

Food Establishment Inspection Report

Score: 95

Establishment Name: BRADFORD VILLAGE WEST

Establishment ID: 3034160004

Date: 10 / 31 / 2012 Status Code: A

Time In: 09 : 15 am pm Time Out: 11 : 30 am pm

Total Time: 2 hrs 15 minutes

Category #: IV

Establishment Type: _____

Instructions:

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

Location Address: 602 PINEY GROVE RD

City: KERNERSVILLE

State: NC Zip: 27284

County: 34 Forsyth

Permittee: BRADFORD VILLAGE WEST, 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	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	PIC Present: Demonstration-Certification by accredited program and perform duties			<input type="radio"/> 2	<input type="radio"/> 0	<input type="radio"/>	<input type="radio"/>
Employee Health .2652										
2	<input type="radio"/> IN	<input checked="" type="radio"/> OUT		Management, employees knowledge; responsibilities & reporting			<input type="radio"/> 3	<input type="radio"/> 1.5	<input checked="" type="radio"/> 0	<input type="radio"/>
3	<input type="radio"/> IN	<input checked="" type="radio"/> OUT		Proper use of reporting, restriction & exclusion			<input type="radio"/> 3	<input type="radio"/> 1.5	<input checked="" type="radio"/> 0	<input type="radio"/>
Good Hygienic Practices .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"/>
Preventing Contamination by Hands .2652, .2653, .2655, .2656										
6	<input checked="" type="radio"/> IN	<input type="radio"/> OUT		Hands clean & properly washed			<input type="radio"/> 4	<input type="radio"/> 2	<input type="radio"/> 0	<input 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	<input type="radio"/>
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"/>
Approved Source .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	<input type="radio"/>
11	<input type="radio"/> IN	<input checked="" type="radio"/> OUT		Food in good condition, safe & unadulterated			<input type="radio"/> 2	<input type="radio"/> 1	<input checked="" 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
Protection from Contamination .2653, .2654										
13	<input checked="" type="radio"/> IN	<input 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 type="radio"/> 0
14	<input type="radio"/> IN	<input checked="" type="radio"/> OUT		Food-contact surfaces: cleaned & sanitized			<input type="radio"/> 3	<input checked="" type="radio"/> 1.5	<input 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"/>
Potentially Hazardous Food Time/Temperature .2653										
16	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<input type="radio"/> N/O	Proper cooking time & temperatures			<input type="radio"/> 3	<input type="radio"/> 1.5	<input type="radio"/> 0
17	<input type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<input checked="" 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 type="radio"/> OUT	<input type="radio"/> N/A	<input checked="" type="radio"/> N/O	Proper hot holding temperatures			<input type="radio"/> 3	<input type="radio"/> 1.5	<input 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 checked="" type="radio"/> IN	<input 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 type="radio"/> 0
22	<input type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<input checked="" type="radio"/> N/O	Time as a public health control: procedures & records			<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0
Consumer Advisory .2653										
23	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input 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
Highly Susceptible Populations .2653										
24	<input type="radio"/> IN	<input checked="" 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 checked="" type="radio"/> 0
Chemical .2653, .2657										
25	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input 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
Conformance with Approved Procedures .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: BRADFORD VILLAGE WEST

Establishment ID: 3034160004

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:

Heather Branch
Person in Charge (Print)

Heather Branch
Person in Charge (Signature)

Clark Sizemore
Regulatory Authority (Print)

Clark Sizemore
Regulatory Authority (Signature)

Contact Number: (3 3 6) 7 0 3 - 3 1 2 8

Verification Required Date: / /

REHS ID: 944 - Sizemore, Clark

No. of Risk Factor/
Intervention
Violations: 5

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	<input type="radio"/> IN	<input checked="" type="radio"/> OUT	Pasteurized eggs used where required	<input type="radio"/> 1	<input checked="" type="radio"/> 0.5	<input type="radio"/> 0	<input type="radio"/>	<input type="radio"/>
29	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Water and ice from approved source	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0	<input type="radio"/>	<input type="radio"/>
30	<input type="radio"/> IN	<input type="radio"/> OUT	<input checked="" type="radio"/> N/A	<input type="radio"/> 1	<input type="radio"/> 0.5	<input type="radio"/> 0	<input type="radio"/>	<input type="radio"/>
Food Temperature Control .2653, .2654								
31	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Proper cooling methods used; adequate equipment for temperature control	<input type="radio"/> 1	<input type="radio"/> 0.5	<input type="radio"/> 0	<input type="radio"/>	<input type="radio"/>
32	<input type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<input type="radio"/> 1	<input type="radio"/> 0.5	<input type="radio"/> 0	<input type="radio"/>	<input type="radio"/>
33	<input type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<input type="radio"/> 1	<input type="radio"/> 0.5	<input type="radio"/> 0	<input type="radio"/>	<input type="radio"/>
34	<input type="radio"/> IN	<input checked="" type="radio"/> OUT	Thermometers provided & accurate	<input type="radio"/> 1	<input checked="" type="radio"/> 0.5	<input type="radio"/> 0	<input type="radio"/>	<input type="radio"/>
Food Identification .2653								
35	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Food properly labeled: original container	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0	<input type="radio"/>	<input type="radio"/>
Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657								
36	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Insects & rodents not present; no unauthorized animals	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0	<input type="radio"/>	<input type="radio"/>
37	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Contamination prevented during food preparation, storage & display	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0	<input type="radio"/>	<input type="radio"/>
38	<input type="radio"/> IN	<input checked="" type="radio"/> OUT	Personal cleanliness	<input type="radio"/> 1	<input checked="" type="radio"/> 0.5	<input type="radio"/> 0	<input type="radio"/>	<input type="radio"/>
39	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Wiping cloths: properly used & stored	<input type="radio"/> 1	<input type="radio"/> 0.5	<input type="radio"/> 0	<input type="radio"/>	<input type="radio"/>
40	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Washing fruits & vegetables	<input type="radio"/> 1	<input type="radio"/> 0.5	<input type="radio"/> 0	<input type="radio"/>	<input type="radio"/>
Proper Use of Utensils .2653, .2654								
41	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	In-use utensils: properly stored	<input type="radio"/> 1	<input type="radio"/> 0.5	<input type="radio"/> 0	<input type="radio"/>	<input type="radio"/>
42	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Utensils, equipment & linens: properly stored, dried & handled	<input type="radio"/> 1	<input type="radio"/> 0.5	<input type="radio"/> 0	<input type="radio"/>	<input type="radio"/>
43	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Single-use & single-service articles: properly stored & used	<input type="radio"/> 1	<input type="radio"/> 0.5	<input type="radio"/> 0	<input type="radio"/>	<input type="radio"/>
44	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Gloves used properly	<input type="radio"/> 1	<input type="radio"/> 0.5	<input type="radio"/> 0	<input type="radio"/>	<input type="radio"/>
Utensils and Equipment .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	<input type="radio"/> 2	<input checked="" type="radio"/> 1	<input type="radio"/> 0	<input type="radio"/>	<input type="radio"/>
46	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Warewashing facilities: installed, maintained, & used; test strips	<input type="radio"/> 1	<input type="radio"/> 0.5	<input type="radio"/> 0	<input type="radio"/>	<input type="radio"/>
47	<input type="radio"/> IN	<input checked="" type="radio"/> OUT	Non-food contact surfaces clean	<input type="radio"/> 1	<input checked="" type="radio"/> 0.5	<input type="radio"/> 0	<input type="radio"/>	<input type="radio"/>
Physical Facilities .2654, .2655, .2656								
48	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Hot & cold water available; adequate pressure	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0	<input type="radio"/>	<input type="radio"/>
49	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Plumbing installed; proper backflow devices	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0	<input type="radio"/>	<input type="radio"/>
50	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Sewage & waste water properly disposed	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0	<input type="radio"/>	<input type="radio"/>
51	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Toilet facilities: properly constructed, supplied & cleaned	<input type="radio"/> 1	<input type="radio"/> 0.5	<input type="radio"/> 0	<input type="radio"/>	<input type="radio"/>
52	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Garbage & refuse properly disposed; facilities maintained	<input type="radio"/> 1	<input type="radio"/> 0.5	<input type="radio"/> 0	<input type="radio"/>	<input type="radio"/>
53	<input type="radio"/> IN	<input checked="" type="radio"/> OUT	Physical facilities installed, maintained & clean	<input type="radio"/> 1	<input checked="" type="radio"/> 0.5	<input type="radio"/> 0	<input type="radio"/>	<input type="radio"/>
54	<input type="radio"/> IN	<input checked="" type="radio"/> OUT	Meets ventilation & lighting requirements; designated areas used	<input type="radio"/> 1	<input type="radio"/> 0.5	<input checked="" type="radio"/> 0	<input type="radio"/>	<input type="radio"/>
Total Deductions:				5				

Comment Addendum to Food Establishment Inspection Report

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Establishment ID: 3034160004

Date: 10/31/2012

Location Address: 602 PINEY GROVE RD

City: KERNERSVILLE State: NC

County: 34 Forsyth Zip: 27284

Wastewater System: Municipal/Community On-Site System

Water Supply: Municipal/Community On-Site System

Permittee: BRADFORD VILLAGE WEST, LLC

Telephone: _____

Status Code: A

Category #: IV

Email 1: _____

Email 2: _____

Email 3: _____

Temperature Observations

Item	Location	Temp	Item	Location	Temp	Item	Location	Temp
hot water	faucet	129	pot roast	cooked to	195			
dish machine	rinse	162						
chicken	cooler	45						
country fried	cooler	44						
rice	cooler	45						
urkey and	cooler	44						
egg salad	cooler	42						
mighty shake	cooler	31.						

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.

2 Person in charge must inform all employees of health policy.2-201.11



Spell

3 Person in charge must inform health department when employees have any reportable disease. 2-201-11

11 Number ten can of peaches had mold in a refrigerator that was not working, peaches discarded.

14 No sanitizer was available in bottles or buckets, fill bottle or buckets with Quat sanitizer from sink. Do not mix bleach with sanitizer from sink. Sanitizer in sink was 200ppm Quat.



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Observations and Corrective Actions

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- 24 Shell eggs were in refrigerator, can only use shell eggs for cook an serve all other egg products must be pasteurized.3-801.11
- 28 Only pasteurized can be used in a food service serving a highly susceptible population. 3-801.11
- 34 Staff could only locate a frying thermometer and not a 0F to 220F thermometer. Need food thermometer to check hot and cold food temeperatures.4-302.12
- 38 One employee did not have hair net on when I arrived; however she had a hair net on later in the inspection. 2-402.11
- 45 The three compartment sin is not approved due to construction. The domestic tow vat sink is not approved as a food prep sink. The knobs are missing on the flat top stove and the door does not work properly on the six burner stove. The Ratone two door up right is not working and need repair. 4-201.11,4-202.12
- 47 Need to clean oven, out side of dish machine, inside microwave, and wood cabinets. 4-601.11
- 53 Need to store dust mops and brooms off floor; currently stored on floor between cabinets and up right. 6-501.16 store items off floor in dry storage room.4-903.11 Need to clean walls behind unapproved 3-comartment sink.

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Spell

54 The ceiling needs cleaning.6-201.12



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Spell

