Food Establishment Inspection Report

Establishment Name: SUNRISE TOWERS Establishment ID: 3034090011

Date: <u>Ø 2</u> / <u>Ø 1</u> / <u>2 Ø 1 3</u> Status Code: A					
Time In: <u>11</u> : <u>3 Ø</u> ⊜ am	Time Out:	<u>1</u> : <u>25</u> ⊗ am pm			
Total Time: 1 hr 55 minutes	<u> </u>				
Category #: IV					
Establishment Type:					

Instructions:

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

Location Address: 1201	MARTIN LUTHER KING JR					
City: WINSTON SALEM						
State: NC	Zip:					
County: 34 Forsyth						
Permittee: SENIOR SER	RVICES					
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

Score: 93.5

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				CDI	R	VR			
Su	pervision								
1	│ ○ ⊗ ○ IN OUT N/A	PIC Present; Demonstration-Certification by accredited program and perform duties	○ ⊗ 2 0		0	0			
En	Employee Health .2652								
2	O & IN OUT	Management, employees knowledge; responsibilities & reporting	○ ○ ⊗ 3 1.5 0	8	0	0			
3	⊗ ⊖ IN OUT	Proper use of reporting, restriction & exclusion	0 0 0 3 1.5 0	0	0	0			
Go	od Hygienic	Practices .2652, .2653							
4	⊗ ⊖ IN OUT	Proper eating, tasting, drinking, or tobacco use	0 0 0 2 1 0	0	0	0			
5	⊗ ⊖ IN OUT	No discharge from eyes, nose, and mouth	0 0 0	0	0	0			
Pr	eventing Cor	tamination by Hands .2652, .2653, .2655, .265	6						
6	○ ⊗ IN OUT	Hands clean & properly washed	0 0 8 4 2 0	8	0	0			
7	⊗ ○ ○ IN OUT N/O	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 OUT	Handwashing sinks supplied & accessible	$\bigcirc\bigcirc\bigcirc\bigcirc$	0	0	0			
Αp	proved Sour	ce .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 S IN OUT N/C	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 & C IN OUT N/A N/0	Required records available: shellstock tags, parasite destruction	$\begin{array}{c c} \bigcirc \bigcirc \bigcirc \bigcirc \\ 2 & 1 & 0 \end{array}$	0	0	0			
Pr	otection from	Contamination .2653, .2654							
13	O O S C IN OUT N/A N/		0 0 0 3 1.5 0	0	0	0			
14	O & IN OUT	Food-contact surfaces: cleaned & sanitized	○ ⊗ ○ 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			
Ро	tentially Haz	ardous Food Time/Temperature .2653							
16	O O 🗞 C	Proper cooking time & temperatures	0 0 0 3 1.5 0	0	0	0			
17	OOO &		0 0 0 3 1.5 0	0	0	0			
18	OOO &	Proper cooling time & temperatures	0 0 0 3 1.5 0	0	0	0			
19	Ø ○ ○ ○ ○ IN OUT N/A N/O		0 0 0 3 1.5 0	0	0	0			
20	IN OUT N/A N/O		0 0 0 3 1.5 0	0	0	0			
21	IN OUT N/A N/O	3 1.5 0	0	0	0				
22	O O S C	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	⊗ ○ ○ IN OUT N/A	Consumer advisory provided for raw or undercooked foods	1 0.5 0		0	0			
Hi	ghly Suscept	ible Populations .2653							
24	⊗ ○ ○ IN OUT N/A	Pasteurized foods used; prohibited foods not offered	0 0 0 3 1.5 0	0	0	0			
Ch	Chemical .2653, .2657								
25	⊗ ○ ○ IN OUT N/A	Food additives: approved & properly used	0 0 0	0	0	0			
26	O & O	Toxic substances properly identified stored, & used	○ ○ ⊗ 2 1 0	8	0	0			
Co		vith Approved Procedures .2653, .2654,	.2658						
27		Compliance with variance, specialized process, reduced oxygen packing criteria or HACCP plan	000		\cap				

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

Food Establishment Inspection Report, continued

Establishment Name: SUNRISE TOWERS Establishment ID: 3034090011

nstri	ictions	, continu	ea:

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".
- 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:

Sharlene Barnes
Person in Charge (Print)

Person in Charge (Signature)

Anthony Williams
Regulatory Authority (Print)

Regulatory Authority (Signature)

Contact Number: () -

Verification Required Date: ___/ ___/

REHS ID: 1846 - Williams, Tony

No. of Risk Factor/ Intervention Violations: _____ 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 CDI R VR Safe Food and Water .2653, .2655, .2658 ○ ○ ○ 1 0.5 0 OUT 0 28 Pasteurized eggs used where required \circ 0 0 0 29 0 0 0 Water and ice from approved source OUT O O & IN OUT N/A Variance obtained for specialized processing methods 0 30 0 **Food Temperature Control** .2653...2654 Proper cooling methods used; adequate equipment for temperature control 0 0 0 OUT 0 0 8 0 0 0 1 0.5 0 ○ ○ ⊗ ○ Plant food properly cooked for hot holding 32 0 0 0 0 0 0 1 0.5 0 O O S O IN OUT N/A N/O Approved thawing methods used 0 0 0 0 **8** 1 0.5 0 ⊗ OUT Thermometers provided & accurate \bigcirc 0 0 34 **Food Identification** .2653 OUT Food properly labeled: original container 0 0 0 35 Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657 ⊗ OUT 0 0 O IN 36 Insects & rodents not present; no unauthorized animals 0 0 0 OUT Contamination prevented during food preparation, 37 0 0 \bigcirc storage & display ⊗ OUT **⊗** ○ ○ 1 0.5 0 38 Personal cleanliness 0 0 0 O IN ⊗ OUT 0 0 **8** 1 0.5 0 0 39 Wiping cloths: properly used & stored 0 0 OUT ○ ○ ○ 1 0.5 0 40 Washing fruits & vegetables 0 0 **Proper Use of Utensils** .2653, .2654 ⊗ OUT ○ **⊗** ○ 1 0.5 0 41 0 0 In-use utensils: properly stored 000Utensils, equipment & linens: properly stored, dried & handled 0 0 42 0 OUT 1 0.5 0 OIN 8 Single-use & single-service articles: properly 43 0 0 0 OUT 1 0.5 0 stored & used **⊗**∙ IN OUT $\overline{000}$ 0 0 44 Gloves used properly 0 1 0.5 0 Utensils and Equipment .2653, .2654, .2663 $\bigcirc \bigcirc \bigcirc$ \bigcirc \bigcirc \bigcirc 1 0 Equipment, food & non-food contact surfaces approved, 45 0 \bigcirc OŬT cleanable, properly designed, constructed, & used ⊗ IN OUT 0 0 0 1 0.5 0 Warewashing facilities: installed, maintained, & used; 46 0 0 test strips ⊗ OUT ○ **⊗** ○ 1 0.5 0 0 0 0 Non-food contact surfaces clean **Physical Facilities** .2654, .2655, .2656 $\bigcirc \bigcirc \bigcirc \bigcirc$ 2 1 0 OUT Hot & cold water available; adequate pressure 0 0 0 48 ⊗ IN OUT 49 Plumbing installed; proper backflow devices 0 0 0 ⊗ IN OUT 50 0 0 0 Sewage & waste water properly disposed 1 0 OIN ⊗ OUT 0 0 **8** 1 0.5 0 Toilet facilities: properly constructed, supplied 0 0 51 0 OUT Garbage & refuse properly disposed; 0 0 0 1 0.5 0 52 0 0 facilities maintained 8 $\circ \otimes \circ$ 53 Physical facilities installed, maintained & clean 0 0 0 OUT 1 0.5 0 OIN ⊗ OUT ○ **⊗** ○ 1 0.5 0 Meets ventilation & lighting requirements; 54 0 0 0 **Total Deductions:**

North Carolina Department of Health & Human Services ● Division of Public Health

Environmental Health Section ● Food Protection Program

Comment Addendum to Food Establishment Inspection Report

	.	<u> </u>
Establishment Name: SUNRISE TOWERS	Establishment ID: 3034090011	Date: 02/01/2013
Location Address: 1201 MARTIN LUTHER KING JR		Status Code: A
City: WINSTON SALEM State: NC		Category #:IV
County: 34 Forsyth Zip: 27101		Email 1:
Wastewater System: ⊗ Municipal/Community ○ On-Site System Water Supply: ⊗ Municipal/Community ○ On-Site System		Email 2:
Permittee: SENIOR SERVICES		Email 3:
Tolonhonou		

Temperature Observations								
Item hot dog	Location steam table	Temp 168	Item	Location	Temp	Item	Location	Temp
chili	steam table	182						
potatoes	steam table	153						
milk	refrigerator	39						
hot water	sink	133						

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.

Soell

- PIC did not meet requirements for demonstrating food safety knowledge. The PIC shall demonstrate this knowledge by being a certified Food protection manager who has shown proficiency of required information through passing a test that is part of an accredited program.
- 2 Employee health policy is not implemented. Food employees and conditional employees must be informed of their responsibility to report in accordance with law, to the PIC, information about their health and activities as they relate to diseases that are transmissible through food. Information to aid in developing policy provided during the inspection.
- 6 Hands were not washed thoroughly. Follow these steps for proper handwashing:
 - (1) Rinse under clean, running warm water; (2) Apply an amount of cleaning compound recommended by the cleaning compound manufacturer;
 - (3) Rub together vigorously for at least 10 to 15 seconds while:
 - (a) Paying particular attention to removing soil from underneath the fingernails during the cleaning procedure, and
 - (b) Creating friction on the surfaces of the hands and arms or surrogate prosthetic devices for hands and arms, finger tips, and areas between the fingers:
 - (4) Thoroughly rinse under clean, running warm water; and (5) Immediately follow the cleaning procedure with thorough drying.
- 14 Chlorine sanitizer strong at >200 ppm. Maintain sanitizer at 50-200 ppm. Spic n span disinfectant was >400 ppm and may not be intended for commercial use. Use approved sanitizers at the proper concentrations for sanitizing food contact surfaces. Ensure staff are not washing utensils. Unapproved disinfectant removed from premises.



	Comment Addeno Stablishment Name: SUNRISE TOWERS	dum to Food	Establishment Insp Establishment ID:	<u> </u>
	stabilishment Name.		Establishment ID	
	Violations cited in this report must be	Observations and corrected within the time	Corrective Actions frames below, or as stated in sections	8-405.11 of the food code.
26	Use sanitizers approved for commercial f	ood service use. Ren	noved.	
34	Stem thermometer provided was 3 degre	es off calibration. Red	calibrate. Other thermometer prov	vided working properly.
36	Dead cock roaches found in the facility.	Eliminate pests.		
38	Hair restraint was not worn by employee.	Hair restraints are to	be worn by the servers.	
39	Store wet wiping cloths in sanitizer. Rep the end of the day.	lace sanitizer or wipinç	g cloths if water or cloths become	soiled. Launder soiled cloths at
41	In-use utensils stored in bleach sanitizer. container.	Store in use utensils	in the food with their handles abo	ove the top of the food and the
43	Keep trays inverted on the cook line. En	sure trays are stored p	protected when not in use.	



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Observations and Corrective Actions

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47 Cleaning needed inside the cabinets and shelving.

51 Keep toilet paper supplied in the restrooms. Corrected during inspection as per maintenance.

- Repair damaged tiles in the storage room. Clean floors behind equipment such as stove and refrigerator. Clean walls in the kitchen.
- 54 Stove provided with ~30 f/c of light. Provide 50 f/c at the food prep area used for reheating.

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