

# Food Establishment Inspection Report

Score: 94

Establishment Name: WING ZONE

Establishment ID: 3034020739

Date: 01/14/2013 Status Code: A

Time In: 11:15  am  pm Time Out: 01:45  am  pm

Total Time: 2 hrs 30 minutes

Category #: II

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

**Instructions:**

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

Location Address: 1225 WEST CLEMMONSVILLE RD

City: WINSTON SALEM

State: NC Zip: 27127

County: 34 Forsyth

Permittee: MORRISON AND LANE HOLDINGS 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".

<b>Foodborne Illness Risk Factors and Public Health Interventions</b>											
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</b> .2652											
1	<input type="radio"/> IN	<input checked="" type="radio"/> OUT	<input type="radio"/> N/A	PIC Present: Demonstration-Certification by accredited program and perform duties				<input type="radio"/> 2	<input checked="" type="radio"/> 0	<input type="radio"/>	<input type="radio"/>
<b>Employee Health</b> .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"/>	<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"/>	<input type="radio"/>
<b>Good Hygienic Practices</b> .2652, .2653											
4	<input type="radio"/> IN	<input checked="" type="radio"/> OUT	Proper eating, tasting, drinking, or tobacco use				<input type="radio"/> 2	<input checked="" type="radio"/> 1	<input type="radio"/> 0	<input checked="" type="radio"/>	<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"/>	<input type="radio"/>
<b>Preventing Contamination by Hands</b> .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"/>	<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"/>	<input type="radio"/>
<b>Approved Source</b> .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"/>	<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"/>	<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
<b>Protection from Contamination</b> .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 checked="" type="radio"/> OUT	Food-contact surfaces: cleaned & sanitized				<input type="radio"/> 3	<input checked="" type="radio"/> 1.5	<input type="radio"/> 0	<input type="radio"/>	<input 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	<input type="radio"/>	<input type="radio"/>
<b>Potentially Hazardous Food Time/Temperature</b> .2653											
16	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<input type="radio"/> N/O	Proper cooking time & temperatures				<input 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 type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<input checked="" 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 type="radio"/> IN	<input checked="" 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 checked="" type="radio"/>
22	<input type="radio"/> IN	<input type="radio"/> OUT	<input checked="" 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
<b>Consumer Advisory</b> .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	<input type="radio"/>
<b>Highly Susceptible Populations</b> .2653											
24	<input type="radio"/> IN	<input type="radio"/> OUT	<input checked="" type="radio"/> N/A	Pasteurized foods used; prohibited foods not offered				<input type="radio"/> 3	<input type="radio"/> 1.5	<input type="radio"/> 0	<input type="radio"/>
<b>Chemical</b> .2653, .2657											
25	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	Food additives: approved & properly used				<input type="radio"/> 1	<input type="radio"/> 0.5	<input type="radio"/> 0	<input type="radio"/>
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	<input type="radio"/>
<b>Conformance with Approved Procedures</b> .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	<input type="radio"/>



# Food Establishment Inspection Report, continued

Establishment Name: WING ZONE

Establishment ID: 3034020739

**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:**

Doug Fenne II  
Person in Charge (Print)

Doug Fenne II  
Person in Charge (Signature)

M. Craig Faircloth  
Regulatory Authority (Print)

[Signature]  
Regulatory Authority (Signature)

Contact Number: ( 336 ) 703 - 3166

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

REHS ID: 1938 - Faircloth, Craig

<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	0	0
29	<input checked="" type="radio"/> IN <input type="radio"/> OUT Water and ice from approved source	2	1	0	0
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
<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
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
33	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Approved thawing methods used	1	0	5	0
34	<input type="radio"/> IN <input checked="" type="radio"/> OUT Thermometers provided & accurate	1	0	5	0
<b>Food Identification</b> .2653					
35	<input checked="" type="radio"/> IN <input type="radio"/> OUT Food properly labeled: original container	2	1	0	0
<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	0
37	<input type="radio"/> IN <input checked="" type="radio"/> OUT Contamination prevented during food preparation, storage & display	2	1	0	0
38	<input checked="" type="radio"/> IN <input type="radio"/> OUT Personal cleanliness	1	0	5	0
39	<input checked="" type="radio"/> IN <input type="radio"/> OUT Wiping cloths: properly used & stored	1	0	5	0
40	<input checked="" type="radio"/> IN <input type="radio"/> OUT Washing fruits & vegetables	1	0	5	0
<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
42	<input checked="" type="radio"/> IN <input type="radio"/> OUT Utensils, equipment & linens: properly stored, dried & handled	1	0	5	0
43	<input checked="" type="radio"/> IN <input type="radio"/> OUT Single-use & single-service articles: properly stored & used	1	0	5	0
44	<input checked="" type="radio"/> IN <input type="radio"/> OUT Gloves used properly	1	0	5	0
<b>Utensils and Equipment</b> .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	0
46	<input checked="" type="radio"/> IN <input type="radio"/> OUT Warewashing facilities: installed, maintained, & used; test strips	1	0	5	0
47	<input type="radio"/> IN <input checked="" type="radio"/> OUT Non-food contact surfaces clean	1	0	5	0
<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	0
49	<input checked="" type="radio"/> IN <input type="radio"/> OUT Plumbing installed; proper backflow devices	2	1	0	0
50	<input checked="" type="radio"/> IN <input type="radio"/> OUT Sewage & waste water properly disposed	2	1	0	0
51	<input checked="" type="radio"/> IN <input type="radio"/> OUT Toilet facilities: properly constructed, supplied & cleaned	1	0	5	0
52	<input type="radio"/> IN <input checked="" type="radio"/> OUT Garbage & refuse properly disposed; facilities maintained	1	0	5	0
53	<input checked="" type="radio"/> IN <input type="radio"/> OUT Physical facilities installed, maintained & clean	1	0	5	0
54	<input checked="" type="radio"/> IN <input type="radio"/> OUT Meets ventilation & lighting requirements; designated areas used	1	0	5	0
<b>Total Deductions:</b>		<b>6</b>			

No. of Risk Factor/  
Intervention  
Violations: 4

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

# Comment Addendum to Food Establishment Inspection Report

Establishment Name: WING ZONE

Establishment ID: 3034020739

Date: 01/14/2013

Location Address: 1225 WEST CLEMMONSVILLE RD

City: WINSTON SALEM State: NC

County: 34 Forsyth Zip: 27127

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

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

**Permittee:** MORRISON AND LANE HOLDINGS INC.

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

Status Code: A

Category #: II

Email 1:

Email 2:

Email 3:

## Temperature Observations

Item	Location	Temp	Item	Location	Temp	Item	Location	Temp
wings	walk in cooler	40						
cut tomatoes	walk in cooler	41						
cheese	walk in cooler	38						
wings	walk in cooler	39						
chicken	final cook	205						
hot water	3 comp sink	144						

## 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.

- 1 The person in charge of this facility has not completed an approved food safety course. By January 1, 2014 the person in charge of this facility must complete an approved food safety course.
  
- 4 Employee and food items were found stored above food items for sale in refrigerated storage. Keep all employee items in lower shelves below all food items for sale.
  
- 14 Several utensils were found dirty, take more time when cleaning and sanitizing these items.
  
- 21 A date marking procedure is not currently in place in this facility. A date marking procedure required so that items can be tracked and stock can be properly rotated. Food items must be either used or discarded within 4 days of initial prep.



Spell



# Comment Addendum to Food Establishment Inspection Report

Establishment Name: WING ZONE

Establishment ID: 3034020739

## 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.



- 34 The thermometer provided for checking food temperatures was not properly calibrated. Calibrate thermometers daily.
- 37 A pan of chicken was found in the walk in cooler and pans of chicken and hamburgers were found in the walk in freezer without covers. Cover food items to prevent contamination.
- 45 Repair the condensation leaks in the walk in cooler and freezer. No evidence of food contamination was found, but as condensation is considered waste water do not store food items below the damaged area until the leaks are repaired. Repair the torn door gaskets and the area between the doors on the reach in freezer. Repair the cracked area on the front corner of the sanitizing sink.
- 47 Cleaning is needed on: the interior and door gaskets of refrigeration units, the fryers, the shelving, and the hood system.
- 52 Cleaning is needed in the dumpster area.



# Comment Addendum to Food Establishment Inspection Report

Establishment Name: WING ZONE

Establishment ID: 3034020739

## 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: WING ZONE

Establishment ID: 3034020739

## 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

