Food Establishment Inspection Report

Score: 97.5

Establishment Name: FIVE POINTS

Establishment ID: 3034012187

Date: 03 / 13 / 2013 Status Code: A

Time In: 09 : 30 ⊗ am ○ pm Time Out: 01 : 00 ○ am ⊗ pm

Total Time: 3 hrs 30 minutes

Category #: IV

Establishment Type: Full-Service Restaurant

Instructions:

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

Location Address: 109 SOUTH STRATFORD RD

City: WINSTON SALEM

State: NC Zip: 27104

County: 34 Forsyth

Permittee: GALLINS FOODS INC.

Telephone:

⊗ Inspection

○ Re-Inspection

Wastewater System:

⊗ Municipal/Community

○ On-Site System

Water Supply:

⊗ Municipal/Community

○ 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

Risk factors: Contributing factors that increase the chance of developing foodborne illness.
Public Health Interventions: Control measures to prevent foodborne illness or injury.

	Compliance Status		OUT	CDI	R	VR
	Supervision	.2652				
1	⊗ IN ○ OUT ○ N/A	PIC Present; Demonstration-Certification by accredited program and perform duties	○ 2 ○ 0	○	○	○
	Employee Health	.2652				
2	⊗ IN ○ OUT	Management, employees knowledge; responsibilities & reporting	○ 3 ○ 1.5 ○ 0	○	○	○
3	⊗ IN ○ OUT	Proper use of reporting, restriction & exclusion	○ 3 ○ 1.5 ○ 0	○	○	○
	Good Hygienic Practices	.2652, .2653				
4	⊗ IN ○ OUT	Proper eating, tasting, drinking, or tobacco use	○ 2 ○ 1 ○ 0	○	○	○
5	⊗ IN ○ OUT	No discharge from eyes, nose, and mouth	○ 1 ○ 0.5 ○ 0	○	○	○
	Preventing Contamination by Hands	.2652, .2653, .2655, .2656				
6	⊗ IN ○ OUT	Hands clean & properly washed	○ 4 ○ 2 ○ 0	○	○	○
7	⊗ IN ○ OUT ○ N/O	No bare hand contact with RTE foods or pre-approved alternate procedure properly allowed	○ 3 ○ 1.5 ○ 0	○	○	○
8	⊗ IN ○ OUT	Handwashing sinks supplied & accessible	○ 2 ○ 1 ○ 0	○	○	○
	Approved Source	.2653, .2655				
9	⊗ IN ○ OUT	Food obtained from approved source	○ 2 ○ 1 ○ 0	○	○	○
10	○ IN ○ OUT ⊗ N/O	Food received at proper temperature	○ 2 ○ 1 ○ 0	○	○	○
11	⊗ IN ○ OUT	Food in good condition, safe & unadulterated	○ 2 ○ 1 ○ 0	○	○	○
12	○ IN ○ OUT ⊗ N/A ○ N/O	Required records available: shellstock tags, parasite destruction	○ 2 ○ 1 ○ 0	○	○	○
	Protection from Contamination	.2653, .2654				
13	⊗ IN ○ OUT ○ N/A ○ N/O	Food separated & protected	○ 3 ○ 1.5 ○ 0	○	○	○
14	○ IN ⊗ OUT	Food-contact surfaces: cleaned & sanitized	○ 3 ⊗ 1.5 ○ 0	○	○	○
15	⊗ IN ○ OUT	Proper disposition of returned, previously served, reconditioned, & unsafe food	○ 2 ○ 1 ○ 0	○	○	○
	Potentially Hazardous Food TIme/Temperature	.2653				
16	○ IN ○ OUT ○ N/A ⊗ N/O	Proper cooking time & temperatures	○ 3 ○ 1.5 ○ 0	○	○	○
17	○ IN ○ OUT ○ N/A ⊗ N/O	Proper reheating procedures for hot holding	○ 3 ○ 1.5 ○ 0	○	○	○
18	⊗ IN ○ OUT ○ N/A ○ N/O	Proper cooling time & temperatures	○ 3 ○ 1.5 ○ 0	○	○	○
19	○ IN ○ OUT ○ N/A ⊗ N/O	Proper hot holding temperatures	○ 3 ○ 1.5 ○ 0	○	○	○
20	⊗ IN ○ OUT ○ N/A ○ N/O	Proper cold holding temperatures	○ 3 ○ 1.5 ○ 0	○	○	○
21	⊗ IN ○ OUT ○ N/A ○ N/O	Proper date marking & disposition	○ 3 ○ 1.5 ○ 0	○	○	○
22	○ IN ○ OUT ○ N/A ⊗ N/O	Time as a public health control: procedures & records	○ 2 ○ 1 ○ 0	○	○	○
	Consumer Advisory	.2653				
23	○ IN ⊗ OUT ○ N/A	Consumer advisory provided for raw or undercooked foods	○ 1 ○ 0.5 ⊗ 0	⊗	⊗	○
	Highly Susceptible Populations	.2653				
24	⊗ IN ○ OUT ○ N/A	Pasteurized foods used; prohibited foods not offered	○ 3 ○ 1.5 ○ 0	○	○	○
	Chemical	.2653, .2657				
25	⊗ IN ○ OUT ○ N/A	Food additives: approved & properly used	○ 1 ○ 0.5 ○ 0	○	○	○
26	⊗ IN ○ OUT ○ N/A	Toxic substances properly identified stored, & used	○ 2 ○ 1 ○ 0	○	○	○
	Conformance with Approved Procedures	.2653, .2654, .2658				
27	⊗ IN ○ OUT ○ N/A	Compliance with variance, specialized process, reduced oxygen packing criteria or HACCP plan	○ 2 ○ 1 ○ 0	○	○	○

Food Establishment Inspection Report, continued

Establishment Name: FIVE POINTS Establishment ID: 3034012187

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:

Adam Holzer
Person in Charge (Print)

Person in Charge (Signature)

Clark Sizemore
Regulatory Authority (Print)

Regulatory Authority (Signature)

Contact Number: (336) 703-3128

Verification Required Date: ___/___/_____

REHS ID: 944 - Sizemore, Clark

No. of Risk Factor/ Intervention Violations: 2

No. of Repeat Risk Factor/Intervention Violations: 1

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				
28	⊗ IN ○ OUT	Pasteurized eggs used where required	○ 1 ○ 0.5 ○ 0	○	○	○
29	⊗ IN ○ OUT	Water and ice from approved source	○ 2 ○ 1 ○ 0	○	○	○
30	○ IN ○ OUT ⊗ N/A	Variance obtained for specialized processing methods	○ 1 ○ 0.5 ○ 0	○	○	○
	Food Temperature Control	.2653, .2654				
31	⊗ IN ○ OUT	Proper cooling methods used; adequate equipment for temperature control	○ 1 ○ 0.5 ○ 0	○	○	○
32	○ IN ○ OUT ○ N/A ⊗ N/O	Plant food properly cooked for hot holding	○ 1 ○ 0.5 ○ 0	○	○	○
33	⊗ IN ○ OUT ○ N/A ○ N/O	Approved thawing methods used	○ 1 ○ 0.5 ○ 0	○	○	○
34	⊗ IN ○ OUT	Thermometers provided & accurate	○ 1 ○ 0.5 ○ 0	○	○	○
	Food Identification	.2653				
35	⊗ IN ○ OUT	Food properly labeled: original container	○ 2 ○ 1 ○ 0	○	○	○
	Prevention of Food Contamination	.2652, .2653, .2654, .2656, .2657				
36	⊗ IN ○ OUT	Insects & rodents not present; no unauthorized animals	○ 2 ○ 1 ○ 0	○	○	○
37	⊗ IN ○ OUT	Contamination prevented during food preparation, storage & display	○ 2 ○ 1 ○ 0	○	○	○
38	⊗ IN ○ OUT	Personal cleanliness	○ 1 ○ 0.5 ○ 0	○	○	○
39	⊗ IN ○ OUT	Wiping cloths: properly used & stored	○ 1 ○ 0.5 ○ 0	○	○	○
40	⊗ IN ○ OUT	Washing fruits & vegetables	○ 1 ○ 0.5 ○ 0	○	○	○
	Proper Use of Utensils	.2653, .2654				
41	⊗ IN ○ OUT	In-use utensils: properly stored	○ 1 ○ 0.5 ○ 0	○	○	○
42	○ IN ⊗ OUT	Utensils, equipment & linens: properly stored, dried & handled	○ 1 ⊗ 0.5 ○ 0	○	○	○
43	⊗ IN ○ OUT	Single-use & single-service articles: properly stored & used	○ 1 ○ 0.5 ○ 0	○	○	○
44	⊗ IN ○ OUT	Gloves used properly	○ 1 ○ 0.5 ○ 0	○	○	○
	Utensils and Equipment	.2653, .2654, .2663				
45	○ IN ⊗ OUT	Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed, & used	○ 2 ○ 1 ⊗ 0	○	○	○
46	⊗ IN ○ OUT	Warewashing facilities: installed, maintained, & used; test strips	○ 1 ○ 0.5 ○ 0	○	○	○
47	○ IN ⊗ OUT	Non-food contact surfaces clean	○ 1 ○ 0.5 ⊗ 0	○	○	○
	Physical Facilities	.2654, .2655, .2656				
48	⊗ IN ○ OUT	Hot & cold water available; adequate pressure	○ 2 ○ 1 ○ 0	○	○	○
49	⊗ IN ○ OUT	Plumbing installed; proper backflow devices	○ 2 ○ 1 ○ 0	○	○	○
50	⊗ IN ○ OUT	Sewage & waste water properly disposed	○ 2 ○ 1 ○ 0	○	○	○
51	⊗ IN ○ OUT	Toilet facilities: properly constructed, supplied & cleaned	○ 1 ○ 0.5 ○ 0	○	○	○
52	⊗ IN ○ OUT	Garbage & refuse properly disposed; facilities maintained	○ 1 ○ 0.5 ○ 0	○	○	○
53	⊗ IN ○ OUT	Physical facilities installed, maintained & clean	○ 1 ○ 0.5 ○ 0	○	○	○
54	○ IN ⊗ OUT	Meets ventilation & lighting requirements; designated areas used	○ 1 ⊗ 0.5 ○ 0	○	○	○
		Total Deductions:	2.5			

Comment Addendum to Food Establishment Inspection Report

Establishment Name: FIVE POINTS

Establishment ID: 3034012187

Date: 03/13/2013

Status Code: A

Category #: IV

Email 1:

Email 2:

Email 3:

Location Address: 109 SOUTH STRATFORD RD

City: WINSTON SALEM State: NC

County: 34 Forsyth Zip: 27104

Wastewater System: ⊗ Municipal/Community ○ On-Site System

Water Supply: ⊗ Municipal/Community ○ On-Site System

Permittee: GALLINS FOODS INC.

Telephone:

Temperature Observations

Item	Location	Temp	Item	Location	Temp	Item	Location	Temp
cheese	cooler	45	mashed	meat cooler	40	fish	cooked to	145
egg rolls	cooler	45	cooked	meat cooler	38			
coastal fritters	cooler	45	tomatoes	wait stationj	40			
crab cakes	meat cooler	41	crabmeat	wait stations	42			
coastal fritters	meat cooler	34	dressing	up right	42			
hamburgers	meat cooler	38	tomato soup	warmer	179			
steak	meat cooler	42	chowder	warmer	169			
salmon	meat cooler	39	ribs	cooked to	163			

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.

Spell

14 Dried food on parts of slicer; need to clean and sanitize after use. One chopper had dried food particles today; need to clean and sanitize after use. Many plates had black spots on them, re washed during inspection. 4-601.11

23 The disclosure statement is on the menu, however the foot note is not linked to the food that is served raw or under cooked. Please have servers explain the disclosure statement for each food that is under cooked until the menu is corrected. 3-603.11

42 Need to air dry steel pans before stacking. 4-901.11

45 Need two new knobs on oven. 4-201.11

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Observations and Corrective Actions

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Spell

47 Need to clean one microwave and one under counter refrigerator. 4-601.11

54 Hood filter is missing, corrected during the inspection. 4-202.18

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Spell

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Spell