

Food Establishment Inspection Report

Score: 95

Establishment Name: KFC G135200

Establishment ID: 3034012244

Date: 05 / 08 / 2013 Status Code: U

Time In: 01 : 45 am pm Time Out: 03 : 50 am pm

Total Time: 2 hrs 5 minutes

Category #: IV

Establishment Type: Fast Food Restaurant

Instructions:

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

Location Address: 2817 REYNOLDA RD

City: WINSTON SALEM

State: NC Zip: 27106

County: 34 Forsyth

Permittee: FQSR LLC

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



Food Establishment Inspection Report, continued

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Establishment ID: 3034012244

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:

First Last
Brad Bruner

Person in Charge (Print)


Person in Charge (Signature)

First Last
Christy Allred

Regulatory Authority (Print)


Regulatory Authority (Signature)

Contact Number: (____) ____ - ____

Verification Required Date: ____/____/____

REHS ID: 1958 - Allred, Christy

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							
28	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Pasteurized eggs used where required	1	0.5	0	<input type="radio"/>
29	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Water and ice from approved source	2	1	0	<input type="radio"/>
30	<input type="radio"/> IN	<input type="radio"/> OUT	<input checked="" type="radio"/> N/A	1	0.5	0	<input type="radio"/>
Food Temperature Control .2653, .2654							
31	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Proper cooling methods used; adequate equipment for temperature control	1	0.5	0	<input type="radio"/>
32	<input type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	1	0.5	0	<input checked="" type="radio"/>
33	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	1	0.5	0	<input type="radio"/>
34	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Thermometers provided & accurate	1	0.5	0	<input type="radio"/>
Food Identification .2653							
35	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Food properly labeled: original container	2	1	0	<input type="radio"/>
Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657							
36	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Insects & rodents not present; no unauthorized animals	2	1	0	<input type="radio"/>
37	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Contamination prevented during food preparation, storage & display	2	1	0	<input type="radio"/>
38	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Personal cleanliness	1	0.5	0	<input type="radio"/>
39	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Wiping cloths: properly used & stored	1	0.5	0	<input type="radio"/>
40	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Washing fruits & vegetables	1	0.5	0	<input type="radio"/>
Proper Use of Utensils .2653, .2654							
41	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	In-use utensils: properly stored	1	0.5	0	<input type="radio"/>
42	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Utensils, equipment & linens: properly stored, dried & handled	1	0.5	0	<input type="radio"/>
43	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Single-use & single-service articles: properly stored & used	1	0.5	0	<input type="radio"/>
44	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Gloves used properly	1	0.5	0	<input type="radio"/>
Utensils and Equipment .2653, .2654, .2663							
45	<input type="radio"/> IN	<input checked="" type="radio"/> OUT	Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed, & used	2	1	0	<input type="radio"/>
46	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Warewashing facilities: installed, maintained, & used; test strips	1	0.5	0	<input type="radio"/>
47	<input type="radio"/> IN	<input checked="" type="radio"/> OUT	Non-food contact surfaces clean	1	0.5	0	<input type="radio"/>
Physical Facilities .2654, .2655, .2656							
48	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Hot & cold water available; adequate pressure	2	1	0	<input type="radio"/>
49	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Plumbing installed; proper backflow devices	2	1	0	<input type="radio"/>
50	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Sewage & waste water properly disposed	2	1	0	<input type="radio"/>
51	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Toilet facilities: properly constructed, supplied & cleaned	1	0.5	0	<input type="radio"/>
52	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Garbage & refuse properly disposed; facilities maintained	1	0.5	0	<input type="radio"/>
53	<input type="radio"/> IN	<input checked="" type="radio"/> OUT	Physical facilities installed, maintained & clean	1	0.5	0	<input type="radio"/>
54	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Meets ventilation & lighting requirements; designated areas used	1	0.5	0	<input type="radio"/>
Total Deductions:				5			

Comment Addendum to Food Establishment Inspection Report

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Date: 05/08/2013

Location Address: 2817 REYNOLDA RD

City: WINSTON SALEM State: NC

County: 34 Forsyth Zip: 27106

Wastewater System: Municipal/Community On-Site System

Water Supply: Municipal/Community On-Site System

Permittee: FQSR LLC

Telephone: _____

Status Code: U

Category #: IV

Email 1: _____

Email 2: _____

Email 3: _____

Temperature Observations

Item	Location	Temp	Item	Location	Temp	Item	Location	Temp
boneless	warmer	155	cooled	walk-in cooler	36			
chicken	warmer	155	raw chicken	walk-in cooler	36			
leg	warmer	160	hot water	prep sink	126			
potato wedge	HH	135						
chicken pie	warmer	170						
corn on the	warmer	175						
cheese	undercounter cooler	33						
air temp	under counter cooler	33						

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.

- 14 0-pts. The QA sanitizer in the utensil sink was high-right at 400ppm, it should run between 200-300ppm. There were a couple of pans with oily residue on them, be sure to double check pans before stacking.
- 16 Grilled chicken cook temps were low. Breast 1: 129F. Breast 2: 138F. The small pieces were right at 165F. Boneless white meat chicken was not cooked hot enough. Pieces ranged from 140-155F. It is very important to make sure chicken is cooked to a minimum internal temp of 165F. Employees need to be trained on how to check cook temps, proper thermometer use and cleaning as well. CDI-grilled chicken was recooked to 167-175, the pan of white meat chicken was dropped and disposed of.
- 45 There is a condensation problem at the walk-in freezer door the is preventing the door from completely closing. The spray at the utensil sink is leaking. Need to replace dented pans that have become difficult to clean.
- 47 General equipment cleaning needed. Examples include the prep area by the make unit, underneath the service counter, outsides of equipment, handles on the microwaves.



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- 53 The wall by the cooler had been repaired but needs to be repaired in a more cleanable way. Need to seal the piping/conduit penetrations in the ceilings. Need to install a coved base board beneath the service counter. There is standing water in a wash pit behind the grease bin, be sure to unclog the drain.



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✓
Spell



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Spell

