Food Establishment Inspection Report

| Establishment | Name: BISCUITVILLE | 162 |
|---------------|--------------------|-----|
| | | |

| | Location Address: 3547 REYNOLDA RD | | | | | | | | | | |
|----|---|------------|------|-------|---|--------|------------|------|-------|-----|----------|
| | City: WINSTON SALEM State: North Carolina | | | | | | | | | | |
| | Zip: 27106 County: 34 Forsyth | | | | | | | | | | |
| | Permittee: BISCUITVILLE INC | | | | | | | | | | |
| | Т | ele | ph | or | ne: <u>(</u> 336) 924-0049 | | | | | | |
| | | \otimes | In | nsp | ection O Re-Inspection O I | Ec | luc | at | iona | l V | sit |
| | Wastewater System: | | | | | | | | | | |
| | | Ø | M | lun | icipal/Community O On-Site System | | | | | | |
| | V | Vat | er | Sι | ipply: | | | | | | |
| | | Ø | M | lun | icipal/Community On-Site Supply | | | | | | |
| | Fc | od | bo | rne | e Illness Risk Factors and Public Health Ir | ٦te | erv | er | ntion | s | |
| | Ris | k fa | ctor | rs: (| Contributing factors that increase the chance of developing foo | db | orne | illi | ness. | | |
| | Pul | blic | Hea | lth | Interventions: Control measures to prevent foodborne illness | or | inju | ry | | | |
| C | o | mp | lia | nc | e Status | (| OUT | Г | CDI | R | VR |
| S | upe | ervis | ion | | .2652 | _ | | | | | |
| 1 | X | оит | N/A | | PIC Present, demonstrates knowledge, & performs duties | 1 | | 0 | | | |
| 2 | X | оит | N/A | | Certified Food Protection Manager | 1 | | 0 | | | |
| - | mp | loye | e H | ealt | h .2652 | - | | | | | |
| 3 | Ň | олт | | | Management, food & conditional employee; | 2 | 1 | 0 | | | |
| 4 | Ľ. | оит | | | knowledge, responsibilities & reporting Proper use of reporting, restriction & exclusion | 3 | 1.5 | 0 | | | \vdash |
| 5 | | оит | | | Procedures for responding to vomiting & diarrheal events | 1 | 0.5 | 0 | | | |
| G | 000 | d Hy | gieı | nic I | Practices .2652, .2653 | _ | | | | | |
| | | OUT | | | Proper eating, tasting, drinking or tobacco use | 1 | 0.5 | | | | |
| 7 | | OUT | | | No discharge from eyes, nose, and mouth | 1 | 0.5 | 0 | | | Щ |
| 8 | _ | OUT | ig c | 20m | tamination by Hands .2652, .2653, .2655, .265 Hands clean & properly washed | ь 4 | 2 | 0 | | | |
| 9 | | оит | N/Δ | N/O | No bare hand contact with RTE foods or pre- | 4 | 2 | 0 | | | |
| | | оот | | | approved alternate procedure properly followed Handwashing sinks supplied & accessible | * 2 | 1 | 0 | | | \vdash |
| | | ove | | | · · · · | - | 1 | 0 | | | |
| | | OUT | | | Food obtained from approved source | 2 | 1 | 0 | | | |
| | - | OUT | | ≫⁄ | Food received at proper temperature Food in good condition, safe & unadulterated | 2 | 1 | 0 | | | |
| | <u> </u> | оит | | | Required records available: shellstock tags, | 2 | | 0 | | | \vdash |
| | | ουτ | | | parasite destruction | 2 | 1 | 0 | | | |
| | _ | | | _ | Contamination .2653, .2654 | 1. | | | | | |
| | | OUT | N/A | N/O | Food separated & protected Food-contact surfaces: cleaned & sanitized | - | 1.5 1.5 | _ | | | |
| | | оит | | | Proper disposition of returned, previously served, | 2 | 1 | 0 | | | |
| | | | | | reconditioned & unsafe food | Ĺ | 1 | Ĺ | | | |
| | | OUT | | | | 3 | 1.5 | 0 | | | |
| _ | _ | ουτ | | | | 3 | 1.5 | | | | |
| | | OUT OUT | | | | 3 3 | 1.5 1.5 | - | | | |
| | | OUT | | | | 3 | 1.5 | | | | |
| | | ουτ | | | Proper date marking & disposition | 3 | 1.5 | - | | | |
| 24 | IN | оит | r}∕A | N/O | Time as a Public Health Control; procedures & records | 3 | 1.5 | 0 | | | |
| С | ons | sume | er A | dvi | sory .2653 | | | | | | |
| 25 | IN | оит | NXA | | Consumer advisory provided for raw/ undercooked foods | 1 | 0.5 | 0 | | | |
| Н | igh | ly Sı | isc | epti | ble Populations .2653 | _ | | _ | | | |
| 26 | IN | оит | ¢₩ | | Pasteurized foods used; prohibited foods not offered | 3 | 1.5 | 0 | | | |
| С | her | nica | 1 | _ | .2653, .2657 | | | _ | · I | | |
| | | OUT | | | Food additives: approved & properly used | 1 | 0.5 | | | | |
| | | OUT | | | Toxic substances properly identified stored & used ith Approved Procedures .2653, .2654, .2658 | 2 | 1 | 0 | | | |
| | | OUT | | | Compliance with variance, specialized process, | 2 | 1 | 0 | | _ | |
| | | - | | | reduced oxygen packaging criteria or HACCP plan | | 1 | | | | |

nt of Health & Human Services • Division of Public Health • Environmental Health Section • Food Protection Program DHHS is an equal opportunity employer. Page 1 of _____Food Establishment Inspection Report, 12/2023

EDUCTIONS: 1

| Date:06/09/2025 | Status Code: A |
|-----------------------|-------------------------|
| Time In: 10:00 AM | Time Out:12:50 PM |
| Category#: II | |
| FDA Establishment Typ | e: Fast Food Restaurant |
| | |
| | |

No. of Repeat Risk Factor/Intervention Violations: 0

| | G | ood | Reta | ail P | Good Retail Practices ractices: Preventative measures to control the addition of pa and physical objects into foods. | tho | gens | , cł | nemica | als, | |
|----------|--|---------------|-------|---------------|--|-----|-------------|--------|--------|------------------|----|
| С | or | npl | iar | ice | Status | | OUT | Г | CDI | R | VR |
| Sa | afe | Food | d an | d Wa | ater .2653, .2655, .2658 | | | | | | |
| 30 | IN | оит | ¢¥A | | Pasteurized eggs used where required | 1 | 0.5 | 0 | | | |
| 31 | X | оит | | | Water and ice from approved source | 2 | 1 | 0 | | | |
| 32 | IN | оυт | ¢¥^ | | Variance obtained for specialized processing methods | 2 | 1 | 0 | | | |
| F | ood | Ten | nper | atur | e Control .2653, .2654 | | | | | | |
| 33 | X | оит | | | Proper cooling methods used; adequate equipment for temperature control | 1 | 0.5 | 0 | | | |
| 34 | | ουτ | | | Plant food properly cooked for hot holding | 1 | 0.5 | 0 | | | |
| — | | OUT | N/A | N X ∕0 | Approved thawing methods used | 1 | 0.5 | 0 | | | |
| i — ' | | о 0 т | | | Thermometers provided & accurate | 1 | 0.5 | 0 | | | |
| | | Ider | _ | catio | | 10 | 1 | LC. | | | |
| i— | | OUT | | | Food properly labeled: original container | 2 | 1 | 0 | | | |
| PI | reve | entic | on of | Foo | od Contamination .2652, .2653, .2654, .2656, .26 | 57 | | _ | | | |
| 38 | M | оит | | | Insects & rodents not present; no unauthorized animals | 2 | 1 | 0 | | | |
| | | оит | | | Contamination prevented during food preparation, storage & display | 2 | 1 | 0 | | | |
| 40 41 | <u> </u> | OUT | | | Personal cleanliness Wiping cloths: properly used & stored | 1 | 0.5 | 0 | | | |
| | | | | | | 1 | 0.5 0.5 | 0 0 | | | |
| <u> </u> | 42 Mashing fruits & vegetables Proper Use of Utensils .2653, .2654 | | | | | | | 0 | | | |
| | • | | se o | TUte | | | 0.5 | | [| | |
| 43 | 3 X OUT In-use utensils: properly stored | | 1 | 0.5 | 0 | | | | | | |
| 44 | × | оит | | | Utensils, equipment & linens: properly stored, dried & handled | 1 | 0.5 | 0 | | | |
| I | | оит | | | Single-use & single-service articles: properly stored & used | 1 | 0.5 | | | | |
| <u> </u> | | OUT | | | Gloves used properly | 1 | 0.5 | 0 | | | |
| U | ten | sils a | and | Equ | ipment .2653, .2654, .2663 | _ | | - | | | |
| 47 | IN | % ™ | | | Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed & used | 1 | ð%5 | 0 | | | |
| 48 | ~ | оит | | | Warewashing facilities: installed, maintained & used; test strips | 1 | 0.5 | | | | |
| 49 | IN | о)(т | | | Non-food contact surfaces clean | 1 | % \$ | 0 | | Х | |
| | - | ical | | litie | s .2654, .2655, .2656 | | | | | | |
| 50 | M | OUT | N/A | | Hot & cold water available; adequate pressure | 1 | 0.5 | 0 | | | |
| | | оит оит | | | Plumbing installed; proper backflow devices Sewage & wastewater properly disposed | 2 | 1 | 0 | | \square | |
| | | оот | | | Toilet facilities: properly constructed, supplied & cleaned | 1 | 1 0.5 | 0 0 | | $\left \right $ | |
| 54 | M | оит | | | Garbage & refuse properly disposed; facilities maintained | 1 | 0.5 | 0 | | | |
| 55 | IN | о) (т | | | Physical facilities installed, maintained & clean | 1 | 0.5 | X | | | |
| 56 | M | оит | | | Meets ventilation & lighting requirements; designated areas used 1 0.5 0 | | | | | | |
| | | | | | TOTAL DEDUCTIONS: | 1 | | | | | |

Comment Addendum to Food Establishment Inspection Report

| Establishment Name: BISCUITVILLE 1 | 62 | Establishment ID: 3034010928 | | | | |
|---|------------|--------------------------------|--|--|--|--|
| Location Address: <u>3547 REYNOLDA F</u> City: WINSTON SALEM | RDState:NC | ⊠Inspection | Date: <u>06/09/2025</u> Status Code: ^A | | | |
| County: <u>34 Forsyth</u> Zip: 27106 | | Comment Addendum Attached? | Category #: II | | | |
| Wastewater System: X Municipal/Community Water Supply: X Municipal/Community | | Email 1:bv162@biscuitville.com | | | | |
| Permittee: BISCUITVILLE INC | | Email 2: | | | | |
| Telephone: <u>(336)</u> 924-0049 | | Email 3: | | | | |

| Temperature Observations | | | | | |
|--|-----------------------|-------------------------------|-----------|---------------------|----------------|
| Item/Location | Temp | Item/Location | Temp | Item/Location | Temp |
| hot water /three compartment sink 130 guat sanitizer /three compartment sink in | | lettuce /make unit | 40 | | |
| ppm | 200 | sliced tomatoes /make unit | 37 | | |
| turkey sausage/final cook | 175 | | | | |
| potato wedges /final cook | 190 | | | | |
| chicken fillet /make line | 148 | | | | |
| spicy chicken fillet /make line | 150 | | | | |
| scrambled egg /make line | 148 | | | | |
| fried egg /make line | 145 | | | | |
| potato wedges/make line | 160 | | | | |
| hashbrowns /make line | 148 | | | | |
| gravy /make line | 150 | | | | |
| sausage /make line | 155 | | | | |
| grits /hot holding | 150 | | | | |
| hashbrowm casserole /walk-in cooler | 37 | | | | |
| buttermilk/walk-in cooler | 36 | | | | |
| air temp/walk-in cooler | 36 | | | | |
| air temp/biscuit making refrigerator | 36 | | | | |
| air temp/drive thru pull unit | 35 | | | | |
| air temp/2 door pull unit | 35 | | | | |
| shredded cheese /make unit | 40 | | | | |
| Person in Charge (Print & Sign): | <i>First</i> Pam | <i>Last</i> Cornelissen | | Part | |
| Regulatory Authority (Print & Sign): | <i>First</i> Craig | <i>Last</i> Bethel | | Cij Bert | |
| REHS ID:1766 - Bethel, Craig | | Verification Dates: Priority: | F | riority Foundation: | Core: |
| REHS Contact Phone Number: (336) 703-3143 Authorize final report to be received via Email: | | | | | |
| North Carolina Department of | | n Services | employer. | | ection Program |

Establishment Name: BISCUITVILLE 162

Establishment ID: 3034010928

Date: 06/09/2025 Time In: 10:00 AM Time Out: 12:50 PM

| | | Certifications | | |
|--|---|-----------------------------|------------|---|
| Name | Certificate # | Туре | Issue Date | Expiration Date |
| Pamela Cornelissen | 24144850 | Food Service | 06/20/2023 | 06/20/2028 |
| Violations cited in | Observati this report must be corrected w | ons and Corrective | | 405.11 of the food code. |
| Micro-switch on the dri EQUIPMENT component | and Proper Adjustment - E ive thru ice bin is not workin ents such as doors, seals, l facturer's specifications. | ng properly. Drinks still c | • | the ice bin lid open. t intact, tight, and adjusted in |
| | needed on in the insides an | | • | to preclude accumulation of soi |
| Additional cleaning is i | equency and Restrictions-C needed under and behind e | equipment and shelving u | inits. | |

Remove ice that is collecting on the floor in the walk-in freezer.

Physical facilities be cleaned as often as necessary to keep them clean.