Food Establishment Inspection Report

Establishment Name: SIMPLY SOUL RESTAURANT

Date: <u>Ø 1</u> /	<u>08</u> / <u>2013</u>	Status Co	de: A	
Time In: <u>Ø 1</u>	: <u>3 Ø</u> ⊗ pm	Time Out:	<u>Ø4</u> : <u>ØØ</u>	am pm
Total Time:	2 hrs 30 minute	es		
Category #:	IV			
Establishme	nt Type:			

Instructions:

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

Location Address	: 4339 SOUTH MAIN STREET
City: WINSTON S	ALEM
State: NC	Zip: _ ²⁷¹²⁷
County: 34 Forsy	th
Permittee: SIMP	
Telephone:	
⊗Inspection	
○Re-Inspection	
Wastewater Sys	
⊗Municipal/Com	•
○On-Site Syster	n
Water Supply:	
⊗Municipal/Com	nmunity
○On-Site Syste	m

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".

Score: 97

Foodborne Illness Risk Factors and Public Health Interventions

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

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Pu	blic Health Interv	ventions: Control measures to prevent foodborne illness	or injury.			
Со	mpliance Statu	s	OUT	CDI	R	VR
Su	pervision	.2652				
1	O & O IN OUT N/A	PIC Present; Demonstration-Certification by accredited program and perform duties	○ ⊗ 2 0	0	0	0
En	ployee Health	.2652				
2	Ø ○ 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	0 0 0 3 1.5 0	0	0	0
Go	od Hygienic F	Practices .2652, .2653	0.0.0			
4	⊗ O IN OUT	Proper eating, tasting, drinking, or tobacco use	2 1 0	0	0	0
5	Ø ○ IN OUT	No discharge from eyes, nose, and mouth	0 0 0	0	0	0
Pre		amination by Hands .2652, .2653, .2655, .2656	5			
6	Ø ○ 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	0 0 0 3 1.5 0	0	0	0
8	⊗ ○ IN OUT	Handwashing sinks supplied & accessible	0 0 0 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 1 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	O O O 2 1 0	0	0	0
Pro		Contamination .2653, .2654				
13	⊗ ○ ○ ○ ○ IN OUT 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		rdous Food TIme/Temperature .2653				
16	⊗ ○ ○ ○ IN OUT N/A N/O	Proper cooking time & temperatures	O O O 3 1.5 0	0	0	0
17	⊗ ○ ○ ○ IN OUT N/A N/O	Proper reheating procedures for hot holding	○ ○ ○ 3 1.5 0	0	0	0
18	114 00 114/7 14/0	Proper cooling time & temperatures	0 0 0 3 1.5 0	0	0	0
19	O & O O	Proper hot holding temperatures	○ ⊗ ○ 3 1.5 0	8	0	0
20	⊗ ○ ○ ○ ○ IN OUT N/A N/O	Proper cold holding temperatures	0 0 0 3 1.5 0	0	0	0
21	⊗ ○ ○ ○ IN OUT N/A N/O	Proper date marking & disposition	0 0 0 3 1.5 0	0	0	0
22	O O & O	Time as a public health control: procedures & records	0 0 0 2 1 0	0	0	0
Со	nsumer Advis	,	-			
23	O O & IN OUT N/A	Consumer advisory provided for raw or undercooked foods	0 0 0	0	0	0
Hiç	, ,	ole Populations .2653	0 0 0			
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	⊗ ○ ○ IN OUT N/A	Food additives: approved & properly used	0 0 0 1 0.5 0	0	0	0
26	⊗ ○ ○ IN OUT N/A	Toxic substances properly identified stored, & used	0 0 0 2 1 0	0	0	0
Со		th Approved Procedures .2653, .2654,	.2658			
27	O O & IN OUT N/A	Compliance with variance, specialized process, reduced oxygen packing criteria or HACCP plan	$ \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc $ 2 1 0		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: SIMPLY SOUL RESTAURANT

Instructions, continued:

5. Click the appropriate circle to fill-in for "IN, OUT, N/A, N/O".

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- 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:

harge (Signature)

Contact Number: (336)703-3166

Verification Required Date: ___/

REHS ID: 1938 - Faircloth, Craig

No. of Risk Factor/ Intervention Violations: 2

No. of Repeat Risk Factor/Intervention Violations:_

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			Good Retail Practices				
			Preventative measures to control the addition of pat chemicals, and physical objects into foods.	hogens,			
Co	mplian	ice Statu	ıs	OUT	CDI	R	VR
Sa		d and V	Vater .2653, .2655, .2658				
28	⊗ IN	OUT	Pasteurized eggs used where required	0 0 0	0	0	0
29	⊗ IN	OUT	Water and ice from approved source	0 0 0 2 1 0	0	0	0
30		○ ⊗ UT N/A	Variance obtained for specialized processing methods	0 0 0	0	0	0
Fo		mperatu	ure Control .2653, .2654				
31	⊗ IN	OUT	Proper cooling methods used; adequate equipment for temperature control	1 0.5 0	0	0	0
32	Ø ○	O O	Plant food properly cooked for hot holding	0 0 0	0	0	0
33	⊗ ○ IN OUT	O O	Approved thawing methods used	0 0 0	0	0	0
34	⊗ IN	OUT	Thermometers provided & accurate	0 0 0	0	0	0
Fo	od Ide	ntificat	ion .2653				
35	⊗ IN	OUT	Food properly labeled: original container	0 0 0 2 1 0	0	0	0
Pr		_	ood Contamination .2652, .2653, .2654, .265	0 0 0			
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	$\begin{array}{c c} \bigcirc \bigcirc \bigcirc \bigcirc \\ 2 & 1 & 0 \end{array}$	0	0	0
38	O IN	⊗ OUT	Personal cleanliness	0 0 % 1 0.5 0	0	0	0
39	⊗ IN	OUT	Wiping cloths: properly used & stored	0 0 0	0	0	0
40	⊗ IN	OUT	Washing fruits & vegetables	0 0 0	0	0	0
Pr	oper U	lse of U	tensils .2653, .2654				
41	⊗ IN	OUT	In-use utensils: properly stored	0 0 0	0	0	0
42	⊗ IN	OUT	Utensils, equipment & linens: properly stored, dried & handled	0 0 0	0	0	0
43	⊗ IN	OUT	Single-use & single-service articles: properly stored & used	0 0 0	0	0	0
44	⊗ IN	OUT	Gloves used properly	0 0 0	0	0	0
Ut	ensils		uipment .2653, .2654, .2663				
45	IN	⊗ OUT	Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed, & used	2 1 0	0	0	0
46	⊗ IN	OUT	Warewashing facilities: installed, maintained, & used; test strips	0 0 0 1 0.5 0	0	0	0
47	O IN	⊗ OUT	Non-food contact surfaces clean	0 0 % 1 0.5 0	0	0	0
Ph		Faciliti	es .2654, .2655, .2656				
48	⊗ IN	OUT	Hot & cold water available; adequate pressure	O O O 2 1 0	0	0	0
49	⊗ IN	OUT	Plumbing installed; proper backflow devices	O O O 2 1 0	0	0	0
50	⊗ IN	OUT	Sewage & waste water properly disposed	O O O 2 1 0	0	0	0
51	⊗ IN	OUT	Toilet facilities: properly constructed, supplied & cleaned	0 0 0 1 0.5 0	0	0	0
52	⊗ IN	OUT	Garbage & refuse properly disposed; facilities maintained	0 0 0 1 0.5 0	0	0	0
53	O IN	⊗ OUT	Physical facilities installed, maintained & clean	○ ⊗ ○ 1 0.5 0	0	0	0
54	⊗ IN	OUT	Meets ventilation & lighting requirements; designated areas used	0 0 0 1 0.5 0	0	0	0
			Total Deductions:	3			

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

Com	ment Adden	dum to I	Food Estab	lishment	t Inspe	ction Report	
City: WINSTON SAI County: 34 Forsyth Wastewater Syste Water Supply: Permittee: SIMPI	4339 SOUTH MAIN ST EM Zi em: Municipal/Commun Municipal/Commun	State: p: 27127 nity On-Site Shity On-Site S	NC System System	shment ID: <u>s</u>	3034012155	Date: 01/08/2013 Status Code: A Category #: IV Email 1: Email 2: Email 3:	
		Temp	erature Observ	ations/			
Item Location mac and hot hold	Temp 152	Item turkey leg	Location reach in cooler	Temp 40	Item	Location Te	emp

Item	Location	Temp	Item	Location	Temp	Item	Location	Temp
mac and	hot hold	152	turkey leg	reach in cooler	40			
mashed	hot hold	156	wings	reach in cooler	40			
greens	hot hold	176	pork chop	reach in cooler	38			
ribs	hot hold	202	ground beef	reach in cooler	40			
turkey leg	hot hold	195	chicken salad	reach in cooler	40			
slaw	make unit	38	hot water	3 comp sink	134			
hot dog	make unit	39						
turkey leg	final cook	200						

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.

The person in charge of this facility has not completed an approved food safety course. By January 1, 2014 the person in charge of this facility must complete an approved food safety course.

- A pan of baked chicken was found on top of the oven with temperatures ranging from 105 F to 120 F. All food items being held hot must be held at or above 135 F. The chicken was reheated to 165 F.
- An employee was observed wearing a watch while preparing food. No jewelry can be worn on the wrists and only a plain band may be worn on the fingers while preparing food.
- Remove or repair the non working freezer on the cook line.



Comment Addendum to Food Establishment Inspection Report

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47 Cleaning is needed on the rack above the 3 compartment sink and in the 6 door reach in freezer.

Repair the damaged tiles on the front prep / cook line.



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