Food Establishment Inspection Report

Establishment Name: O CHARLEY S 379 Establishment ID: 3034012185

Date: <u>Ø 2</u> / <u>1 1</u> / <u>2 Ø 1 3</u> Status Code: A					
Time In: Ø 2	: <u>4 5 ⊗ pm</u> Time Out: <u>Ø 5</u> : <u>2 5 ⊗ pm</u>				
Total Time:	2 hrs 40 minutes				
Category #:	IV				
Fstablishment Type: Full-Service Restaurant					

Instructions:

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

Location Address: 300 HANES MILL RD						
City: WINSTON SALEM						
State: NC Zip: 27106						
County: 34 Forsyth						
Permittee: O CHARLEY S LLC						
Telephone: (336) 377-2350						
⊗Inspection						
○Re-Inspection						
Wastewater System: ⊗Municipal/Community ○On-Site System						
Water Supply: ⊗Municipal/Community On-Site System						

- 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
- 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: 93.5

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

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

	Public Health Interventions: Control measures to prevent foodborne illness or injury.						
Со	Compliance Status				R	VR	
Su	pervision	.2652					
1	O & O	PIC Present; Demonstration-Certification by accredited program and perform duties	○ ⊗ 2 0	0	0	0	
En	ployee Health	.2652					
2	IN OUT	Management, employees knowledge; responsibilities & reporting	3 1.5 0	0	0	0	
3	O & IN OUT	Proper use of reporting, restriction & exclusion	○ ○ ⊗ 3 1.5 0	8	0	0	
Go	od Hygienic F	Practices .2652, .2653					
4	O & IN OUT	Proper eating, tasting, drinking, or tobacco use	0 0 8 2 1 0	8	0	0	
5	⊗ ○ IN OUT	No discharge from eyes, nose, and mouth	0 0 0	0	0	0	
Pre		amination by Hands .2652, .2653, .2655, .265	6				
6	⊗ ○ IN OUT	Hands clean & properly washed	000	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	$\begin{array}{c c} \bigcirc \bigcirc \bigcirc \bigcirc \\ 2 & 1 & 0 \end{array}$	0	0	0	
Ap	proved Sourc	e .2653, .2655					
9	⊗ ○ IN OUT	Food obtained from approved source	$\begin{array}{c c} \bigcirc \bigcirc \bigcirc \bigcirc \\ 2 & 1 & 0 \end{array}$	0	0	0	
10	O O S IN OUT N/O	Food received at proper temperature	$\begin{array}{c c} \bigcirc \bigcirc \bigcirc \bigcirc \\ 2 & 1 & 0 \end{array}$	0	0	0	
11	⊗ ○ IN OUT	Food in good condition, safe & unadulterated	$\begin{array}{c c} \bigcirc \bigcirc \bigcirc \bigcirc \\ 2 & 1 & 0 \end{array}$	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	0 0 0 3 1.5 0	0	0	0	
14	○ ⊗ IN OUT	Food-contact surfaces: cleaned & sanitized	○ ⊗ ○ 3 1.5 0	8	0	0	
15	⊗ ○ IN OUT	Proper disposition of returned, previously served, reconditioned, & unsafe food	$\begin{array}{c c} \bigcirc \bigcirc \bigcirc \bigcirc \\ 2 & 1 & 0 \end{array}$	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	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	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	○ ⊗ ○ 3 1.5 0	8	0	0	
21	○ ⊗ ○ ○ IN OUT N/A N/O	Proper date marking & disposition	○ ⊗ ○ 3 1.5 0	0	0	0	
22	OOO ⊗ IN OUT N/A N/O	Time as a public health control: procedures & records	$\begin{array}{c c} \bigcirc \bigcirc \bigcirc \bigcirc \\ 2 & 1 & 0 \end{array}$	0	0	0	
Со	Consumer Advisory .2653						
23	⊗ ○ ○ IN OUT N/A	Consumer advisory provided for raw or undercooked foods	0 0 0	0	0	0	
Hiç	hly 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	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	Toxic substances properly identified stored, & used	$\begin{array}{c c} \bigcirc \bigcirc \bigcirc \bigcirc \\ 2 & 1 & 0 \end{array}$	0	0	0	
Со	Conformance with Approved Procedures .2653, .2654, .2658						
27	O O & IN OUT N/A	Compliance with variance, specialized process, reduced oxygen packing criteria or HACCP plan	$\begin{array}{c c} \bigcirc \bigcirc \bigcirc \bigcirc \\ 2 & 1 & 0 \end{array}$	0	0	0	

Food Establishment Inspection Report, continued

Establishment Name: O CHARLEY S 379	Establishment ID: 303401218
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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

- 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:

Person in Charge (Signature)

Contact Number:

Verification Required Date: __ / /

REHS ID: 2259 - Michaud, Kenneth

No. of Risk Factor/ Intervention Violations: 6

No. of Repeat Risk Factor/Intervention Violations: ₋

⊗ IN OUT

⊗ IN OUT

O 8

OIN ⊗ OUT

OUT

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51

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53

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Good Retail Practices Preventative measures to control the addition of pathogens. chemicals, and physical objects into foods. Compliance Status OUT 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 ⊗ OUT Proper cooling methods used; adequate equipment for temperature control 0 0 **8** 1 0.5 0 0 0 8 0 0 0 1 0.5 0 32 Plant food properly cooked for hot holding 0 0 0 IN OUT N/A N/O 0 0 0 1 0.5 0 0 8 \circ Approved thawing methods used 0 0 IN OUT N/A N/O 0 0 0 1 0.5 0 OUT 0 0 0 34 Thermometers provided & accurate **Food Identification** .2653 OUT Food properly labeled: original container 0 0 35 0 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 0 0 0 1 0.5 0 ⊗ IN OUT In-use utensils: properly stored 41 0 0 080 Utensils, equipment & linens: properly stored, dried & handled 0 0 0 42 ΙŇ OUT 1 0.5 0 Single-use & single-service articles: properly 43 0 0 0 OUT 1 0.5 0 stored & used ⊗ IN OUT $\overline{000}$ 0 0 44 Gloves used properly 0 1 0.5 0 Utensils and Equipment .2653, .2654, .2663 $\bigcirc \bigcirc \bigcirc$ \bigcirc \bigcirc \bigcirc 1 0 Equipment, food & non-food contact surfaces approved, 45 0 \bigcirc OŬT 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 0 0 0 Non-food contact surfaces clean **Physical Facilities** .2654, .2655, .2656 $\bigcirc \bigcirc \bigcirc \bigcirc$ 2 1 0 OUT Hot & cold water available; adequate pressure 0 0 0 48 OUT 49 Plumbing installed; proper backflow devices 0 0 0

Sewage & waste water properly disposed

Garbage & refuse properly disposed;

facilities maintained

Toilet facilities: properly constructed, supplied

Physical facilities installed, maintained & clean

Meets ventilation & lighting requirements;

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

Total Deductions:

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0

0 0 0

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1 0.5 0

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	Establishment Name: O CHARLEY S 379			Establishment ID:	3034012185	Date: 02/11/2013	
l oc	Location Address: 300 HANES MILL RD					Status Code: _^	<u> </u>
Citv	/: WINSTON SALEM		e: NC			Category #:	
	unty: ³⁴ Forsyth	Zip: ²⁷¹⁰⁶				Email 1: ³⁷⁹ .sto	
	Wastewater System: ⊗ Municipal/Community ○ On-Site System Water Supply: ⊗ Municipal/Community ○ On-Site System Permittee: ○ CHARLEY S LLC Telephone: (336) 377-2350		Site System				
			ite System			Email 2:	
						Email 3:	
	<u> </u>	Ten	nperature	Observations			
Item	Location	Temp Item	Location		p Item	Location	Temp
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		Observa	tions and	Corrective Action	 ns		
<u> </u>	Violations cited in this report		rithin the time f	rames below, or as stated	d in sections 8-405.	11 of the food code.	
2-10							Spe
	02.12 Certified Food Protection not have certificate at time of		have ANSI a	pproved food safety o	course certificate	by Jan 1, 2014 - Ma	nager Spe
			have ANSI a	pproved food safety o	course certificate	by Jan 1, 2014 - Ma	nager Spe
			have ANSI a	pproved food safety c	course certificate	by Jan 1, 2014 - Ma	nager
			have ANSI a	pproved food safety o	course certificate	by Jan 1, 2014 - Ma	nager Spe
did	not have certificate at time of	inspection					nager
did	not have certificate at time of 01.12 Exclusions and Restric	inspection tions - No Employe	e health poli	cy agreement in place			nager
did	not have certificate at time of	inspection tions - No Employe	e health poli	cy agreement in place			nager
did	not have certificate at time of 01.12 Exclusions and Restric	inspection tions - No Employe	e health poli	cy agreement in place			nager
did	not have certificate at time of 01.12 Exclusions and Restric	inspection tions - No Employe	e health poli	cy agreement in place			nager
did	not have certificate at time of 01.12 Exclusions and Restric	inspection tions - No Employe	e health poli	cy agreement in place			nager
did 3 2-20 place	not have certificate at time of 01.12 Exclusions and Restricted representation of control of the	tions - No Employe oncept and applicat	e health policy oility of policy	cy agreement in place	e at time of inspe	ction - must have po	nager
did 3 2-20 place	not have certificate at time of 01.12 Exclusions and Restricce - instructed manager on co	tions - No Employe oncept and applicat	e health policy oility of policy	cy agreement in place	e at time of inspe	ction - must have po	nager
did 3 2-20 plac 4 2-41	not have certificate at time of 01.12 Exclusions and Restricted representation of control of the	tions - No Employe oncept and applicat	e health policy oility of policy	cy agreement in place	e at time of inspe	ction - must have po	nager
did 3 2-20 place	not have certificate at time of 01.12 Exclusions and Restricted representation of control of the	tions - No Employe oncept and applicat	e health policy oility of policy	cy agreement in place	e at time of inspe	ction - must have po	nager
did 3 2-20 plac 4 2-41	not have certificate at time of 01.12 Exclusions and Restricted representation of control of the	tions - No Employe oncept and applicat	e health policy oility of policy	cy agreement in place	e at time of inspe	ction - must have po	nager

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Comment Addendum to Food Establishment Inspection Report

Establishment Name: O CHARLEY S 379 Establishment ID: 3034012185

Observations	and	Corrective	Actions
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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.



3-501.16 (A)(2) and (B) Potentially Hazardous Food (Time/Temperature Control for Safety Food), Hot and Cold Holding - Some cold holding items not holding temp - all cold holding items must be held no more than 45 deg F - since items had been placed out over 4 hours ago, manager threw items away

- 3-501.17 Ready-To-Eat Potentially Hazardous Food (Time/Temperature Control for Safety Food), Date Marking No items were propely date marked all potentially hazardous items that are ready to eat must be properly date marked for date of consumption or discarded for no more than 4 days if the item is held at 45 deg F or 7 days if held at 41 deg F or less
- 3-501.15 Cooling Methods Pan of cooked pulled chicken stored tightly covered with seran wrap while cooling in walk in make sure to loosely cover items to chill quickly
- 42 4-901.11 Equipment and Utensils, Air-Drying Required A few pans stacked incorrectly while wet make sure to cross stack or separate pans while wet to provide adequate air flow to thoroughly air dry
- 47 4-602.13 Nonfood Contact Surfaces Detailed cleaning needed on shelving units as some are showing signs of rust and grime build-up
- 6-501.11 Repairing-Premises, Structures, Attachments, and Fixtures-Methods Broken floor tiles found throughout kitchen also replace missing grout between tiles
- 54 6-202.11 Light Bulbs, Protective Shielding Light missing shielding in server area above drink machine

Comment Addendum to Food Establishment Inspection Report

Establishment Name: O CHARLEY S 379 Establishment ID: 3034012185

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.





Comment Addendum to Food Establishment Inspection Report

Establishment Name: O CHARLEY S 379 Establishment ID: 3034012185

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.



