Food Establishment Inspection Report

Establishment Name: SALEM ACADEMY CAFETERIA

Date: Ø2/	28/2013	Status Co	de: A		
Time In: Ø 9	: <u>20</u> ⊗ am	Time Out:	<u>12</u> : Ø	<u>ø</u> 🗞	am pm
	2 hrs 40 minute				
Category #:	IV				

Instructions:

Establishment Type: _

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

Location A	ddress: 500 SALEM AVENUE				
City: WIN	STON SALEM				
State: NC	Zip: ²⁷¹⁰¹				
County: 3	4 Forsyth				
Permittee: SALEM COLLEGE & ACADEMY					
Telephone	e:				
⊗Inspection					
○Re-Inspection					
	er System:				
	al/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".

Score: 97

Foodborne Illness Risk Factors and Public Health Interventions

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

Establishment ID: 3034060003

Pu	blic Health	Interv	ventions: Control measures to prevent foodborne illness	or injury.			
Со	mpliance	OUT	CDI	R	VR		
Su	pervision	1	.2652				
1	⊗ ○ IN OUT	O N/A	PIC Present; Demonstration-Certification by accredited program and perform duties	$\bigcirc \bigcirc$ 2 0	0	0	0
En	ployee H	ealth	.2652				
2	IN O	JT	Management, employees knowledge; responsibilities & reporting	0 0 0 3 1.5 0	0	0	0
3	IN O) JT	Proper use of reporting, restriction & exclusion	3 1.5 0	0	0	0
Go	od Hygie	nic P	Practices .2652, .2653				
4		§ JT	Proper eating, tasting, drinking, or tobacco use	O & O 2 1 0	8	0	0
5	IN O) JT	No discharge from eyes, nose, and mouth	0 0 0	0	0	0
Pre	eventing (Conta	amination by Hands .2652, .2653, .2655, .265	6			
6	⊗ (IN Ol) TL	Hands clean & properly washed	$ \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc $ $ 4 2 0 $	0	0	0
7	⊗ ○ IN OUT		No bare hand contact with RTE foods or pre-approved alternate procedure properly allowed	0 0 0 3 1.5 0	0	0	0
8	⊗ (IN O) TL	Handwashing sinks supplied & accessible	0 0 0 2 1 0	0	0	0
Ap	proved S	ource	e .2653, .2655				
9	⊗ (IN O) TL	Food obtained from approved source	$\begin{array}{c c} \bigcirc \bigcirc \bigcirc \bigcirc \\ 2 & 1 & 0 \end{array}$	0	0	0
10	O O IN OUT	⊗ N/O	Food received at proper temperature	$\begin{array}{c c} \bigcirc \bigcirc \bigcirc \bigcirc \\ 2 & 1 & 0 \end{array}$	0	0	0
11		§ JT	Food in good condition, safe & unadulterated	○ ⊗ ○ 2 1 0	8	0	0
12	O O & IN OUT N/A		Required records available: shellstock tags, parasite destruction	$\begin{array}{c c} \bigcirc \bigcirc \bigcirc \bigcirc \\ 2 & 1 & 0 \end{array}$		0	0
Pro	otection f	rom (Contamination .2653, .2654				
13	⊗ ○ ○		Food separated & protected	000		0	0
14	IN OUT N/A	•	Food-contact surfaces: cleaned & sanitized	3 1.5 0	8	0	0
15	8 (Proper disposition of returned, previously served, reconditioned, & unsafe food	3 1.5 0 0 0 0 2 1 0	0	0	0
Pο			rdous Food Time/Temperature .2653	2 1 0			
16	O O O	8	Proper cooking time & temperatures	0 0 0 3 1.5 0		0	0
17		8	Proper reheating procedures for hot holding	3 1.5 0 3 1.5 0	0	0	0
18	⊗ ○ ○ IN OUT N/A	0	Proper cooling time & temperatures	000		0	0
19	O O O	8	Proper hot holding temperatures	3 1.5 0 0 0 0 3 1.5 0	0	0	0
20	⊗ ○ ○	0	Proper cold holding temperatures	3 1.3 0 3 1.5 0	0	0	0
21	⊗ ○ ○ IN OUT N/A	0	Proper date marking & disposition	0 0 0 3 1.5 0	0	0	0
22	O O &	0	Time as a public health control: procedures & records	000	0	0	0
Co	nsumer <i>F</i>		ory .2653		H		
23	O O	8	Consumer advisory provided for raw or undercooked foods	000	0	0	0
Hid			ble Populations .2653	1 210 0	\Box		
24	O O	8	Pasteurized foods used; prohibited foods not offered	0 0 0 3 1.5 0	0	0	0
Ch	emical		.2653, .2657	3 1.0 0	П		
25	⊗ ○ IN OUT	O N/A	Food additives: approved & properly used	0 0 0 1 0.5 0	0	0	0
26	⊗ ○ IN OUT	O N/A	Toxic substances properly identified stored, & used	$ \bigcirc\bigcirc\bigcirc\bigcirc$ 2 1 0	0	0	0
Со	Conformance with Approved Procedures .2653, .2654, .2658						
27		⊗ N/A	Compliance with variance, specialized process, reduced oxygen packing criteria or HACCP plan	000		0	0

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

Food Establishment Inspection Report, continued

Establishment Name: SALEM ACADEMY CAFETERIA Establishment ID: 3034060003

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:



Verification Required Date: ___/__/

REHS ID: 1938 - Faircloth, Craig

No. of Risk Factor/ Intervention Violations: 3 No. of Repeat Risk Factor/Intervention Violations:

Good Retail Practices							
Preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.							
Co	mplian	ce Statu		OUT	CDI	R	VR
Sa	fe Foo	d and V	Vater .2653, .2655, .2658				
28	⊗ IN	OUT	Pasteurized eggs used where required	0 0 0	0	0	0
29	⊗ IN	OUT	Water and ice from approved source	O O O 2 1 0	0	0	0
30		O & UT N/A	Variance obtained for specialized processing methods	O O O 1 0.5 0	0	0	0
Fo	od Tei	mperatu	ure Control .2653, .2654				
31	⊗ IN	OUT	Proper cooling methods used; adequate equipment for temperature control	0 0 0	0	0	0
32	O O	O & FN/A N/O	Plant food properly cooked for hot holding	0 0 0	0	0	0
33	⊗ ○ IN OUT	O O	Approved thawing methods used	0 0 0	0	0	0
34	⊗ IN	OUT	Thermometers provided & accurate	O O O 1 0.5 0	0	0	0
Fo		ntificat	ion .2653	0 0 -			
35	⊗ IN	OUT	Food properly labeled: original container	0 0 0 2 1 0	0	0	0
Pr		_	ood Contamination .2652, .2653, .2654, .2656	0 0 0			
36	⊗ IN	OUT	Insects & rodents not present; no unauthorized animals	2 1 0	0	0	0
37	⊗ IN	OUT	Contamination prevented during food preparation, storage & display	$\begin{array}{cccc} \bigcirc \bigcirc \bigcirc \bigcirc \\ 2 & 1 & 0 \end{array}$	0	0	0
38	⊗ IN	OUT	Personal cleanliness	0 0 0	0	0	0
39	⊗ IN	OUT	Wiping cloths: properly used & stored	O O O 1 0.5 0	0	0	0
40	⊗ IN	OUT	Washing fruits & vegetables	0 0 0 1 0.5 0	0	0	0
Pr	oper U	lse of U	tensils .2653, .2654				
41	⊗ IN	OUT	In-use utensils: properly stored	0 0 0	0	0	0
42	⊗ IN	OUT	Utensils, equipment & linens: properly stored, dried & handled	0 0 0	0	0	0
43	⊗ IN	OUT	Single-use & single-service articles: properly stored & used	0 0 0	0	0	0
44	⊗ IN	OUT	Gloves used properly	O O O 1 0.5 0	0	0	0
Ut	ensils		uipment .2653, .2654, .2663				
45	O IN	⊗ OUT	Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed, & used	O & O 2 1 0	0	0	0
46	⊗ IN	OUT	Warewashing facilities: installed, maintained, & used; test strips	0 0 0 1 0.5 0	0	0	0
47	OIN	⊗ OUT	Non-food contact surfaces clean	○ ○ ⊗ 1 0.5 0	0	0	0
Pł		Faciliti	es .2654, .2655, .2656				
48	⊗ IN	OUT	Hot & cold water available; adequate pressure	$\begin{array}{c c} \bigcirc \bigcirc \bigcirc \bigcirc \\ 2 & 1 & 0 \end{array}$	0	0	0
49	⊗ IN	OUT	Plumbing installed; proper backflow devices	O O O 2 1 0	0	0	0
50	⊗ IN	OUT	Sewage & waste water properly disposed	O O O 2 1 0	0	0	0
51	⊗ IN	OUT	Toilet facilities: properly constructed, supplied & cleaned	0 0 0 1 0.5 0	0	0	0
52	⊗ IN	OUT	Garbage & refuse properly disposed; facilities maintained	0 0 0 1 0.5 0	0	0	0
53	O IN	⊗ OUT	Physical facilities installed, maintained & clean	○ ○ ⊗ 1 0.5 0	0	0	0
54	O IN	⊗ OUT	Meets ventilation & lighting requirements; designated areas used	○ ○ ⊗ 1 0.5 0	0	0	0
			Total Deductions:	3			

North Carolina Department of Health & Human Services

Division of Public Health

Environmental Health Section

Food Protection Program

Establishment Name: SALEM ACADEMY CAFETERIA	Establishment ID: 3034060003	Date: 02/28/2013
Location Address: 500 SALEM AVENUE		Status Code: A
City: WINSTON SALEM State: NC		Category #:IV
County: <u>34 Forsyth</u> Zip: <u>27101</u>		Email 1:
Wastewater System: ⊗ Municipal/Community ○ On-Site System Water Supply: ⊗ Municipal/Community ○ On-Site System Permittee: SALEM COLLEGE & ACADEMY		Email 2:
Telephone:		Email 3:

Temperature Observations								
Item cut tomatoes	Location reach in cooler	Temp 41	Item chicken patty	Location final cook	Temp 190	Item	Location	Temp
ham	reach in cooler	40	hummis	salad bar	43			
turkey	reach in cooler	42	cut tomatoes	salad bar	42			
cheese	reach in cooler	41	tomato soup	final cook	170			
baked	cart	38	chicken and	final cook	180			
cooked	walk in cooler	37						
cooked rice	walk in cooler	41						
hot water	3 comp sink	154						

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.

A half eaten muffin was found in the kitchen on a prep surface. Employees must eat in approved areas away from all food prep

and storage areas to prevent cross contamination.

An entire rack of molded bread was in the rear storage area. The bread was discarded immediately.

Cleaning is needed on the buffalo chopper.

Replace the damaged rusting food racks. Replace the braided metal water supply line connected to the dipper well on the ice cream freezer. The hand sink in the women's restroom is draining slowly. Repair it.





	od Establishinient inspection Report
Establishment Name: SALEM ACADEMY CAFETERIA	Establishment ID: _3034060003
Observations	and Corrective Actions
	e time frames below, or as stated in sections 8-405.11 of the food code.
Cleaning is needed on the shelving in the rear storage are	2a.



Repair / repaint the walls of the men's restroom. Repair the damaged window in the rear storage area.

The lighting levels above the produce sink and prep area are too low ranging from 30 Ftc. to 40 Ftc. The required lighting level for this area is 50 Ftc.



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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.



