# Food Establishment Inspection Report

Score: 98.5

**Establishment Name:** TACO BELL 28853 **Establishment ID:** 3034012250

Location Address: 1435 RIVER RIDGE DRIVE ☒ Inspection ☐ Re-Inspection

City: CLEMMONS State: NC **Date:** 12 / 05 / 2013 **Status Code:** A

Zip: 27012 County: 34 Forsyth Time In: 10 : 00 ⊗ am ○ pm Time Out: 12 : 10 ○ am ⊗ pm

**Permittee:** BURGERBUSTERS INC. Total Time: 2 hrs 10 minutes

**Telephone:** **Category #:** IV

**Wastewater System:** ☒ Municipal/Community ☐ On-Site System **FDA Establishment Type:** Fast Food Restaurant

**Water Supply:** ☒ Municipal/Community ☐ On-Site Supply No. of Risk Factor/Intervention Violations: 1

No. of Repeat Risk Factor/Intervention Violations: _____

## 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.

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

## Good Retail Practices

**Good Retail Practices:** Preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

| | IN | OUT | N/A | N/O | Compliance Status | OUT | | | CDI | R | VR |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **Safe Food and Water** | | | | | .2653, .2655, .2658 | | | | | | |
| 28 | ☐ | ☐ | ☒ | | Pasteurized eggs used where required | 1 | 0.5 | 0 | ☐ | ☐ | ☐ |
| 29 | ☒ | ☐ | | | Water and ice from approved source | 2 | 1 | 0 | ☐ | ☐ | ☐ |
| 30 | ☐ | ☐ | ☒ | | Variance obtained for specialized processing methods | 1 | 0.5 | 0 | ☐ | ☐ | ☐ |
| **Food Temperature Control** | | | | | .2653, .2654 | | | | | | |
| 31 | ☒ | ☐ | | | Proper cooling methods used; adequate equipment for temperature control | 1 | 0.5 | 0 | ☐ | ☐ | ☐ |
| 32 | ☒ | ☐ | ☐ | ☐ | Plant food properly cooked for hot holding | 1 | 0.5 | 0 | ☐ | ☐ | ☐ |
| 33 | ☒ | ☐ | ☐ | ☐ | Approved thawing methods used | 1 | 0.5 | 0 | ☐ | ☐ | ☐ |
| 34 | ☒ | ☐ | | | Thermometers provided & accurate | 1 | 0.5 | 0 | ☐ | ☐ | ☐ |
| **Food Identification** | | | | | .2653 | | | | | | |
| 35 | ☒ | ☐ | | | Food properly labeled: original container | 2 | 1 | 0 | ☐ | ☐ | ☐ |
| **Prevention of Food Contamination** | | | | | .2652, .2653, .2654, .2656, .2657 | | | | | | |
| 36 | ☒ | ☐ | | | Insects & rodents not present; no unauthorized animals | 2 | 1 | 0 | ☐ | ☐ | ☐ |
| 37 | ☒ | ☐ | | | Contamination prevented during food preparation, storage & display | 2 | 1 | 0 | ☐ | ☐ | ☐ |
| 38 | ☒ | ☐ | | | Personal cleanliness | 1 | 0.5 | 0 | ☐ | ☐ | ☐ |
| 39 | ☒ | ☐ | | | Wiping cloths: properly used & stored | 1 | 0.5 | 0 | ☐ | ☐ | ☐ |
| 40 | ☒ | ☐ | ☐ | | Washing fruits & vegetables | 1 | 0.5 | 0 | ☐ | ☐ | ☐ |
| **Proper Use of Utensils** | | | | | .2653, .2654 | | | | | | |
| 41 | ☒ | ☐ | | | In-use utensils: properly stored | 1 | 0.5 | 0 | ☐ | ☐ | ☐ |
| 42 | ☒ | ☐ | | | Utensils, equipment & linens: properly stored, dried & handled | 1 | 0.5 | 0 | ☐ | ☐ | ☐ |
| 43 | ☐ | ☒ | | | Single-use & single-service articles: properly stored & used | 1 | 0.5 | ☒ | ☐ | ☐ | ☐ |
| 44 | ☒ | ☐ | | | Gloves used properly | 1 | 0.5 | 0 | ☐ | ☐ | ☐ |
| **Utensils and Equipment** | | | | | .2653, .2654, .2663 | | | | | | |
| 45 | ☐ | ☒ | | | Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed, & used | 2 | 1 | ☒ | ☐ | ☐ | ☐ |
| 46 | ☒ | ☐ | | | Warewashing facilities: installed, maintained, & used; test strips | 1 | 0.5 | 0 | ☐ | ☐ | ☐ |
| 47 | ☐ | ☒ | | | Non-food contact surfaces clean | 1 | 0.5 | ☒ | ☐ | ☐ | ☐ |
| **Physical Facilities** | | | | | .2654, .2655, .2656 | | | | | | |
| 48 | ☒ | ☐ | ☐ | | Hot & cold water available; adequate pressure | 2 | 1 | 0 | ☐ | ☐ | ☐ |
| 49 | ☒ | ☐ | | | Plumbing installed; proper backflow devices | 2 | 1 | 0 | ☐ | ☐ | ☐ |
| 50 | ☒ | ☐ | | | Sewage & waste water properly disposed | 2 | 1 | 0 | ☐ | ☐ | ☐ |
| 51 | ☒ | ☐ | ☐ | | Toilet facilities: properly constructed, supplied & cleaned | 1 | 0.5 | 0 | ☐ | ☐ | ☐ |
| 52 | ☒ | ☐ | | | Garbage & refuse properly disposed; facilities maintained | 1 | 0.5 | 0 | ☐ | ☐ | ☐ |
| 53 | ☒ | ☐ | | | Physical facilities installed, maintained & clean | 1 | 0.5 | 0 | ☐ | ☐ | ☐ |
| 54 | ☒ | ☐ | | | Meets ventilation & lighting requirements; designated areas used | 1 | 0.5 | 0 | ☐ | ☐ | ☐ |
| | | | | | Total Deductions: | 1.5 | | | | | |

# Comment Addendum to Food Establishment Inspection Report

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Establishment ID: 3034012250

Location Address: 1435 RIVER RIDGE DRIVE

☒ Inspection ☐ Re-Inspection Date: 12/05/2013

City: CLEMMONS State: NC

Comment Addendum Attached? ☐ Status Code: A

County: 34 Forsyth Zip: 27012

Category #: IV

Wastewater System: ☒ Municipal/Community ☐ On-Site System

Water Supply: ☒ Municipal/Community ☐ On-Site System

Permittee: BURGERBUSTERS INC.

Email 1:

Email 2:

Telephone:

Email 3:

## Temperature Observations

| Item | Location | Temp | Item | Location | Temp | Item | Location | Temp |
|---|---|---|---|---|---|---|---|---|
| beans | make line | 165 | hot water | 3 compartment sink | 160 | | | |
| rice | make line | 184 | pico | walk in cooler | 40 | | | |
| chicken | make line | 182 | beef | walk in cooler | 39 | | | |
| lettuce | make line | 48 | beans | hot hold cabinet | 180 | | | |
| cut tomato | make line | 45 | | | | | | |
| cut tomato | reach in | 43 | | | | | | |
| cheese | reach in | 44 | | | | | | |
| lettuce | reach in | 48 | | | | | | |

## 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 4-601.11 (A) Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils - P - Most plastic pans have sticker residue from day dots. Thoroughly wash, rinse, and sanitize so that clean equipment and utensils are clean to sight and touch.

Spell

43 4-903.11 (A) and (C) Equipment, Utensils, Linens and Single-Service and Single-Use Articles-Storing - C - GC: Two stacks of single service cups were not completely covered by protective plastic packaging. One stack of cups in a dispenser was overstacked. Ensure that the single service items are protected by ensuring that the plastic sleeve covers all of the cups and that cups are not overstacked in the dispensers. Single service items shall be kept in the original protective package or stored by using other effective means.

45 GC: Shelves across from the 3 compartment sink are beginning to chip. Repair or replace. If repaired, use paint approved for food contact.

Person in Charge (Print & Sign): Brenda (*First*) Priest (*Last*)

Regulatory Authority (Print & Sign): Carla (*First*) Day (*Last*)

REHS ID: 2405 - Day, Carla Verification Required Date: ___ / ___ / _____

REHS Contact Phone Number: ( _____ ) _____ - _____

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47 GC: Exposed plumbing has minor soil. Clean.

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