

# Food Establishment Inspection Report

Score: 95

Establishment Name: BROOKSTONE TERRACE

Establishment ID: 3034160008

Location Address: 4430 CLINARD RD

Inspection  Re-Inspection

City: CLEMMONS

State: NC

Date: 08 / 22 / 2013 Status Code: A

Zip: 27012

County: 34 Forsyth

Time In: 09 : 45  am  pm

Time Out: 12 : 00  am  pm

Permittee: BROOKSTONE TERRACE INC

Category #: IV

Telephone: \_\_\_\_\_

Wastewater System:  Municipal/Community  On-Site System

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

Water Supply:  Municipal/Community  On-Site Supply

No. of Risk Factor/Intervention Violations: 1

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

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

| Good Retail Practices                                                                                                          |                                     |                                     |                                     |                                                                                                         |  |  |          |                                     |                                     |                          |
|--------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|---------------------------------------------------------------------------------------------------------|--|--|----------|-------------------------------------|-------------------------------------|--------------------------|
| Good Retail Practices: Preventative measures to control the addition of pathogens, chemicals, and physical objects into foods. |                                     |                                     |                                     |                                                                                                         |  |  |          |                                     |                                     |                          |
| IN                                                                                                                             | OUT                                 | N/A                                 | N/O                                 | Compliance Status                                                                                       |  |  | OUT      | CDI                                 | R                                   | VR                       |
| <b>Safe Food and Water</b> .2653, .2655, .2658                                                                                 |                                     |                                     |                                     |                                                                                                         |  |  |          |                                     |                                     |                          |
| 28                                                                                                                             | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Pasteurized eggs used where required                                                                    |  |  | 1        | 0.5                                 | 0                                   | <input type="checkbox"/> |
| 29                                                                                                                             | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Water and ice from approved source                                                                      |  |  | 2        | 1                                   | 0                                   | <input type="checkbox"/> |
| 30                                                                                                                             | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Variance obtained for specialized processing methods                                                    |  |  | 1        | 0.5                                 | 0                                   | <input type="checkbox"/> |
| <b>Food Temperature Control</b> .2653, .2654                                                                                   |                                     |                                     |                                     |                                                                                                         |  |  |          |                                     |                                     |                          |
| 31                                                                                                                             | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Proper cooling methods used; adequate equipment for temperature control                                 |  |  | 1        | 0.5                                 | 0                                   | <input type="checkbox"/> |
| 32                                                                                                                             | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Plant food properly cooked for hot holding                                                              |  |  | 1        | 0.5                                 | 0                                   | <input type="checkbox"/> |
| 33                                                                                                                             | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Approved thawing methods used                                                                           |  |  | 1        | 0.5                                 | 0                                   | <input type="checkbox"/> |
| 34                                                                                                                             | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Thermometers provided & accurate                                                                        |  |  | 1        | 0.5                                 | 0                                   | <input type="checkbox"/> |
| <b>Food Identification</b> .2653                                                                                               |                                     |                                     |                                     |                                                                                                         |  |  |          |                                     |                                     |                          |
| 35                                                                                                                             | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Food properly labeled: original container                                                               |  |  | 2        | 1                                   | 0                                   | <input type="checkbox"/> |
| <b>Prevention of Food Contamination</b> .2652, .2653, .2654, .2656, .2657                                                      |                                     |                                     |                                     |                                                                                                         |  |  |          |                                     |                                     |                          |
| 36                                                                                                                             | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Insects & rodents not present; no unauthorized animals                                                  |  |  | 2        | 1                                   | 0                                   | <input type="checkbox"/> |
| 37                                                                                                                             | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Contamination prevented during food preparation, storage & display                                      |  |  | 2        | 1                                   | 0                                   | <input type="checkbox"/> |
| 38                                                                                                                             | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Personal cleanliness                                                                                    |  |  | 1        | 0.5                                 | 0                                   | <input type="checkbox"/> |
| 39                                                                                                                             | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Wiping cloths: properly used & stored                                                                   |  |  | 1        | 0.5                                 | 0                                   | <input type="checkbox"/> |
| 40                                                                                                                             | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Washing fruits & vegetables                                                                             |  |  | 1        | 0.5                                 | 0                                   | <input type="checkbox"/> |
| <b>Proper Use of Utensils</b> .2653, .2654                                                                                     |                                     |                                     |                                     |                                                                                                         |  |  |          |                                     |                                     |                          |
| 41                                                                                                                             | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | In-use utensils: properly stored                                                                        |  |  | 1        | 0.5                                 | 0                                   | <input type="checkbox"/> |
| 42                                                                                                                             | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Utensils, equipment & linens: properly stored, dried & handled                                          |  |  | 1        | 0.5                                 | 0                                   | <input type="checkbox"/> |
| 43                                                                                                                             | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Single-use & single-service articles: properly stored & used                                            |  |  | 1        | 0.5                                 | 0                                   | <input type="checkbox"/> |
| 44                                                                                                                             | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Gloves used properly                                                                                    |  |  | 1        | 0.5                                 | 0                                   | <input type="checkbox"/> |
| <b>Utensils and Equipment</b> .2653, .2654, .2663                                                                              |                                     |                                     |                                     |                                                                                                         |  |  |          |                                     |                                     |                          |
| 45                                                                                                                             | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed, & used |  |  | 2        | <input checked="" type="checkbox"/> | 0                                   | <input type="checkbox"/> |
| 46                                                                                                                             | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Warewashing facilities: installed, maintained, & used; test strips                                      |  |  | 1        | <input checked="" type="checkbox"/> | 0                                   | <input type="checkbox"/> |
| 47                                                                                                                             | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Non-food contact surfaces clean                                                                         |  |  | 1        | 0.5                                 | 0                                   | <input type="checkbox"/> |
| <b>Physical Facilities</b> .2654, .2655, .2656                                                                                 |                                     |                                     |                                     |                                                                                                         |  |  |          |                                     |                                     |                          |
| 48                                                                                                                             | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Hot & cold water available; adequate pressure                                                           |  |  | 2        | <input checked="" type="checkbox"/> | 0                                   | <input type="checkbox"/> |
| 49                                                                                                                             | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Plumbing installed; proper backflow devices                                                             |  |  | 2        | 1                                   | 0                                   | <input type="checkbox"/> |
| 50                                                                                                                             | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Sewage & waste water properly disposed                                                                  |  |  | 2        | 1                                   | 0                                   | <input type="checkbox"/> |
| 51                                                                                                                             | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Toilet facilities: properly constructed, supplied & cleaned                                             |  |  | 1        | 0.5                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 52                                                                                                                             | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Garbage & refuse properly disposed; facilities maintained                                               |  |  | 1        | <input checked="" type="checkbox"/> | 0                                   | <input type="checkbox"/> |
| 53                                                                                                                             | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Physical facilities installed, maintained & clean                                                       |  |  | 1        | <input checked="" type="checkbox"/> | 0                                   | <input type="checkbox"/> |
| 54                                                                                                                             | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Meets ventilation & lighting requirements; designated areas used                                        |  |  | 1        | 0.5                                 | 0                                   | <input type="checkbox"/> |
| <b>Total Deductions:</b>                                                                                                       |                                     |                                     |                                     |                                                                                                         |  |  | <b>5</b> |                                     |                                     |                          |



North Carolina Department of Health & Human Services • Division of Public Health • Environmental Health Section • Food Protection Program  
DHHS is an equal opportunity employer.



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Status Code: A

County: 34 Forsyth Zip: 27012

Category #: IV

Wastewater System:  Municipal/Community  On-Site System

Email 1:

Water Supply:  Municipal/Community  On-Site System

Email 2:

Permittee: BROOKSTONE TERRACE INC

Email 3:

Telephone: \_\_\_\_\_

## Temperature Observations

| Item        | Location           | Temp | Item | Location | Temp | Item | Location | Temp |
|-------------|--------------------|------|------|----------|------|------|----------|------|
| pinto beans | reach in cooler    | 38   |      |          |      |      |          |      |
| lettuce     | reach in cooler    | 38   |      |          |      |      |          |      |
| tomato      | reach in cooler    | 38   |      |          |      |      |          |      |
| hot water   | 3 compartment sink | 136  |      |          |      |      |          |      |
|             |                    |      |      |          |      |      |          |      |
|             |                    |      |      |          |      |      |          |      |
|             |                    |      |      |          |      |      |          |      |
|             |                    |      |      |          |      |      |          |      |

## 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.

- 14 The dish machine's pressure gauge indicates that the proper PSI is not being reached. The flow pressure of the fresh hot water sanitizing rinse shall be within the range specified on the date plate.  
4-501.113 Mechanical Warewashing Equipment, Sanitization Pressure
  
- 45 The shelving in the reach in cooler is beginning to chip. Replace or repair. If repaired, use a paint approved for incidental food contact. There is a condensation leak in the reach in freezer. Evaluate and repair.
  
- 46 There is a leak underneath the spray nozzle sink and at the dish machine. Repair.



Person in Charge (Print & Sign): Kevin <sup>First</sup> Burns <sup>Last</sup>

*Kevin Burns*

Regulatory Authority (Print & Sign): Carla Day, REHSI <sup>First</sup> Scott Steed, REHS <sup>Last</sup>

*Carla Day REHSI Scott Steed REHS*

REHS ID: 1801 - Steed, Scott

Verification Required Date:   /  /  

REHS Contact Phone Number: (     )     -    



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- 48 Water pressure weakens when multiple faucets or the dish is running. Evaluate and repair to provide adequate water pressure at all points of use when all water using fixtures are in operation.
- 51 The women's restroom does not have a covered receptacle. A covered receptacle is required in restrooms used by females.  
5-501.17 Toilet Room Receptacle, Covered
- 52 The dumpster door was open and leaves, mud, and trash has collected on the dumpster pad. Maintain doors closed and keep the dumpster area clean.  
5-501.15 Outside Receptacles,  
5-501.111 Area, Enclosures and Receptacles, Good Repair
- 53 The walls and ceilings are damaged and need repair.



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✓  
Spell



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