

# Food Establishment Inspection Report

Score: 97.5

Establishment Name: IFH CHEF SMART

Establishment ID: 3034020577

Location Address: 557 S STRATFORD RD

Inspection  Re-Inspection

City: WINSTON SALEM

State: NC

Date: 01 / 14 / 2014 Status Code: A

Zip: 27103

County: 34 Forsyth

Time In: 10 : 30  am  pm

Time Out: 12 : 45  am  pm

Permittee: IFH INC

Category #: III

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

Wastewater System:  Municipal/Community  On-Site System

FDA Establishment Type: \_\_\_\_\_

Water Supply:  Municipal/Community  On-Site Supply

No. of Risk Factor/Intervention Violations: 2

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
<b>Supervision</b> .2652										
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PIC Present; Demonstration-Certification by accredited program and perform duties			2	0		
<b>Employee Health</b> .2652										
2	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Management, employees knowledge; responsibilities & reporting			3	1.5	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Proper use of reporting, restriction & exclusion			3	1.5	0	
<b>Good Hygienic Practices</b> .2652, .2653										
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Proper eating, tasting, drinking, or tobacco use			2	1	0	
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>		No discharge from eyes, nose or mouth			1	0.5	0	
<b>Preventing Contamination by Hands</b> .2652, .2653, .2655, .2656										
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Hands clean & properly washed			4	2	0	
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No bare hand contact with RTE foods or pre-approved alternate procedure properly followed			3	1.5	0	
8	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Handwashing sinks supplied & accessible			2	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Approved Source</b> .2653, .2655										
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Food obtained from approved source			2	1	0	
10	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food received at proper temperature			2	1	0	
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Food in good condition, safe & unadulterated			2	1	0	
12	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Required records available: shellstock tags, parasite destruction			2	1	0	
<b>Protection from Contamination</b> .2653, .2654										
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated & protected			3	1.5	0	
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Food-contact surfaces: cleaned & sanitized			3	1.5	0	
15	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Proper disposition of returned, previously served, reconditioned, & unsafe food			2	1	0	
<b>Potentially Hazardous Food Time/Temperature</b> .2653										
16	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooking time & temperatures			3	1.5	0	
17	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper reheating procedures for hot holding			3	1.5	0	
18	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooling time & temperatures			3	1.5	0	
19	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper hot holding temperatures			3	1.5	0	
20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures			3	1.5	0	
21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking & disposition			3	1.5	0	
22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Time as a public health control: procedures & records			2	1	0	
<b>Consumer Advisory</b> .2653										
23	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consumer advisory provided for raw or undercooked foods			1	0.5	0	
<b>Highly Susceptible Populations</b> .2653										
24	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pasteurized foods used; prohibited foods not offered			3	1.5	0	
<b>Chemical</b> .2653, .2657										
25	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food additives: approved & properly used			1	0.5	0	
26	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified stored, & used			2	1	0	
<b>Conformance with Approved Procedures</b> .2653, .2654, .2658										
27	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	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
<b>Safe Food and Water</b> .2653, .2655, .2658										
28	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pasteurized eggs used where required			1	0.5	0	
29	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Water and ice from approved source			2	1	0	
30	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Variance obtained for specialized processing methods			1	0.5	0	
<b>Food Temperature Control</b> .2653, .2654										
31	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Proper cooling methods used; adequate equipment for temperature control			1	0.5	0	
32	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Plant food properly cooked for hot holding			1	0.5	0	
33	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used			1	0.5	0	
34	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Thermometers provided & accurate			1	0.5	0	
<b>Food Identification</b> .2653										
35	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Food properly labeled: original container			2	1	0	
<b>Prevention of Food Contamination</b> .2652, .2653, .2654, .2656, .2657										
36	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Insects & rodents not present; no unauthorized animals			2	1	0	
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Contamination prevented during food preparation, storage & display			2	1	0	
38	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Personal cleanliness			1	0.5	0	
39	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Wiping cloths: properly used & stored			1	0.5	0	
40	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Washing fruits & vegetables			1	0.5	0	
<b>Proper Use of Utensils</b> .2653, .2654										
41	<input checked="" type="checkbox"/>	<input type="checkbox"/>		In-use utensils: properly stored			1	0.5	0	
42	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Utensils, equipment & linens: properly stored, dried & handled			1	0.5	<input checked="" type="checkbox"/>	
43	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Single-use & single-service articles: properly stored & used			1	0.5	0	
44	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Gloves used properly			1	0.5	0	
<b>Utensils and Equipment</b> .2653, .2654, .2663										
45	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed, & used			2	1	<input checked="" type="checkbox"/>	
46	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Warewashing facilities: installed, maintained, & used; test strips			1	0.5	0	
47	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Non-food contact surfaces clean			1	0.5	<input checked="" type="checkbox"/>	
<b>Physical Facilities</b> .2654, .2655, .2656										
48	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot & cold water available; adequate pressure			2	1	0	
49	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Plumbing installed; proper backflow devices			<input checked="" type="checkbox"/>	1	0	<input checked="" type="checkbox"/>
50	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Sewage & waste water properly disposed			2	1	0	
51	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied & cleaned			1	0.5	0	
52	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Garbage & refuse properly disposed; facilities maintained			1	0.5	0	
53	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Physical facilities installed, maintained & clean			1	<input checked="" type="checkbox"/>	0	
54	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Meets ventilation & lighting requirements; designated areas used			1	0.5	0	
<b>Total Deductions:</b>							<b>2.5</b>			



North Carolina Department of Health & Human Services • Division of Public Health • Environmental Health Section • Food Protection Program  
DHHS is an equal opportunity employer.



# Comment Addendum to Food Establishment Inspection Report

**Establishment Name:** IFH CHEF SMART  
**Location Address:** 557 S STRATFORD RD  
**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:** IFH INC  
**Telephone:** \_\_\_\_\_

**Establishment ID:** 3034020577  
 Inspection  Re-Inspection **Date:** 01/14/2014  
**Comment Addendum Attached?**  **Status Code:** A  
**Category #:** III  
**Email 1:** \_\_\_\_\_  
**Email 2:** \_\_\_\_\_  
**Email 3:** \_\_\_\_\_

## Temperature Observations

Item	Location	Temp	Item	Location	Temp	Item	Location	Temp
hot water	bathrooms	118						
hot water	food prep	76						
walk in	ambient	33						
bagged	walk in	38						

## 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.

- 2 2-103.11 (M) Person in Charge-Duties - PF No defned policy in place. EHS left resources with the managers to assist in creating a Employee Health Policy.
- 8 5-202.12 Handwashing Sinks, Installation - PF Handwash sink in food handling area had hot water with a range of 76.8F - 88.6F. Handwash sinks must be equipped to provide water at a temperature of at least 38oC (100F) through a mixing valve or combination faucet. (NOTE: Hot water in bathroonms is 110F+. GOOD). REHS was unable to locate a tempering valve at handsink in prep area, but informed manager to consult with a plumber. If there is a tempring valve adjust it to proper temp. Scheduled monthly maintenace is a week from todays date. EHS will conduct a verification visit no longer than 10 days from todays date.
- 42 4-903.11 (A), (B) and (D) Equipment, Utensils, Linens and Single-Service and Single-Use Articles-Storing - C Drawer where utensils are stored has visible dust and debris. Keep drawers clean to assure that cleaned and sanitized utensils are maintained as such and not contaminated.



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

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

**REHS ID:** 1761 - Lakey, Tracie

**Verification Required Date:** 01 / 24 / 2014

REHS Contact Phone Number: ( 336 ) 703 - 3383



# Comment Addendum to Food Establishment Inspection Report

Establishment Name: IFH CHEF SMART

Establishment ID: 3034020577

## 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.



- 45 4-501.11 Good Repair and Proper Adjustment-Equipment - C Two holes on backsplash of 3 comp sink. These need to be filled and maintain certification standards of smooth and easily cleanable. A metal fabricator/welder can perform the repairs. Make sure fabricator is familiar with NSF/ANSI food equipment standards.
- 47 4-602.13 Nonfood Contact Surfaces - C Bulk stainless steel shelving in walk ins had food debris and dust accumulation. Nonfood contact surfaces are to be kept free of an accumulation of dust, dirt, food residue, and other debris. EHS suggest implementing a maintenance schedule to include cleaning of these shelves. If one exists, increase the frequency in which the cleaning is scheduled.
- 49 5-203.14 Backflow Prevention Device, When Required - P A split valve has been installed at can wash. A backflow prevention device rated for constant pressure is needed on the faucet because the added valve is downstream from the existing atmospheric backflow. Need WATTS 7, WATTS h7c OR equivalent double check back flow prevention installed to be compliant.
- 53 6-501.11 Repairing-Premises, Structures, Attachments, and Fixtures-Methods - C FRP not attached to wall properly at joint near swining door hinge. Reattach FRP.  
6-501.12 Cleaning, Frequency and Restrictions - C Cleaning needed of walls and baseboards under and behind 3 compt sink. Plumbing and floor sink also has a large amount of accumulation that needs cleaning. Wall splash was visible on FRP by drainboard of 3comp sink and handtowel dispenser. Clean FRP to removed food debris and splash.



# Comment Addendum to Food Establishment Inspection Report

Establishment Name: IFH CHEF SMART

Establishment ID: 3034020577

## 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



# Comment Addendum to Food Establishment Inspection Report

Establishment Name: IFH CHEF SMART

Establishment ID: 3034020577

## 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: IFH CHEF SMART

Establishment ID: 3034020577

## 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

