

# Food Establishment Inspection Report

Score: 95.5

Establishment Name: ATRIUM COTTAGE

Establishment ID: 3034160001

Date: 12/28/2012 Status Code: A

Time In: 09:55  am  pm Time Out: 12:15  am  pm

Total Time: 2 hrs 20 minutes

Category #: IV

Establishment Type: \_\_\_\_\_

**Instructions:**

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

Location Address: 100 HORIZON LANE

City: RURAL HALL

State: NC Zip: 27045

County: 34 Forsyth

Permittee: DAVID ADAMS

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	
<b>Supervision</b> .2652												
1	<input type="radio"/> IN	<input checked="" type="radio"/> OUT	<input type="radio"/> N/A	PIC Present: Demonstration-Certification by accredited program and perform duties				<input type="radio"/> 2	<input checked="" type="radio"/> 0	<input type="radio"/>	<input type="radio"/>	
<b>Employee Health</b> .2652												
2	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Management, employees knowledge; responsibilities & reporting					<input type="radio"/> 3	<input type="radio"/> 1.5	<input type="radio"/> 0	<input type="radio"/>	
3	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Proper use of reporting, restriction & exclusion					<input type="radio"/> 3	<input type="radio"/> 1.5	<input type="radio"/> 0	<input type="radio"/>	
<b>Good Hygienic Practices</b> .2652, .2653												
4	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Proper eating, tasting, drinking, or tobacco use					<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0	<input type="radio"/>	
5	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	No discharge from eyes, nose, and mouth					<input type="radio"/> 1	<input type="radio"/> 0.5	<input type="radio"/> 0	<input type="radio"/>	
<b>Preventing Contamination by Hands</b> .2652, .2653, .2655, .2656												
6	<input type="radio"/> IN	<input checked="" type="radio"/> OUT	Hands clean & properly washed					<input type="radio"/> 4	<input type="radio"/> 2	<input checked="" type="radio"/> 0	<input checked="" type="radio"/>	
7	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/O	No bare hand contact with RTE foods or pre-approved alternate procedure properly allowed					<input type="radio"/> 3	<input type="radio"/> 1.5	<input type="radio"/> 0	
8	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Handwashing sinks supplied & accessible					<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0	<input type="radio"/>	
<b>Approved Source</b> .2653, .2655												
9	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Food obtained from approved source					<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0	<input type="radio"/>	
10	<input type="radio"/> IN	<input type="radio"/> OUT	<input checked="" type="radio"/> N/O	Food received at proper temperature					<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0	
11	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Food in good condition, safe & unadulterated					<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0	<input type="radio"/>	
12	<input type="radio"/> IN	<input type="radio"/> OUT	<input checked="" type="radio"/> N/A	<input type="radio"/> N/O	Required records available: shellstock tags, parasite destruction					<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0
<b>Protection from Contamination</b> .2653, .2654												
13	<input type="radio"/> IN	<input checked="" type="radio"/> OUT	<input type="radio"/> N/A	<input type="radio"/> N/O	Food separated & protected					<input type="radio"/> 3	<input type="radio"/> 1.5	<input checked="" type="radio"/> 0
14	<input type="radio"/> IN	<input checked="" type="radio"/> OUT	Food-contact surfaces: cleaned & sanitized					<input type="radio"/> 3	<input type="radio"/> 1.5	<input checked="" type="radio"/> 0	<input type="radio"/>	
15	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Proper disposition of returned, previously served, reconditioned, & unsafe food					<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0	<input type="radio"/>	
<b>Potentially Hazardous Food Time/Temperature</b> .2653												
16	<input type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<input checked="" type="radio"/> N/O	Proper cooking time & temperatures					<input type="radio"/> 3	<input type="radio"/> 1.5	<input type="radio"/> 0
17	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<input type="radio"/> N/O	Proper reheating procedures for hot holding					<input type="radio"/> 3	<input type="radio"/> 1.5	<input type="radio"/> 0
18	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<input type="radio"/> N/O	Proper cooling time & temperatures					<input type="radio"/> 3	<input type="radio"/> 1.5	<input type="radio"/> 0
19	<input type="radio"/> IN	<input checked="" type="radio"/> OUT	<input type="radio"/> N/A	<input type="radio"/> N/O	Proper hot holding temperatures					<input type="radio"/> 3	<input checked="" type="radio"/> 1.5	<input checked="" type="radio"/> 0
20	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<input type="radio"/> N/O	Proper cold holding temperatures					<input type="radio"/> 3	<input type="radio"/> 1.5	<input type="radio"/> 0
21	<input type="radio"/> IN	<input checked="" type="radio"/> OUT	<input type="radio"/> N/A	<input type="radio"/> N/O	Proper date marking & disposition					<input type="radio"/> 3	<input type="radio"/> 1.5	<input checked="" type="radio"/> 0
22	<input type="radio"/> IN	<input type="radio"/> OUT	<input checked="" type="radio"/> N/A	<input type="radio"/> N/O	Time as a public health control: procedures & records					<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0
<b>Consumer Advisory</b> .2653												
23	<input type="radio"/> IN	<input type="radio"/> OUT	<input checked="" type="radio"/> N/A	Consumer advisory provided for raw or undercooked foods					<input type="radio"/> 1	<input type="radio"/> 0.5	<input type="radio"/> 0	
<b>Highly Susceptible Populations</b> .2653												
24	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	Pasteurized foods used; prohibited foods not offered					<input type="radio"/> 3	<input type="radio"/> 1.5	<input type="radio"/> 0	
<b>Chemical</b> .2653, .2657												
25	<input type="radio"/> IN	<input type="radio"/> OUT	<input checked="" type="radio"/> N/A	Food additives: approved & properly used					<input type="radio"/> 1	<input type="radio"/> 0.5	<input type="radio"/> 0	
26	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	Toxic substances properly identified stored, & used					<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0	
<b>Conformance with Approved Procedures</b> .2653, .2654, .2658												
27	<input type="radio"/> IN	<input type="radio"/> OUT	<input checked="" type="radio"/> N/A	Compliance with variance, specialized process, reduced oxygen packing criteria or HACCP plan					<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0	



# Food Establishment Inspection Report, continued

Establishment Name: ATRIUM COTTAGE

Establishment ID: 3034160001

**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:**

X Vicki Bryant  
Person in Charge (Print)

Vicki Bryant  
Person in Charge (Signature)

Anthony Williams  
Regulatory Authority (Print)

Anthony Williams  
Regulatory Authority (Signature)

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

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

REHS ID: 1846 - Williams, Tony

<b>Good Retail Practices</b>					
Preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.					

Compliance Status		OUT	CDI	R	VR
<b>Safe Food and Water</b> .2653, .2655, .2658					
28	<input checked="" type="radio"/> IN <input type="radio"/> OUT Pasteurized eggs used where required	1	0.5	0	<input type="radio"/> <input type="radio"/> <input type="radio"/>
29	<input checked="" type="radio"/> IN <input type="radio"/> OUT Water and ice from approved source	2	1	0	<input type="radio"/> <input type="radio"/> <input type="radio"/>
30	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A Variance obtained for specialized processing methods	1	0.5	0	<input type="radio"/> <input type="radio"/> <input type="radio"/>
<b>Food Temperature Control</b> .2653, .2654					
31	<input checked="" type="radio"/> IN <input type="radio"/> OUT Proper cooling methods used; adequate equipment for temperature control	1	0.5	0	<input type="radio"/> <input type="radio"/> <input type="radio"/>
32	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O Plant food properly cooked for hot holding	1	0.5	0	<input type="radio"/> <input type="radio"/> <input type="radio"/>
33	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O Approved thawing methods used	1	0.5	0	<input type="radio"/> <input type="radio"/> <input type="radio"/>
34	<input checked="" type="radio"/> IN <input type="radio"/> OUT Thermometers provided & accurate	1	0.5	0	<input type="radio"/> <input type="radio"/> <input type="radio"/>
<b>Food Identification</b> .2653					
35	<input checked="" type="radio"/> IN <input type="radio"/> OUT Food properly labeled: original container	2	1	0	<input type="radio"/> <input type="radio"/> <input type="radio"/>
<b>Prevention of Food Contamination</b> .2652, .2653, .2654, .2656, .2657					
36	<input checked="" type="radio"/> IN <input type="radio"/> OUT Insects & rodents not present; no unauthorized animals	2	1	0	<input type="radio"/> <input type="radio"/> <input type="radio"/>
37	<input type="radio"/> IN <input checked="" type="radio"/> OUT Contamination prevented during food preparation, storage & display	2	1	0	<input type="radio"/> <input type="radio"/> <input type="radio"/>
38	<input checked="" type="radio"/> IN <input type="radio"/> OUT Personal cleanliness	1	0.5	0	<input type="radio"/> <input type="radio"/> <input type="radio"/>
39	<input checked="" type="radio"/> IN <input type="radio"/> OUT Wiping cloths: properly used & stored	1	0.5	0	<input type="radio"/> <input type="radio"/> <input type="radio"/>
40	<input checked="" type="radio"/> IN <input type="radio"/> OUT Washing fruits & vegetables	1	0.5	0	<input type="radio"/> <input type="radio"/> <input type="radio"/>
<b>Proper Use of Utensils</b> .2653, .2654					
41	<input checked="" type="radio"/> IN <input type="radio"/> OUT In-use utensils: properly stored	1	0.5	0	<input type="radio"/> <input type="radio"/> <input type="radio"/>
42	<input type="radio"/> IN <input checked="" type="radio"/> OUT Utensils, equipment & linens: properly stored, dried & handled	1	0.5	0	<input type="radio"/> <input type="radio"/> <input type="radio"/>
43	<input type="radio"/> IN <input checked="" type="radio"/> OUT Single-use & single-service articles: properly stored & used	1	0.5	0	<input checked="" type="radio"/> <input type="radio"/> <input type="radio"/>
44	<input checked="" type="radio"/> IN <input type="radio"/> OUT Gloves used properly	1	0.5	0	<input type="radio"/> <input type="radio"/> <input type="radio"/>
<b>Utensils and Equipment</b> .2653, .2654, .2663					
45	<input type="radio"/> IN <input checked="" type="radio"/> OUT Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed, & used	2	1	0	<input type="radio"/> <input type="radio"/> <input type="radio"/>
46	<input checked="" type="radio"/> IN <input type="radio"/> OUT Warewashing facilities: installed, maintained, & used; test strips	1	0.5	0	<input type="radio"/> <input type="radio"/> <input type="radio"/>
47	<input type="radio"/> IN <input checked="" type="radio"/> OUT Non-food contact surfaces clean	1	0.5	0	<input type="radio"/> <input type="radio"/> <input type="radio"/>
<b>Physical Facilities</b> .2654, .2655, .2656					
48	<input checked="" type="radio"/> IN <input type="radio"/> OUT Hot & cold water available; adequate pressure	2	1	0	<input type="radio"/> <input type="radio"/> <input type="radio"/>
49	<input type="radio"/> IN <input checked="" type="radio"/> OUT Plumbing installed; proper backflow devices	2	1	0	<input type="radio"/> <input type="radio"/> <input type="radio"/>
50	<input checked="" type="radio"/> IN <input type="radio"/> OUT Sewage & waste water properly disposed	2	1	0	<input type="radio"/> <input type="radio"/> <input type="radio"/>
51	<input checked="" type="radio"/> IN <input type="radio"/> OUT Toilet facilities: properly constructed, supplied & cleaned	1	0.5	0	<input type="radio"/> <input type="radio"/> <input type="radio"/>
52	<input checked="" type="radio"/> IN <input type="radio"/> OUT Garbage & refuse properly disposed; facilities maintained	1	0.5	0	<input type="radio"/> <input type="radio"/> <input type="radio"/>
53	<input type="radio"/> IN <input checked="" type="radio"/> OUT Physical facilities installed, maintained & clean	1	0.5	0	<input type="radio"/> <input type="radio"/> <input type="radio"/>
54	<input checked="" type="radio"/> IN <input type="radio"/> OUT Meets ventilation & lighting requirements; designated areas used	1	0.5	0	<input type="radio"/> <input type="radio"/> <input type="radio"/>
<b>Total Deductions:</b>		4.5			

No. of Risk Factor/ Intervention Violations: 6

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

# Comment Addendum to Food Establishment Inspection Report

**Establishment Name:** ATRIUM COTTAGE  
**Location Address:** 100 HORIZON LANE  
**City:** RURAL HALL **State:** NC  
**County:** 34 Forsyth **Zip:** 27045  
**Wastewater System:**  Municipal/Community  On-Site System  
**Water Supply:**  Municipal/Community  On-Site System  
**Permittee:** DAVID ADAMS  
**Telephone:** \_\_\_\_\_

**Establishment ID:** 3034160001

**Date:** 12/28/2012  
**Status Code:** A  
**Category #:** IV  
**Email 1:** \_\_\_\_\_  
**Email 2:** \_\_\_\_\_  
**Email 3:** \_\_\_\_\_

## Temperature Observations

Item	Location	Temp	Item	Location	Temp	Item	Location	Temp
sweet potato	steam table	125						
fish	steam table	116						
prunes	refrigerator	45						
milk	walk-in cooler	41						
tuna	walk-in cooler	39						
hot water	3 comp. sink	142						

## 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.

- 1 PIC did not meet requirements for demonstrating food safety knowledge. The PERSON IN CHARGE 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.
- 6 Employee washed hands and then proceeded to wipe down sink with paper towel used to dry hands. Ensure that hands are not recontaminated by touching handles or wiping down sink to clean. Employee rewashed hands.
- 13 A couple of dry food packages were not properly sealed in the supply room. Keep dry goods properly sealed.
- 14 Some utensils needed additional cleaning. Wash, rinse, and sanitize dishes to remove food debris and grime. Dishes were sent for rewashing during inspection. Sanitizer good in the bottle and sink for chlorine at 50-200 ppm.



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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.



- 19 Items such as fish (116 F) and sweet potato tots (113-125 F) were not hot holding at 135 F or above. Maintain potentially hazardous food items at 135 F or above.
- 21 Date marking has not been implemented completely (prunes). For items that are not used within 24 hours, date mark for 7 days if held at 41 F or below (4 days if 45 F or below) once the package has been opened or discard after manufacturers use by date whichever is shorter. For items that are cooked follow the date marking procedure for 7 or 4 days as mentioned above. Manufacturers use by date does not apply once cooked.
- 37 Food found on the floor in the outside walk-in cooler and freezer. Store food off the floor in refrigeration.
- 42 Juice containers stored wet. Store inverted to allow for drying. Clean utensils drawers used to store clean utensils.
- 43 Single service stored on the floor in the supply room. Keep single service items stored off the floor.
- 45 Walk-in cooler and freezer outside of building do not meet "NSF" standards or equivalent for commercial use. Call Nathan Ward at 703-3225 for information on how to correct. Remove residential chopper..
- 47 Clean containers for juice that have sticker residue.



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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.



49 Extend pipe for the ice machine to floor drain under the tea urn.

53 Clean floors in corners.



# Comment Addendum to Food Establishment Inspection Report

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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.



Spell

