Food Establishment Inspection Report

Establishment Name: CLAREBRIDGE Establishment ID: 3034160010

Date: Ø 1 / 28 / 2013 Status Code: A				
Time In: 10:000 am Time	e Out: <u> Ø 1</u> ∶ <u>Ø Ø ⊗</u> am			
Total Time: 3 hrs 0 minutes				
Category #: IV				
Establishment Type:				

Instructions:

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

 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

 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: 97.5

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

Public Health Interventions: Control measures to prevent foodborne illness or injury.								
Co	mpliance Statu	s	OUT	CDI	R	VR		
Su	pervision	.2652						
1	O & O	PIC Present; Demonstration-Certification by accredited program and perform duties	○ ⊗ 2 0	0	0	0		
En	ployee Health	.2652						
2	Ø ○ IN OUT	Management, employees knowledge; responsibilities & reporting	0 0 0 3 1.5 0	0	0	0		
3	Ø ○ IN OUT	Proper use of reporting, restriction & exclusion	O O O 3 1.5 0	0	0	0		
Go	od Hygienic F	Practices .2652, .2653						
4	⊗ ⊖ IN OUT	Proper eating, tasting, drinking, or tobacco use	$\begin{array}{cccc} \bigcirc \bigcirc \bigcirc \bigcirc \\ 2 & 1 & 0 \end{array}$	0	0	0		
5	⊗ ○ IN OUT	No discharge from eyes, nose, and mouth	0 0 0 1 0.5 0	0	0	0		
Pre	eventing Cont	amination by Hands .2652, .2653, .2655, .2656	5					
6	⊗ ○ IN OUT	Hands clean & properly washed		0	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	O O O 2 1 0	0	0	0		
Аp	proved Sourc	e .2653, .2655						
9	⊗ ○ IN OUT	Food obtained from approved source	0 0 0 2 1 0	0	0	0		
10	O O & IN OUT N/O	Food received at proper temperature	$\bigcirc\bigcirc\bigcirc\bigcirc$	0	0	0		
11	⊗ ○ IN OUT	Food in good condition, safe & unadulterated	$ \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc $ 2 1 0	0	0	0		
12	O O & O	Required records available: shellstock tags, parasite destruction	$\bigcirc \bigcirc \bigcirc$ \bigcirc \bigcirc \bigcirc 2 1 0	0	0	0		
Pro	otection from	Contamination .2653, .2654						
13	⊗ ○ ○ ○	Food separated & protected	000		0	0		
14	IN OUT N/A N/O	Food-contact surfaces: cleaned & sanitized	3 1.5 0	0	0	0		
15	IN OUT	Proper disposition of returned, previously served,	3 1.5 0	0	0	0		
Potentially Hazardous Food TIme/Temperature .2653								
16	O O O S	Proper cooking time & temperatures	0 0 0 3 1.5 0		0	0		
17	0 0 0 8 IN OUT N/A N/O	Proper reheating procedures for hot holding	0 0 0 3 1.5 0	0	0	0		
18	⊗ ○ ○ ○ ○ IN OUT N/A N/O	Proper cooling time & temperatures	000	0	0	0		
19	⊗ ○ ○ ○ IN OUT N/A N/O	Proper hot holding temperatures	3 1.5 0 O O O 3 1.5 0	0	0	0		
20	⊗ ○ ○ ○ IN OUT N/A N/O	Proper cold holding temperatures	3 1.5 0 3 1.5 0	0	0	0		
21	⊗ ○ ○ ○ ○ IN OUT N/A N/O	Proper date marking & disposition	3 1.5 0 3 1.5 0	0	0	0		
22	O O O S	Time as a public health control: procedures & records	000	0	0	0		
Consumer Advisory .2653								
23	O O &	Consumer advisory provided for raw or undercooked foods	000	0	0	0		
Hic		ole Populations .2653						
24	⊗ ○ ○ IN OUT N/A	Pasteurized foods used; prohibited foods not offered	○ ○ ○ 3 1.5 0	0	0	0		
Chemical .2653, .2657								
25	⊗ ○ ○ 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	Conformance with Approved Procedures .2653, .2654, .2658							
27	O O &	Compliance with variance, specialized process, reduced oxygen packing criteria or HACCP plan	$\bigcirc\bigcirc\bigcirc\bigcirc$	0	0	0		

Food Establishment Inspection Report, continued

Establishment Name: CLAREBRIDGE Establishment ID: 3034160010

Instru	ictions	, contin	uea:

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:

Person in Charge (Print)

1 7

Person in Charge (Signature)

Regulatory Authority (Print)

Regulatory Authority (Signature)

Contact Number: (336) 703-3128

Verification Required Date: ___/__/__

REHS ID: 944 - Sizemore, Clark

No. of Risk Factor/ Intervention Violations: 2 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 .2653, .2655, .2658 Safe Food and Water ○ ○ ○ 1 0.5 0 OUT 0 28 Pasteurized eggs used where required \circ 0 O O O 0 0 0 29 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 O O S Plant food properly cooked for hot holding 0 0 0 1 0.5 0 32 0 0 0 0 0 0 1 0.5 0 0 😵 \circ Approved thawing methods used 0 0 IN OUT N/A N/O 0 0 **8** 1 0.5 0 ⊗ OUT 0 0 0 34 Thermometers provided & accurate **Food Identification** .2653 OUT Food properly labeled: original container 0 0 35 0 Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657 OUT 0 0 Insects & rodents not present; no unauthorized animals 0 0 0 36 O 8 Contamination prevented during food preparation, 37 0 0 \bigcirc OUT storage & display OUT O O O 38 Personal cleanliness 0 0 0 ⊗ IN OUT 0 0 0 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 0 0 0 1 0.5 0 ⊗ IN OUT 0 0 41 In-use utensils: properly stored 000Utensils, equipment & linens: properly stored, dried & handled 0 0 0 42 OUT 1 0.5 0 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 ⊗ OUT ○ ○ **⊗** 2 1 0 Equipment, food & non-food contact surfaces approved, 45 0 \bigcirc cleanable, properly designed, constructed, & used OIN ⊗ OUT 0 0 **8** 1 0.5 0 Warewashing facilities: installed, maintained, & used; 46 0 0 test strips ⊗ OUT ○ **⊗** ○ 1 0.5 0 0 0 0 47 Non-food contact surfaces clean **Facilities Physical** .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 OUT 50 0 0 0 Sewage & waste water properly disposed 1 0 ⊗ IN 0 0 0 1 0.5 0 OUT 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 ⊗ IN OUT 0 0 0 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	Addend	lum to	Food	Establ	ishmen	t Inspec	tion Repor	t
Es	Establishment Name: CLAREBRIDGE				Establishment ID: 3034160010			Date: 01/28/2013		
	Location Address: 275 S PEACEHAVEN RD							Status Code	ə:	
	City: WINSTON SALEM State: NC							Category #:	. IV	
		34 Forsyth	·): 27104					Email 1:	
	Wastewater System: ⊗ Municipal/Community ○ On-Site System Water Supply: ⊗ Municipal/Community ○ On-Site System					Email 2:				
		e: BROOKDALE SI		., 0 0.10					Email 3:	
_	Telepho	ne:								
				Ten	nperature	e Observa	ations			
Ite ho	m ot water	Location faucet	Temp 150	Item	Loca	ion	Temp	Item	Location	Temp
W	ater	sink vat	107							
po	ork	3 door	42							
ra	iw	3 door	41							
cc	ooked pot	3 door	42							
cł	neese	3 door	39							
rir —	nse water	dish machine	166							
		Violations cited in this r	eport must be	corrected w	ithin the time	frames below		n sections 8-40		
1		-14 the person in ch n will be taken.2-102		chen at tr	ne time of t	ne inspectio	n must have	a food trainin	g certification, or a	i two point
14	cabinets	arge and small, had a and on the clean lar eeds to be cleaned	nding area of	the dish n	nachine. Ne					
34	Glass dia	al on food thermome	eter cracked; r	eplace as	s soon as p	ossible. 4-50	02.11(B)			
37	Need to	seal box of potato pe	earls after ope	ening. 3-3	07.11					

	Comment Addendum to Food Establi	shment Inspection Report				
E	Establishment Name: CLAREBRIDGE Establishment ID: 3034160010					
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	Observations and Corrective Violations cited in this report must be corrected within the time frames below					
45	Need to fix cover on oven that shields the gas lines at the front of the oven	. 4-201.11				
46	The wash vat of the three compartment sink must be 110F, was 107F today	ay. 4-501.19				
47	Need to clean the following, side of three door refrigerator next to scrap sir	nk, oven, doors of three door, handles of three door, in				
	side of three door, inside of two door freezer, microwave, and drawers use	d to store utensils.4-601.11,4-602.13				
53	Need wall cleaning in the dish washing area. Need floor cleaning at baseboare	oards. 6-501.12				

Comment Addendum to Food Establishment Inspection Report

Establishment Name: CLAREBRIDGE Establishment ID: 3034160010

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.





Comment Addendum to Food Establishment Inspection Report

Establishment Name: CLAREBRIDGE Establishment ID: 3034160010

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.



