## Food Establishment Inspection Report

Establishment Name: DUE BAMBINI RESTAURANT

Date: 01/28/2013 Status Code: A Time In:  $\underline{12}$ :  $\underline{50} \overset{\bigcirc}{\otimes} \overset{\text{am}}{\text{pm}}$  Time Out:  $\underline{03}$ :  $\underline{15} \overset{\bigcirc}{\otimes} \overset{\text{am}}{\text{pm}}$ 

Total Time: 2 hrs 25 minutes

Category #: II

Establishment Type: Full-Service Restaurant

### Instructions:

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

Location Address: 3800 REYNOLDA RD SUITE 350 WINSTON SALEM City: Zip: 27106 State: NC County: 34 Forsyth Permittee: DUE BAMBINI INC. Telephone: **⊗**Inspection ○ Re-Inspection **Wastewater System:** ⊗Municipal/Community On-Site System Water Supply: 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".

Establishment ID: 3034012207

### Foodborne Illness Risk Factors and Public Health Interventions

Score: 96.5

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

Public Health Interventions: Control measures to prevent foodborne illness or injury.									
Со	mpliance Statu	OUT	CDI	R	VR				
Su	pervision								
1	O & O IN OUT N/A	PIC Present; Demonstration-Certification by accredited program and perform duties	○ <b>⊗</b> 2 0	0	0	0			
En	ployee Health	.2652							
2	O & IN OUT	Management, employees knowledge; responsibilities & reporting	○ ○ <b>⊗</b> 3 1.5 0	8	0	0			
3	⊗ ⊖ IN OUT	Proper use of reporting, restriction & exclusion	O O O 3 1.5 0	0	0	0			
Go	od Hygienic P								
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	O O O 1 0.5 0	0	0	0			
Pro		amination by Hands .2652, .2653, .2655, .2656	6						
6	⊗ ○ IN OUT	Hands clean & properly washed	$ \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc $ $ 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	○ ○ ○ 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 \bigcirc 1 \bigcirc 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	$ \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc $ 2 1 0	0	0	0			
Pro	Protection 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	3 1.5 0 3 1.5 0	8	0	0			
15	⊗ ○ IN OUT	Proper disposition of returned, previously served, reconditioned, & unsafe food	000	0	0	0			
Po	tentially Haza	rdous Food Time/Temperature .2653							
16	O 🗞 O O IN OUT N/A N/O	Proper cooking time & temperatures	○ <b>⊗</b> ○ 3 1.5 0	8	0	0			
17	O O & O IN OUT N/A N/O	Proper reheating procedures for hot holding	○ ○ ○ 3 1.5 0	0	0	0			
18	O O & O IN OUT N/A N/O	Proper cooling time & temperatures	0 0 0 3 1.5 0	0	0	0			
19	O O & O 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	O O & O IN OUT N/A N/O	Time as a public health control: procedures & records	$ \bigcirc\bigcirc\bigcirc\bigcirc$ 2 1 0	0	0	0			
Со	nsumer Advis	sory .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	Highly Susceptible 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	$ \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc $ 2 1 0	0	0	0			
Со	nformance wi	th Approved Procedures .2653, .2654,	.2658						
27	O O &	Compliance with variance, specialized process, reduced oxygen packing criteria or HACCP plan	999	0		0			

## Food Establishment Inspection Report, continued

Establishment Name: DUE BAMBINI RESTAURANT Establishment ID: 3034012207

### 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".
- 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 (Print)

Person in Charge (Signature)

Regulatory Authority (Print)

Regulatory Authority (Signature)

Contact Number: (336) 703 - 3135

Verification Required Date: \_\_\_/ \_\_\_/

REHS ID: 1958 - Allred, Christy

No. of Risk Factor/ Intervention Violations: 4 No. of Repeat Risk Factor/Intervention Violations:

⊗ ○ IN OUT

54

### **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 0 0 0 29 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 U U S U Plant food properly cooked for hot holding 0 0 0 1 0.5 0 32 0 0 0 ⊗ ○ ○ ○ Approved thawing methods used IN OUT N/A N/O 0 0 0 1 0.5 0 0 0 0 0 **8** 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 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 41 0 0 In-use utensils: properly stored 000Utensils, equipment & linens: properly stored, dried & handled 0 0 0 42 OUT 1 0.5 0 8 Single-use & single-service articles: properly $\bigcirc$ $\otimes$ $\bigcirc$ $\bigcirc$ IN 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 OIN ⊗ OUT 0 0 **8** 1 0.5 0 Warewashing facilities: installed, maintained, & used; 46 0 0 0 test strips OUT 0 0 0 1 0.5 0 0 0 0 47 Non-food contact surfaces clean **Facilities Physical** .2654, .2655, .2656 OUT $\begin{array}{c|c} \bigcirc & \bigcirc & \bigcirc \\ 2 & 1 & 0 \end{array}$ Hot & cold water available; adequate pressure 0 0 0 48 ⊗ IN OUT 49 Plumbing installed; proper backflow devices 0 0 0 0 0 OUT 50 0 0 0 Sewage & waste water properly disposed ⊗ 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

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

**Total Deductions:** 

Meets ventilation & lighting requirements;

0 0 0 1 0.5 0

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_		Comment	Addend	um (C	) F000	Establishme	nt inspe	ection Repor	ι
Ē	Establishment Name: DUE BAMBINI RESTAURANT				Establishment ID	: 3034012207	7 Date: 01/28/2	2013	
	Location	Address: 3800 RE	YNOLDA RD S	SUITE 350				Status Code	e:
	City: W	INSTON SALEM			e: <u>NC</u>			Category #:	II
		34 Forsyth	Zi <sub> </sub>	o: <u>27106</u>				Email 1:	
		vater System:   Mu						Email 2:	
	Water S	ee: _ <sup>DUE BAMBINI IN</sup>	unicipal/Commun NC.	ity () On-S	ite System				
	Telepho							Email 3:	
[				Ten	nperature	Observations			
	tem pepperoni	Location make unit	Temp 38	Item	Location	on Ter	np Item	Location	Temp
-	air temp	make unit	38						
-	turkey	walk-in cooler	37						
-	cheese	walk-in cooler	38						
	Chlorine	dishmachine	50						
	hot water	utensil sink	143						
_									
_									
ſ		Violetiene eited in this w				Corrective Action		405 44 of the feed and	
1	0 nte DI					datory by January 20		-405.11 of the food code	
'	0-pt3.11	o was not servadic t	ocitilica. Oci	73aic Will L	ccome man	datory by bandary 20	, 17.		
2	0-pts. Ne	ew rule. Need to impl	lement an en	nployee he	ealth policy.	Please refer to the ha	and out for de	etails.	
14						mix quat sanitizer to	200-300ppm	n. Chlorine sanitizer s	hould be
	mixea to	50-100ppm. CDI-mi	xed quat sar	illizer for tr	ne dotties.				
16				F, 95F, 130	)F, 175F, 86	F. Chicken must be o	cooked to a m	ninimum temperature	of 165F.
	CDI-wing	gs were recooked to	195-203F.						

## **Comment Addendum to Food Establishment Inspection Report**

Establishment Name:_DUE BAMBINI RESTAURANT	Establishment ID: _3034012207

Observations and	Corroctivo	A ctions
Choci validilo alid	COLLECTIVE	ACHORS

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.



0-pts. The only thermometer available was a 50-550F. Need to have a 0-220F or a digital thermometer for checking food temps.

The single service cups were unprotected. Single service cups need to be kept in dispensers or in the wrappers until they are individually dispensed.

6 0-pts.Chlorine test strips were available, need quat strips if quat is going to be used.



Comment Addendum to Food Establishment Inspection Report

Establishment Name: DUE BAMBINI RESTAURANT Establishment ID: 3034012207

**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: DUE BAMBINI RESTAURANT Establishment ID: 3034012207

## **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.



