## Food Establishment Inspection Report

Establishment Name: BROWN AND DOUGLAS REC CENTER Establishment ID: 3034090013

Date: <u>Ø 2</u> / <u>15</u> / <u>2 Ø 13</u> Status Code: A						
$ \text{Time In: } \underline{10} : \underline{000} \overset{\text{\& am}}{\bigcirc} \text{ Time Out: } \underline{11} : \underline{15} \overset{\text{\& am}}{\bigcirc} \text{ pm} $						
Total Time: 1 hr 15 minutes						
Category #: IV						
Establishment Type: Fast Food Restaurant						

#### Instructions:

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

Location Address: 4725 INDIANA AVE
City: WINSTON SALEM
State: NC Zip: 27105
County: 34 Forsyth
Permittee: EXPERIMENT IN SELF RELIANCE
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: 100

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

Public Health Interventions: Control measures to prevent foodborne illness or injury.

Risk factors: Contributing factors that increase the chance of developing foodborne illness.  Public Health Interventions: Control measures to prevent foodborne illness or injury.							
Со	mpliance Stati		OUT	CDI	R	VR	
Su	pervision	.2652					
1	⊗ ○ ○ IN OUT N/A	PIC Present; Demonstration-Certification by accredited program and perform duties	$\bigcirc \bigcirc$ $\bigcirc$ $\bigcirc$ $\bigcirc$	0	0	0	
En	ployee Healt						
2	⊗ O IN OUT	Management, employees knowledge; responsibilities & reporting	0 0 0 3 1.5 0	0	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	2 1 0	0	0	0	
5	⊗ ○ IN OUT	No discharge from eyes, nose, and mouth	0 0 0	0	0	0	
Pre		tamination by Hands .2652, .2653, .2655, .265					
6	⊗ ○ IN OUT	Hands clean & properly washed	0 0 0 4 2 0	0	0	0	
7	⊗ ○ ○ IN OUT N/O	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 \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc $ 2 1 0	0	0	0	
Ap	proved Sour	ce .2653, .2655					
9	⊗ ○ IN OUT	Food obtained from approved source	$ \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc $ 2 1 0	0	0	0	
10	⊗ ○ ○ IN OUT N/O	Food received at proper temperature	$ \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc $ 2 1 0	0	0	0	
11	⊗ ○ IN OUT	Food in good condition, safe & unadulterated	$ \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc $ 2 1 0	0	0	0	
12	OOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOO	Required records available: shellstock tags, parasite destruction	$ \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc $ 2 1 0	0	0	0	
Pro		Contamination .2653, .2654					
13	○ ○ <b>⊗</b> ○ IN OUT N/A N/0	Food separated & protected	○ ○ ○ 3 1.5 0	0	0	0	
14	⊗ ○ 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	$ \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc $ 2 1 0	0	0	0	
Po		ardous Food Time/Temperature .2653					
16	O O & O	Proper cooking time & temperatures	○ ○ ○ 3 1.5 0	0	0	0	
17	O O 🗞 O	Proper reheating procedures for hot holding	○ ○ ○ 3 1.5 0	0	0	0	
18	O O & O	Proper cooling time & temperatures	○ ○ ○ 3 1.5 0	0	0	0	
19	⊗ ○ ○ ○ ○ IN OUT N/A N/C	Proper hot holding temperatures	○ ○ ○ 3 1.5 0	0	0	0	
20	⊗ ○ ○ ○ ○ IN OUT N/A N/C	Proper cold holding temperatures	O O O 3 1.5 0	0	0	0	
21	OOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOO	Proper date marking & disposition	O O O 3 1.5 0	0	0	0	
22	OOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOO	Time as a public health control: procedures & records	$  \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc $ 2 1 0	0	0	0	
Со	nsumer Advi						
23	O O & IN OUT N/A	Consumer advisory provided for raw or undercooked foods	0 0 0	0	0	0	
Hiç		ble Populations .2653					
24	⊗ ○ ○ IN OUT N/A	Pasteurized foods used; prohibited foods not offered	3 1.5 0	0	0	0	
Ch	emical	.2653, .2657	0.0.0				
25	O O & IN OUT N/A	Food additives: approved & properly used	0 0 0 1 0.5 0	0	0	0	
26	⊗ ○ ○ IN OUT N/A	Toxic substances properly identified stored, & used	$\begin{array}{c c} \bigcirc \bigcirc \bigcirc \bigcirc \\ 2 & 1 & 0 \end{array}$	0	0	0	
Со		ith Approved Procedures .2653, .2654,	.2658				
27	O O & IN OUT N/A	Compliance with variance, specialized process, reduced oxygen packing criteria or HACCP plan	O O O 2 1 0	0	0	0	

## Food Establishment Inspection Report, continued

Establishment Name: BROWN AND DOUGLAS REC CENTER Establishment ID: 3034090013

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Instructions	, continued	1:

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:

Shaon Calloway Person in Charge (Print)

Person in Charge (Signature)

Regulatory Authority (Print)

Regulatory Authority (Signature)

Contact Number: (\_\_\_\_) \_\_\_ - \_

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

REHS ID: 2259 - Michaud, Kenneth

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

Establishment ID: 3004000010									
Good Retail Practices  Preventative measures to control the addition of pathogens.									
chemicals, and physical objects into foods.									
				OUT	CDI	R	VR		
	(A)	od and V	,,	000					
28	IN	OŬT	Pasteurized eggs used where required  Water and ice from approved source	1 0.5 0	0	0	0		
29	IÑ	2 1 0	0	0	0				
30	IN O	○ ⊗ UT N/A	Variance obtained for specialized processing methods	1 0.5 0	0	0	0		
	od Tei	mperatu	ure Control .2653, .2654  Proper cooling methods used; adequate equipment for	000	_		_		
31	IN	OŬT	temperature control	1 0.5 0	0	0	0		
32		⊗ ○ TN/A N/O	Plant food properly cooked for hot holding	1 0.5 0	0	0	0		
33	IN OUT	⊗ ○ ΓN/A N/O	Approved thawing methods used	1 0.5 0	0	0	0		
34	⊗ IN	OUT	Thermometers provided & accurate	0 0 0	0	0	0		
	_	entificat	ion .2653						
35	⊗ IN	OUT	Food properly labeled: original container	2 1 0	0	0	0		
Pr	_		ood Contamination .2652, .2653, .2654, .265	6, .2657					
36	11.4	OUT	Insects & rodents not present; no unauthorized animals	2 1 0	0	0	0		
37	⊗ IN	OUT	Contamination prevented during food preparation, storage & display	0 0 0 2 1 0	0	0	0		
38		OUT	Personal cleanliness	1 0.5 0	0	0	0		
39	⊗ IN	OUT	Wiping cloths: properly used & stored	1 0.5 0	0	0	0		
40	⊗ IN	OUT	Washing fruits & vegetables	0 0 0	0	0	0		
Pr	oper U	Jse 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	1 0.5 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	1 0.5 0	0	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	0		
46		OUT	Warewashing facilities: installed, maintained, & used; test strips	0 0 0 1 0.5 0	0	0	0		
47	⊗ IN	OUT	Non-food contact surfaces clean	0 0 0	0	0	0		
Pł		Faciliti	es .2654, .2655, .2656						
48		OUT	Hot & cold water available; adequate pressure	0 0 0 2 1 0	0	0	0		
49	1111	OUT	Plumbing installed; proper backflow devices	0 0 0 2 1 0	0	0	0		
50	11.4	OUT	Sewage & waste water properly disposed	0 0 0 2 1 0	0	0	0		
51		OUT	Toilet facilities: properly constructed, supplied & cleaned	0 0 0	0	0	0		
52		OUT	Garbage & refuse properly disposed; facilities maintained	0 0 0	0	0	0		
53		OUT	Physical facilities installed, maintained & clean	1 0.5 0	0	0	0		
54	⊗ OIN OUT       Meets ventilation & lighting requirements; designated areas used       0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0								
			Total Deductions:	0					

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

Establishment Name: BROWN AND DOUGLAS REC CENTER				shment ID: 3034090013	Date: 02/15/2013	
City: WINS: County: 34 Wastewate Water Sup Permittee:	Forsyth er System:   Munic	Zip: 27105  cipal/Community On-Site  ELF RELIANCE	System		Status Code: _^A Category #:I Email 1: Email 2: Email 3:	
		Tem	perature Observ	vations .		
Item	Location	Temp Item	Location	Temp Item	Location	Temp

	Temperature Observations							
Item Hamburger	Location Delivery	Temp 156	Item	Location	Temp	Item	Location	Temp
Tater babies	Delivery	146						
Warm	Delivery	166						
Milk	Cooler	37						
			<u> </u>			·		

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.





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