### Food Establishment Inspection Report

Establishment Name: BURGER KING 11117 CARROLS 793

Date: 10 / 26 / 2012 Status Code: U
Time In: <u>Ø 1</u> ∶ <u>5 Ø ⊗ pm</u> Time Out: <u>Ø 4</u> ∶ <u>2 Ø ⊗ pm</u>
Total Time: 2 hrs 30 minutes
Category #: II
Establishment Type:

#### Instructions:

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

Location Address:	1551 UNION CROSS RD						
City: KERNERSVI	LLE						
State: NC	Zip: <del>27284</del>						
County: 34 Forsyth							
Permittee: CARROLS LLC BK							
Telephone:							
⊗Inspection							
○Re-Inspection							
Wastewater System:							
⊗Municipal/Community							
○On-Site System							
Water Supply:							
⊗Municipal/Community							
○On-Site Syster	n						

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: 96

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: 3034012169

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	$\bigcirc \bigcirc$ $\bigcirc$ $\bigcirc$ $\bigcirc$ $\bigcirc$	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	Ø ○ 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	O O O 2 1 0	0	0	0		
5	Ø ○ 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		0	0	0		
7	⊗ ○ ○ IN OUT N/O	No bare hand contact with RTE foods or pre-approved alternate procedure properly allowed	O O O 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	0 0 0 2 1 0	0	0	0		
10	O O & IN OUT N/O	Food received at proper temperature	0 0 0 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	$  \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc $ 2 1 0	0	0	0		
Pro	otection from	Contamination .2653, .2654						
13	⊗ ○ ○ ○ ○ IN OUT N/A N/O	Food separated & protected	000		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	3 1.5 0 0 0 0 2 1 0	0	0	0		
Potentially Hazardous 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	0 0 0 3 1.5 0	0	0	0		
18	OOO ⊗ 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	0 0 0 3 1.5 0	0	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	○ ○ ○ 3 1.5 0	0	0	0		
22	○ ⊗ ○ ○ 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		
Hiç	ghly Susceptil	ole 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		
Со	nformance wi	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	$\bigcirc\bigcirc\bigcirc\bigcirc$		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 11117 CARROLS 793

Establishment ID: 3034012169

#### 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:



No. of Risk Factor/ Intervention Violations: \_\_\_\_\_\_

REHS ID: 1938 - Faircloth, Craig

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   VF								VR	
		od and V			, ,		ODI		•••
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	〇 2	<u> </u>	0	0	0	0
30		O C	Variance obtained for specialized processing methods		O 0.5	0	0	0	0
Fo	od Tei	mperatu	ure Control .2653, .2654						
31	<b>⊗</b>	OUT	Proper cooling methods used; adequate equipment for temperature control		O 0.5		0	0	0
32	⊗ ○ IN OU	O O	Plant food properly cooked for hot holding		〇 0.5		0	0	0
33	⊗ ○ IN OUT	O O	Approved thawing methods used	0	O 0.5	0	0	0	0
34	⊗ IN	OUT	Thermometers provided & accurate		〇 0.5		0	0	0
Fo	od Ide	ntificat	on .2653						
35	⊗ IN	OUT	Food properly labeled: original container	〇 2	<u> </u>	0	0	0	0
Pr		-	ood Contamination .2652, .2653, .2654, .265		_	$\overline{}$			
36	⊗ IN	OUT	Insects & rodents not present; no unauthorized animals	2	1	0	0	0	0
37	⊗ N	OUT	Contamination prevented during food preparation, storage & display		O 1	0	0	0	0
38	⊗ IN	OUT	Personal cleanliness		O 0.5	0	0	0	0
39	⊗≥	OUT	Wiping cloths: properly used & stored		O 0.5	$\circ$	0	0	0
40	<b>⊗</b>	OUT	Washing fruits & vegetables		O 0.5		0	0	0
Pr	•	lse of U	tensils .2653, .2654		_				
41	⊗ IN	OUT	In-use utensils: properly stored		0.5	_	0	0	0
42	⊗ IN	OUT	Utensils, equipment & linens: properly stored, dried & handled	1 (	O 0.5		0	0	0
43	OIN	⊗ OUT	Single-use & single-service articles: properly stored & used	) 1 (	<b>⊗</b> 0.5	0	0	0	0
44	⊗ IN	OUT	Gloves used properly		O 0.5	0	0	0	0
Ut			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	1 (	O 0.5	0	0	0	0
47	○ <b>N</b>	⊗ OUT	Non-food contact surfaces clean	) 1 (	<b>⊗</b> 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	OIN	⊗ OUT	Plumbing installed; proper backflow devices	2	1	<b>⊗</b> 0	0	0	0
50	⊗ IN	OUT	Sewage & waste water properly disposed	2	1	$\circ$	0	0	0
51	⊗ IN	OUT	Toilet facilities: properly constructed, supplied & cleaned		〇 0.5		0	0	0
52	<b>⊗</b> ≅	OUT	Garbage & refuse properly disposed; facilities maintained		〇 0.5		0	0	0
53	○ <b>N</b>	⊗ OUT	Physical facilities installed, maintained & clean		<b>⊗</b> 0.5		0	0	0
54	O IN	⊗ OUT	Meets ventilation & lighting requirements; designated areas used	0	<b>⊗</b> 0.5	0	0	0	0
			Total Deductions:	4					

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

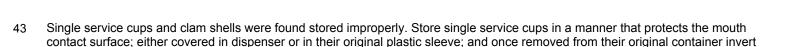
Establishment Name: BURGER KING 11117 CARROLS 793	Establishment ID: 3034012169	Date: 10/26/2012
Location Address: 1551 UNION CROSS RD		Status Code: U
City: KERNERSVILLE State: NC		Category #:II
County: 34 Forsyth Zip: 27284		Email 1:
Wastewater System: ⊗ Municipal/Community ○ On-Site System Water Supply: ⊗ Municipal/Community ○ On-Site System		Email 2:
Permittee: CARROLS LLC BK		Email 3:
Telephone:		

Temperature Observations								
ltem hamburger	Location hot hold	Temp 148	Item hamburger	Location final cook	Temp 178	Item	Location	Temp
chiicken	hot hold	135	cheese	walk in cooler	41			
chicken strips	hot hold	145	ham	walk in cooler	40			
chicken fillet	hot hold	148	liquid egg	walk in cooler	40			
cut tomatoes	make unit	42	hot water	3 comp sink	165			
lettuce	reach in cooler	38	hot water	wash vat	111			
chicken	final cook	185						
wapper	final cook	188						

**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.

A large pan of cut tomatoes was found on the central prep table (at 2:00 pm) after the discard time (12:00 pm). Food items being held off temperature must be discarded after four hours. The cut tomatoes were discarded immediately.



- Replace the damaged cover on the side of the ice machine. Repair the crack in the front corner of the prep sink. Wrap the condensate drains in the walk in refrigeration units with a smooth easily cleanable material. Install a proper trim piece on the silver king hamburger freezer on the prep line. Reattach the faucet at the 3 compartment sink to the wall. Cap the remaining exposed screw threads of equipment. Seal the chase on the central make station. Repair the small leaks found in the can wash area and below the prep sink.
- 47 Detailed cleaning is needed on the exterior of equipment, the fryers, the undersides of prep tables, and the cabinets in the dining area.



clam shells to protect the food contact surface.

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Observations	and Co	rractiva	Actions
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49 Install a backflow preventer rated for continuous pressure between the faucet the valves in the can wash area.

Cleaning is needed on the floors below equipment and shelving along baseboards and in corners. Install a proper coved base in the walk in refrigeration unit. Repair the damaged baseboards in the rear prep area.

Replace the missing light shields in the rear storage area and above the dish cleaning area.



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