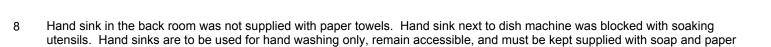
Establishment Name: WAFFLE HOUSE 1920	Establishment ID: 3034012141	Date: 01/07/2013
Location Address: 3411 WALKERTOWN LANDING DR		Status Code: A
City: WALKERTOWN State: NC		Category #:II
County: 34 Forsyth Zip: 27051		Email 1:
Wastewater System: ⊗ Municipal/Community ○ On-Site System Water Supply: ⊗ Municipal/Community ○ On-Site System		Email 2:
Permittee: WAFFLE HOUSE INC.		Email 3:
Telephone:		

	Temperature Observations							
ltem milk	Location refrigerator	Temp 38	Item tomatoes	Location make unit	Temp 41	Item	Location	Temp
chili	hot holding	141	milk	refrigerator	41			
gravy	hot holding	118	milk	walk-in cooler	36			
steak	refrigerator	39						
grits	hot holding	132						
grits	hot holding	152						
steak	final cook	165						
ham	make unit	37						

#### **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 beverage stored on prep sink drainboard. Store employee beverages covered and in a place that will not contaminate utensils and food. Consume in a sanitary manner to prevent contamination of employees hands. Drink discarded.



- Venison for employee personal use was not supplied from an approved source. All food must come from an approved food source. Food for employee personal use shall be stored in a container labeled as such and stored under food for customers. Items discarded.
- 13 Containers with missing dispenser lids used to store sugar were not providing adequate protection. Hamburger and bacon were stored unprotected in refrigeration. Keep food stored protected. Meats covered and manager made aware of the sugar lids as corrective action.





towels. Corrected during inspection.

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Observations	and Corrective	Actions
Observations	and Contcure	ACHOUS

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Spell

- Utensils such as plates and items under the cook line in drawer required additional cleaning to remove food debris. Wash, rinse, and sanitize properly to remove food and grime. Items sent for rewashing during inspection. Chlorine sanitizer good at 200 ppm in bucket. Plate temp. good for hot water sanitizing dish machine at 166 F. Drainboard used to air dry clean dishes must be kept clean. Recommend labeling sinks with the correct dish cleaning procedure.
- Gravy 118 F- 156 F and grits 132-135 F. When hot holding, maintain potentially hazardous food items at 135 F or above. Items stirred to redistribute equal heating.
- 26 Chemical bottles were found unlabeled. Label chemical bottles with the name of the contents inside. Labeled during inspection as corrective action.
- Thermometer was out of calibration by 4-5 degrees. Calibrate thermometer often and use to ensure adequate food temperatures.

35 Sugar containers were found unlabeled. Label dry food products with the name of the contents inside.

- Mug trays and utensil drawers required additional cleaning. Clean utensils shall be stored on clean surfaces. Dishes were stacked wet. Air dry before stacking.
- 44 Ensure employees involved in cooking wash hands and change glove between handling raw meat and ready to eat food items.

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#### **Observations and Corrective Actions**

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45	Replace ice buck	ket with approved :	storage container.	Repair drain	leaks in the walk	-in freezer.
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47 Clean in shelving and cabinets along the cook line. Clean under grill.

- Spray hose with nozzle was attached to outside can wash. Hose was not found pressurized. Ensure backflow prevention made for continuous pressure is installed if spray nozzle remains attached.
- 52 Clean grease off pad.



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