Food Establishment Inspection Report

Establishment Name: WING ZONE Establishment ID: 3034020740

Date: 06 / 13 / 2013 Status Code: A						
Time In: <u>Ø 1</u>	Time In: $01 : 40 \otimes pm$ Time Out: $03 : 40 \otimes pm$					
Total Time:	2 hrs 0 minutes					
Category #: II						
Establishment Type: Fast Food Restaurant						

Instructions:

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

Location Address:	2862 REYNOLDA RD					
City: WINSTON SA	LEM					
State: NC Zip: 27106						
County: 34 Forsyth Permittee: MORRIS AND LANE HOLDINGS LLC						
						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".

North Carolina Department of Health & Human Services ● Division of Public Health Environmental Health Section • Food Protection Program

Risk factors: Contributing factors that increase the chance of developing foodborne illness.

Foodborne Illness Risk Factors and Public Health Interventions

Score: 93

Public Health Interventions: Control measures to prevent foodborne illness or injury.								
Со	mpliance Sta	OUT	CDI	R	VR			
Su	Supervision .2652							
1	O S C IN OUT N		○ ⊗ 2 0	0	0	0		
En	ployee Hea	lth .2652						
2	O &	Management, employees knowledge; responsibilities & reporting	○ ⊗ ○ 3 1.5 0	0	0	0		
3	Ø ○ IN OUT	Proper use of reporting, restriction & exclusion	3 1.5 0	0	0	0		
Go	od Hygieni	Practices .2652, .2653						
4	Ø ○ IN OUT	Proper eating, tasting, drinking, or tobacco use	2 1 0	0	0	0		
5	Ø ○ IN OUT	No discharge from eyes, nose, and mouth	0 0 0	0	0	0		
Pre		ntamination by Hands .2652, .2653, .2655, .265	6					
6	Ø ○ IN OUT	Hands clean & properly washed	0 0 0	0	0	0		
7	O & C IN OUT N/	No bare hand contact with RTE foods or pre-approved alternate procedure properly allowed	○ ⊗ ○ 3 1.5 0	0	0	0		
8	⊗ ○ IN OUT	Handwashing sinks supplied & accessible	\bigcirc	0	0	0		
Ар	proved Sou	rce .2653, .2655						
9	⊗ ○ IN OUT	Food obtained from approved source	$\begin{array}{c c} \bigcirc \bigcirc \bigcirc \bigcirc \\ 2 & 1 & 0 \end{array}$	0	0	0		
10	O O 8 IN OUT N/	Food received at proper temperature	$\begin{array}{c c} \bigcirc \bigcirc \bigcirc \bigcirc \\ 2 & 1 & 0 \end{array}$	0	0	0		
11	⊗ ○ IN OUT	Food in good condition, safe & unadulterated	$\begin{array}{c c} \bigcirc \bigcirc \bigcirc \bigcirc \\ 2 & 1 & 0 \end{array}$	0	0	0		
12	O O & O	Required records available: shellstock tags, parasite destruction	$\begin{array}{c c} \bigcirc \bigcirc \bigcirc \bigcirc \\ 2 & 1 & 0 \end{array}$	0	0	0		
Pro	otection fro	m Contamination .2653, .2654						
13	IN OUT N/A N	Food separated & protected	0 0 0 3 1.5 0	0	0	0		
14	⊗ ○ IN OUT	Food-contact surfaces: cleaned & sanitized	0 0 0 3 1.5 0	0	0	0		
15	⊗ ○ IN OUT	Proper disposition of returned, previously served, reconditioned, & unsafe food	$\begin{array}{c c} \bigcirc \bigcirc \bigcirc \bigcirc \\ 2 & 1 & 0 \end{array}$	0	0	0		
Po	tentially Ha	zardous Food Tlme/Temperature .2653						
16	⊗ ○ ○ ○ IN OUT N/A N	Proper cooking time & temperatures	0 0 0 3 1.5 0	0	0	0		
17	O O 🗞 (IN OUT N/A N	Proper reheating procedures for hot holding	0 0 0 3 1.5 0	0	0	0		
18	O O 🗞 (IN OUT N/A N	Proper cooling time & temperatures	0 0 0 3 1.5 0	0	0	0		
19	O O O O IN OUT N/A N	Proper hot holding temperatures	0 0 0 3 1.5 0	0	0	0		
20	⊗ ○ ○ ○ ○ IN OUT N/A N	Proper cold holding temperatures	0 0 0 3 1.5 0	0	0	0		
21	⊗ ○ ○ ○ ○ IN OUT N/A N	Proper date marking & disposition	0 0 0 3 1.5 0	0	0	0		
22	O O 🗞 (IN OUT N/A N	Time as a public health control: procedures & records	$\begin{array}{c c} \bigcirc \bigcirc \bigcirc \bigcirc \\ 2 & 1 & 0 \end{array}$	0	0	0		
Consumer Advisory .2653								
23	O O & IN OUT N/	Consumer advisory provided for raw or undercooked foods	0 0 0	0	0	0		
Highly Susceptible Populations .2653								
24	O O & IN OUT N/	Pasteurized foods used; prohibited foods not offered	0 0 0 3 1.5 0	0	0	0		
Chemical .2653, .2657								
25	25 N OUT N/A Food additives: approved & properly used							
26	26 NOUT N/A Toxic substances properly identified stored, & used 0 0 0 0 0							
Со	Conformance with Approved Procedures .2653, .2654, .2658							
27	O O 8 IN OUT N/	Compliance with variance, specialized process, reduced oxygen packing criteria or HACCP plan	$\begin{array}{c c} \bigcirc \bigcirc \bigcirc \bigcirc \\ 2 & 1 & 0 \end{array}$	0	0	0		

Food Establishment Inspection Report, continued

Establishment Name: WING ZONE	Establishment ID: 3034020740
Instructions, continued:	Good Retail Practices
	Occurretail i faction

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

- 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:

Christy

First Jordan

Last

Person in Charge (Print)

Davis

Person in Charge (Signature)

First Last

Allred

Regulatory Authority (Print)

Regulatory Authority (Signature)

Cóntact Number: (____)__--_

Verification Required Date: ___/ ___/

REHS ID: 1958 - Allred, Christy

No. of Risk Factor/ Intervention Violations: 4

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	0 0 0		0	0	
29	⊗ IN	OUT	Water and ice from approved source			0	0	
30		O ⊗ UT N/A	Variance obtained for specialized processing methods	○ 1 0.5		0	0	
Fo		•	re Control .2653, .2654					
31	IN	⊗ OUT	Proper cooling methods used; adequate equipment for temperature control	1 0.5		0	0	
32		⊗ ○ ΓN/A N/O	Plant food properly cooked for hot holding	1 0.5	0	0	0	
33	⊗ ○ IN OUT	O O N/A N/O	Approved thawing methods used	O O 0 1 0.5		0	0	
34	⊗ IN	O TUO TUO	Thermometers provided & accurate	O O O	\bigcirc	0	0	
Fo		ntificati	ion .2653					
35	⊗ IN	OUT	Food properly labeled: original container			0	0	
Pr			ood Contamination .2652, .2653, .2654, .265		\sim T			
36	IN	⊗ OUT	Insects & rodents not present; no unauthorized animals	2 1		0	0	
37	⊗ IN	OUT	Contamination prevented during food preparation, storage & display	2 1		0	0	
38	⊗ IN	OUT	Personal cleanliness	0 0 0		0	0	
39	O IN	⊗ OUT	Wiping cloths: properly used & stored	○ ⊗ 0 1 0.5		0	0	
40	⊗ IN	Q <u>1</u>	Washing fruits & vegetables	O 0.5		0	0	
Pr	•	se of U	tensils .2653, .2654					
41	⊗ IN	OUT	In-use utensils: properly stored	0 0 0	\bigcirc	0	0	
42	⊗ IN	OUT	Utensils, equipment & linens: properly stored, dried & handled	0 0 0 1 0.5		0	0	
43	⊗ IN	O TO⊝	Single-use & single-service articles: properly stored & used	○ 1 0.5		0	0	
44	⊗ IN	OUT	Gloves used properly	O O 0 1 0.5	00	0	0	
Ut			uipment .2653, .2654, .2663					
45	IN	⊗ OUT	Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed, & used	2 1	0	0	0	
46	⊗ IN	OUT	Warewashing facilities: installed, maintained, & used; test strips	0 0 0 1 0.5		0	0	
47	OIN	⊗ OUT	Non-food contact surfaces clean	○ ⊗ 0 1 0.5		0	0	
Physical Facilities .2654, .2655, .2656								
48	⊗ IN	TUO O	Hot & cold water available; adequate pressure			0	0	
49	O IN	⊗ OUT	Plumbing installed; proper backflow devices		00	0	0	
50	⊗ IN	OUT	Sewage & waste water properly disposed		00	0	0	
51	O IN	⊗ OUT	Toilet facilities: properly constructed, supplied & cleaned	0 0 0	8 0	0	0	
52	⊗ IN	OUT	Garbage & refuse properly disposed; facilities maintained			0	0	
53	O IN	⊗ OUT	Physical facilities installed, maintained & clean	○ ⊗ (0	0	
54	O IN	⊗ OUT	Meets ventilation & lighting requirements; designated areas used	0 0 0	8 _	0	0	
Н			Total Deductions:	7				
North Carolina Department of Health & Human Services • Division of Public Health								

North Carolina Department of Health & Human Services ● Division of Public Health
Environmental Health Section ● Food Protection Program

Establishm	ent Name: WING ZO				Establishment ID:		Date: 06/13/2	
	Address: 2862 RE			_			Status Code	
Location City: WI	NSTON SALEM		Stat	e: <u>NC</u>				
	34 Forsyth		Stat p: ²⁷¹⁰⁶	e		Category #: Email 1:		
-	ater System: ⊗ Mu			ite System				
Water S		nicipal/Commur	•	ite System			Email 2:	
	MORRIS AND LA	INE HOLDING	38 LLC			Email 3:		
Telepho	ne:							
			Ten	nperature	Observations			
Item wing	Location cook temp	Temp 208	Item	Location	on Temp	Item	Location	Temp
drummette	cook temp	205						
shredded	make unit	42						
air temp	make unit	40						
wing	walk-in cooler	38						
drummette	walk-in cooler	39				-		
hot water	utensil sink	125						
Chlorine	utensil sink	50						
	Violations sited in this r				Corrective Actions frames below, or as stated in		11 of the food and	
					n for the PIC during operat			
symptoms reported.	and five illnesses tha	t need to be i	reported to	management	ould be written and should t and have information on staff. Please refer to the w	steps that need	to be taken after a	n illness if
	was handling lettuce ed as barriers.	with bare har	nds. There i	must be no ba	are hand contact with reac	ly to eat foods.	Utensils, deli paper	rs, or gloves

this repr

0-pts. An unknown chemical was mixed into a bottle of sanitizer. Be sure to labeling on the bottle is accurate to the chemical. The bottle was

2

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emptied and refilled with 50ppm Chlorine sanitizer.

	Comment Addendum to Food Establishment Inspection Report					
E	stablishment Name: WING ZONE	Establishment ID: 3034020740				
31		vations and Corrective Actions If within the time frames below, or as stated in sections 8-405.11 of the food code. Exer space for this facility unless it is repaired.				
36	There are flies in the kitchen. Need to improve pest c	ontrol efforts.				
39	In-use wiping cloths need to be kept in a container of	sanitizer between uses. This item was marked on the last inspection.				
45	0-pts. Equipment repair is good except for the repairs	s that need to be done to the walk-in freezer.				
47	Equipment cleaning look better but still needs some verthe grill, inside of the upright freezer, 2 door beverage	work. Examples include the shelving unit at the glass door on the walk-in cooler, beneath e cooler out front, utensil storage rack.				
49	connection. The hose needs to be disconnected from	e can wash. The hose was also submerged in the utensil sink which created a cross the can wash faucet or a pressured rated/dual check type back flow prevention device onnected. This item was marked on the last inspection.				
51	The restroom door was propped open. The door mus present.	t remain closed other than for entry and exit. This is especially important when flies are				



Comment Addendum to Food Establishment Inspection Report

Establishment Name: WING ZONE Establishment ID: 3034020740

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.



The floors need more thorough cleaning. Examples include beneath the fryers, around base boards, beneath equipment. Need to reattach the base board to the wall in several places.

0-pts. There are two burned out light bulbs beneath the hood.



Comment Addendum to Food Establishment Inspection Report

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