# Food Establishment Inspection Report

Score: 94

Establishment Name: ARBY S #7809 Establishment ID: 3034014062

Date: 12 / 07 / 2012 Status Code: A

Time In: 10 : 05 ⊗ am ○ pm Time Out: 01 : 00 ○ am ⊗ pm

Total Time: 2 hrs 55 minutes

Category #: II

Establishment Type: Fast Food Restaurant

Instructions:

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

Location Address: 625 JONESTOWN ROAD

City: WINSTON SALEM

State: NC Zip: 27103

County: 34 Forsyth

**Permittee:** RTM OPERATING COMPANY

**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: ARBY S #7809 Establishment ID: 3034014062

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:

Carson Shore
Person in Charge (Print)

Person in Charge (Signature)

Michelle Kirkley
Regulatory Authority (Print)

Regulatory Authority (Signature)

Contact Number: (336) 703-3129

Verification Required Date: ___/___/_____

REHS ID: 1203 - Kirkley, Michelle

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 | ⊗ 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: | 6 | | | |

# Comment Addendum to Food Establishment Inspection Report

Establishment Name: ARBY S #7809

Establishment ID: 3034014062

Date: 12/07/2012

Status Code: A

Category #: II

Email 1:

Email 2:

Email 3:

Location Address: 625 JONESTOWN ROAD

City: WINSTON SALEM State: NC

County: 34 Forsyth Zip: 27103

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

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

**Permittee:** RTM OPERATING COMPANY

**Telephone:**

## Temperature Observations

| Item | Location | Temp | Item | Location | Temp | Item | Location | Temp |
|---|---|---|---|---|---|---|---|---|
| turkey | large make unit | 42 | | | | | | |
| all cheese | large make unit | 42.4 | | | | | | |
| lettuce | " | 40 | | | | | | |
| gr. | " | 39 | | | | | | |
| macncheese | " | 43 | | | | | | |
| roast beef | " | 44.5 | | | | | | |
| turkey | walk-in cooling | 56 | | | | | | |
| all foods | walk-in | 44.5 | | | | | | |

## 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

19 Roast beef on slicer 125F. Maintain at 135F. Reheat to 165F if it goes below 135.

20 Lettuce 48, provalone 50.5, swiss 52.5, turkey 56, roast beef 50 in small make unit. Serviced while on site. Air temp corrected to 40F. / Walk-in items 44.5-44.7F. Service while here.

37 3-307.11 Miscellaneous Sources of Contamination/ Employee had shattered front smart phone charging on prep table. Small pieces of glass are potential food contaminate. Do not store phones or other personal items on the prep tables or other food service equipment. This is repeat from last inspection.

43 Plastic wrap missing on 3 stacks of cups in front and at drive-thru. Keep cups protected from splash, contamination.

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## Observations and Corrective Actions

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Spell

47 Detail cleaning needed for buildup around metal brackets, bars at make lines. Clean crevices around make-line refrigerator on top and inside. Clean hanging utensil board over prep sink.

52 Dumpster door open. Repeat. Need drain plug for cardbord dumpster.

53 Clean floors more thoroughlly under beverage station at drivethru, front line, corners behind sinks. Clean floor sinks and covers.

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Spell