

# Food Establishment Inspection Report

Score: 98.5

Establishment Name: MCDONALD S #31674

Establishment ID: 3034014081

Date: 12/04/2012 Status Code: A  
 Time In: 08:15  am  pm Time Out: 10:30  am  pm  
 Total Time: 2 hrs 15 minutes  
 Category #: II  
 Establishment Type: \_\_\_\_\_

**Instructions:**

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

Location Address: 3470 PKWY VILLAGE CIR  
 City: WINSTON SALEM  
 State: NC Zip: 27107  
 County: 34 Forsyth  
 Permittee: RAT RACE MANAGEMENT, 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	
<b>Supervision .2652</b>					
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
		2	0		
<b>Employee Health .2652</b>					
2	<input checked="" type="radio"/> IN	<input type="radio"/> OUT			Management, employees knowledge; responsibilities & reporting
		3	1.5	0	
3	<input checked="" type="radio"/> IN	<input type="radio"/> OUT			Proper use of reporting, restriction & exclusion
		3	1.5	0	
<b>Good Hygienic Practices .2652, .2653</b>					
4	<input checked="" type="radio"/> IN	<input type="radio"/> OUT			Proper eating, tasting, drinking, or tobacco use
		2	1	0	
5	<input checked="" type="radio"/> IN	<input type="radio"/> OUT			No discharge from eyes, nose, and mouth
		1	0.5	0	
<b>Preventing Contamination by Hands .2652, .2653, .2655, .2656</b>					
6	<input checked="" type="radio"/> IN	<input type="radio"/> OUT			Hands clean & properly washed
		4	2	0	
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
		3	1.5	0	
8	<input checked="" type="radio"/> IN	<input type="radio"/> OUT			Handwashing sinks supplied & accessible
		2	1	0	
<b>Approved Source .2653, .2655</b>					
9	<input checked="" type="radio"/> IN	<input type="radio"/> OUT			Food obtained from approved source
		2	1	0	
10	<input type="radio"/> IN	<input type="radio"/> OUT	<input checked="" type="radio"/> N/O		Food received at proper temperature
		2	1	0	
11	<input checked="" type="radio"/> IN	<input type="radio"/> OUT			Food in good condition, safe & unadulterated
		2	1	0	
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
		2	1	0	
<b>Protection from Contamination .2653, .2654</b>					
13	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<input type="radio"/> N/O	Food separated & protected
		3	1.5	0	
14	<input checked="" type="radio"/> IN	<input type="radio"/> OUT			Food-contact surfaces: cleaned & sanitized
		3	1.5	0	
15	<input checked="" type="radio"/> IN	<input type="radio"/> OUT			Proper disposition of returned, previously served, reconditioned, & unsafe food
		2	1	0	
<b>Potentially Hazardous Food Time/Temperature .2653</b>					
16	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<input type="radio"/> N/O	Proper cooking time & temperatures
		3	1.5	0	
17	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<input type="radio"/> N/O	Proper reheating procedures for hot holding
		3	1.5	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
		3	1.5	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
		3	1.5	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
		3	1.5	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
		3	1.5	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
		2	1	0	
<b>Consumer Advisory .2653</b>					
23	<input type="radio"/> IN	<input type="radio"/> OUT	<input checked="" type="radio"/> N/A		Consumer advisory provided for raw or undercooked foods
		1	0.5	0	
<b>Highly Susceptible Populations .2653</b>					
24	<input type="radio"/> IN	<input type="radio"/> OUT	<input checked="" type="radio"/> N/A		Pasteurized foods used; prohibited foods not offered
		3	1.5	0	
<b>Chemical .2653, .2657</b>					
25	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A		Food additives: approved & properly used
		1	0.5	0	
26	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A		Toxic substances properly identified stored, & used
		2	1	0	
<b>Conformance with Approved Procedures .2653, .2654, .2658</b>					
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
		2	1	0	



# Food Establishment Inspection Report, continued

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**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:**

Rosa Torres  
Person in Charge (Print)

Rosa Torres  
Person in Charge (Signature)

M. Craig Faircloth, REHS  
Regulatory Authority (Print)

M. Craig Faircloth  
Regulatory Authority (Signature)

Contact Number: ( 336 ) 703 - 3166

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

REHS ID: 1938 - Faircloth, Craig

No. of Risk Factor/  
Intervention  
Violations: 0

No. of Repeat Risk  
Factor/Intervention  
Violations: \_\_\_\_\_

<b>Good Retail Practices</b>								
Preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.								
Compliance Status		OUT	CDI	R	VR			
<b>Safe Food and Water</b> .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"/>	<input type="radio"/>	<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"/>	<input type="radio"/>	<input type="radio"/>
30	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A	Variance obtained for specialized processing methods	1	0.5	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Food Temperature Control</b> .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"/>	<input type="radio"/>	<input type="radio"/>
32	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Plant food properly cooked for hot holding	1	0.5	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O	Approved thawing methods used	1	0.5	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Thermometers provided & accurate	1	0.5	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Food Identification</b> .2653								
35	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Food properly labeled: original container	2	1	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Prevention of Food Contamination</b> .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"/>	<input type="radio"/>	<input type="radio"/>
37	<input type="radio"/> IN <input checked="" type="radio"/> OUT	Contamination prevented during food preparation, storage & display	2	1	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Personal cleanliness	1	0.5	0	<input type="radio"/>	<input type="radio"/>	<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"/>	<input type="radio"/>	<input type="radio"/>
40	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Washing fruits & vegetables	1	0.5	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Proper Use of Utensils</b> .2653, .2654								
41	<input checked="" type="radio"/> IN <input type="radio"/> OUT	In-use utensils: properly stored	1	0.5	0	<input type="radio"/>	<input type="radio"/>	<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"/>	<input type="radio"/>	<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"/>	<input type="radio"/>	<input type="radio"/>
44	<input type="radio"/> IN <input checked="" type="radio"/> OUT	Gloves used properly	1	0.5	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Utensils and Equipment</b> .2653, .2654, .2663								
45	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed, & used	2	1	0	<input type="radio"/>	<input type="radio"/>	<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"/>	<input type="radio"/>	<input type="radio"/>
47	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Non-food contact surfaces clean	1	0.5	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Physical Facilities</b> .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"/>	<input type="radio"/>	<input type="radio"/>
49	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Plumbing installed; proper backflow devices	2	1	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
50	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Sewage & waste water properly disposed	2	1	0	<input type="radio"/>	<input type="radio"/>	<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"/>	<input type="radio"/>	<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"/>	<input type="radio"/>	<input type="radio"/>
53	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Physical facilities installed, maintained & clean	1	0.5	0	<input type="radio"/>	<input type="radio"/>	<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"/>	<input type="radio"/>	<input type="radio"/>
<b>Total Deductions:</b>			1.5					

# Comment Addendum to Food Establishment Inspection Report

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Establishment ID: 3034014081

Date: 12/04/2012

Location Address: 3470 PKWY VILLAGE CIR

City: WINSTON SALEM State: NC

County: 34 Forsyth Zip: 27107

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

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

**Permittee:** RAT RACE MANAGEMENT, INC

**Telephone:** \_\_\_\_\_

Status Code: A

Category #: II

Email 1:

Email 2:

Email 3:

## Temperature Observations

Item	Location	Temp	Item	Location	Temp	Item	Location	Temp
round egg	hot hold	172	hot water	3 comp sink	132			
sausage	hot hold	170	hot water	wash vat	111			
folded egg	hot hold	169						
chicken	hot hold	156						
round egg	final cook	179						
folded egg	walk in cooler	40						
sauasage	walk in cooler	38						
grilled onions	walk in cooler	41						

## 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

- 37 Ice taken from a hand sink was used to make an ice bath for the liquid egg product on the prep line. The hand sink is not considered an approved ice storage area. Ice used to construct ice baths must be clean and handled in a manner that prevents cross contamination.
- 44 An employee was observed moving between tasks (removing ice from the hand sink on the prep line and food prep) without properly changing gloves and washing their hands. When moving between tasks all employees must properly wash their hands and don a new pair of gloves.



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✓  
Spell



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