## Food Establishment Inspection Report

Establishment Name: THE TAVERN IN OLD SALEM

Date: <u>Ø 3</u> /	<u>13</u> / <u>2013</u>	Status Co	de: A	
Time In: <u>1 Ø</u>	: <u>3 Ø</u> ⊗ am	Time Out:	<u>Ø3</u> : <u>5Ø</u> ⊗	am pm
Total Time:	5 hrs 20 minute	es		
Category #:	IV			

### Instructions:

Establishment Type: \_

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

Location Address: 736	SOUTH MAIN STREET
City: WINSTON SALEM	
State: NC	Zip:
County: 34 Forsyth	
Permittee: FROGACY,	LLC
Telephone:	
⊗Inspection	
○Re-Inspection	
Wastewater System:	
	ity
○On-Site System	
Water Supply:	
	ity
○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: 98.5

**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: 3034012167

Public Health Interventions: Control measures to prevent foodborne illness or injury.								
Со	mpliance Statu	s	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	Ø ○ 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 Hygienic F	Practices .2652, .2653						
4	⊗ ○ IN OUT	Proper eating, tasting, drinking, or tobacco use	$\begin{array}{cccc} \bigcirc \bigcirc \bigcirc \bigcirc \\ 2 & 1 & 0 \end{array}$	0	0	0		
5	⊗ ○ IN OUT	No discharge from eyes, nose, and mouth	0 0 0 1 0.5 0	0	0	0		
Pre	eventing Cont	amination by Hands .2652, .2653, .2655, .2656	5					
6	⊗ ○ IN OUT	Hands clean & properly washed	$ \begin{smallmatrix} \bigcirc & \bigcirc & \bigcirc \\ 4 & 2 & 0 \end{smallmatrix} $	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	⊗ ○ IN OUT	Handwashing sinks supplied & accessible	0 0 0 2 1 0	0	0	0		
Αp	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	⊗ ○ ○ 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	$ \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc 2 \bigcirc 1 \bigcirc 0 $	0	0	0			
Pro	otection 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	○ <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	0 0 0 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	⊗ ○ ○ ○ IN OUT N/A N/O	Proper cooling time & temperatures	0 0 0 3 1.5 0	0	0	0		
19	⊗ ○ ○ ○ IN OUT N/A N/O	Proper hot holding temperatures	○ ○ ○ 3 1.5 0	0	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	⊗ ○ ○ ○ IN OUT N/A N/O	Time as a public health control: procedures & records		0	0	0		
Со	nsumer Advis	ory .2653						
23	○ <b>※</b> ○ IN OUT N/A	Consumer advisory provided for raw or undercooked foods	○ ○ <b>⊗</b> 1 0.5 0	8	0	0		
Ηi	<del>, ,</del>	le 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	⊗ ○ ○ 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	$ \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc $ 2 1 0	0	0	0		
Co		th Approved Procedures .2653, .2654,	.2658	Ш				
27	O O S IN OUT N/A	Compliance with variance, specialized process, reduced oxygen packing criteria or HACCP plan	$\bigcirc \bigcirc \bigcirc$			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: THE TAVERN IN OLD SALEM Establishment ID: 3034012167

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

Signature Block:

Tand Keines
Person in Charge (Print)

Person in Charge (Signature)

Regulatory Authority (Print)

Regulator Authorite gnature)

Contact Number: (336)703-316

Verification Required Date: / /

REHS ID: 1938 - Faircloth, Craig

No. of Risk Factor/ Intervention Violations: 2 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 ○ ○ ○ 1 0.5 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 0 0 0 1 0.5 0 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 0 0 0 1 0.5 0 ⊗ ○ ○ ○ ○ IN OUT N/A N/O 33 Approved thawing methods used 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 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 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 ⊗ 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; 0 46 0 test strips ○ ○ **⊗** 1 0.5 0 ⊗ OUT 0 0 0 47 Non-food contact surfaces clean Physical Facilities .2654, .2655, .2656 OUT $\bigcirc \bigcirc \bigcirc$ 0 Hot & cold water available; adequate pressure 0 0 0 48 ⊗ IN OUT 49 Plumbing installed; proper backflow devices 0 0 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; 0 0 0 1 0.5 0 52 0 0 facilities maintained OUT 00053 Physical facilities installed, maintained & clean 0 0 0 1 0.5 0 ⊗ IN 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

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Location Address: 736 SOUTH MAIN STREET		Status Code: A
City: WINSTON SALEM State: NC		Category #:IV
County: <u>34 Forsyth</u> Zip: <u>27101</u>		Email 1:
Wastewater System: ⊗ Municipal/Community ○ On-Site System Water Supply: ⊗ Municipal/Community ○ On-Site System		Email 2:
Permittee: _FROGACY, LLC		Email 3:
Talanhana		

Temperature Observations								
ltem latkes	Location make unit	Temp 41	Item cheese	Location walk in cooler	Temp 42	Item	Location	Temp
chicken pies	reach in cooler	42	potatoes	hot hold	157			
chicken	low boy	41	chicken	final cook	174			
meat loaf	low boy	40	duck	reach in cooler	41			
shredded	make unit	42	meat loaf	walk in cooler	42			
chicken pie	walk in cooler	41	beef and	hot hold	157			
steak	low boy	40	hot water	3 comp sink	134			
beef barley	walk in cooler	40		•				

**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 feed code.

Spel

- Several utensils were found dirty. Take more time when cleaning and sanitizing these items. The dispensing system for the sanitizing solution at the 3 compartment was not working properly at the time of this inspection. A maintenance tech was called and the manager manually set up the sanitizing vat.
- No consumer advisory was in place on the menus at the time of this inspection. A legible consumer advisory is required on menus if potentially hazardous food items are offered raw or under cooked.
- 41 Tongs were found hanging from the handle of the oven. This is not an approved in use utensil storage method. Store in use utensils in a manner that prevents contamination, such as on a clean dry surface (pan) or in the item they are being used for.
- Repair the leak found below the 3 compartment sink.



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Cleaning is needed on the hood system.





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