# Food Establishment Inspection Report

Score: 97.5

Establishment Name: TWO BROTHERS KITCHEN

Establishment ID: 3034020752

Date: 04 / 10 / 2013 Status Code: A

Time In: 11 : 45 ⊗ am ○ pm Time Out: 01 : 30 ○ am ⊗ pm

Total Time: 1 hr 45 minutes

Category #: III

Establishment Type:

Instructions:

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

Location Address: 3990 NORTH PATTERSON AVE

City: WINSTON SALEM

State: NC Zip: 27105

County: 34 Forsyth

**Permittee:** JOHNNY BLUE 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".

## 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: TWO BROTHERS KITCHEN  Establishment ID: 3034020752

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:

| *First* | *Last* |
|---|---|
| Hossam | Salep |

Person in Charge (Print)

Hossam

Person in Charge (Signature)

| *First* | *Last* |
|---|---|
| Kenneth | Michaud |

Regulatory Authority (Print)

Kenneth Michaud REHS

Regulatory Authority (Signature)

Contact Number: ( ____ ) ____ - _____

Verification Required Date: ___ / ___ / _____

REHS ID: 2259 - Michaud, Kenneth

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 | ○ 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: | 2.5 | | | |

# Comment Addendum to Food Establishment Inspection Report

Establishment Name: TWO BROTHERS KITCHEN

Establishment ID: 3034020752

Date: 04/10/2013

Status Code: A

Category #: III

Email 1:

Email 2:

Email 3:

Location Address: 3990 NORTH PATTERSON AVE

City: WINSTON SALEM State: NC

County: 34 Forsyth Zip: 27105

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

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

**Permittee:** JOHNNY BLUE LLC

**Telephone:**

## Temperature Observations

| Item | Location | Temp | Item | Location | Temp | Item | Location | Temp |
|---|---|---|---|---|---|---|---|---|
| Fried chicken | Hot bar | 152 | Wash solution | Three compartment sink | 116 | | | |
| Corn dog | Hot bar | 150 | Quat sanitizer | Dispenser in ppm | 200 | | | |
| Wings | Hot bar | 156 | | | | | | |
| Pork | Hot bar | 177 | | | | | | |
| Fish | Hot bar | 166 | | | | | | |
| Raw chicken | Reach in cooler | 39 | | | | | | |

## 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

1 2-102.12 Certified Food Protection Manager - Although manager did have ANSI approved food safety course certificate, manager was not present during inspection - manager must be present during inspection and be ANSI food safety certified by Jan 1, 2014 2014

2 2-103.11 (M) Person in Charge-Duties - No formal employee health policy exists or could not be determined from employees - must have employee health policy in place where employees that are sick must be either excluded or restricted in duties at work

4 2-401.11 Eating, Drinking, or Using Tobacco - Employee drink stored on shelf above food prep counter - all employee drinks must be stored below any food contact/prep areas, this includes prep counters - employee moved drink to bottom shelf, below prep counter

14 4-501.114 Manual and Mechanical Warewashing Equipment, Chemical Sanitization-Temperature, pH, Concentration and Hardness - Sanitizer weak, recorded at 100 ppm of quat solution - must be between 200 - 300 ppm if using quat solution

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## 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.

47 4-602.13 Nonfood Contact Surfaces - Detailed cleaning needed in flour bin handles so they are free from flour build-up

51 5-501.17 Toilet Room Receptacle, Covered - Women's restroom does not have cover on trash can

52 5-501.15 Outside Receptacles - Lid broken/missing on dumpster - have dumpster company replace missing dumpster lid

53 6-501.12 Cleaning, Frequency and Restrictions - Clean bathroom vents as often as necessary so they are free from dust build-up

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Spell