

Food Establishment Inspection Report

Score: 100

Establishment Name: FRIEDLAND MORAVIAN CHURCH

Establishment ID: 3034011737

Location Address: 2750 FRIEDLAND MORAVIAN CHURCH RD

Inspection Re-Inspection

City: WINSTON SALEM State: NC

Date: 09/10/2021 Status Code: A

Zip: 27107 County: 34 Forsyth

Time In: 10:20 AM Time Out: 11:45 AM

Permittee: FRIEDLAND MORAVIAN CHURCH

Total Time: 1 hrs 25 min

Telephone: (336) 788-2652

Category #: IV

Wastewater System: Municipal/Community On-Site System

FDA Establishment Type: Full-Service Restaurant

Water Supply: Municipal/Community On-Site Supply

No. of Risk Factor/Intervention Violations: 0

No. of Repeat Risk Factor/Intervention Violations: 0

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

| 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/C | Compliance Status | OUT | CDI R VR |
| Safe Food and Water .2653, .2655, .2658 | | | | | | |
| 28 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Pasteurized eggs used where required | 1 | 0 3 0 0 0 0 |
| 29 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Water and ice from approved source | 2 | 1 0 0 0 0 0 |
| 30 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Variance obtained for specialized processing methods | 1 | 0 3 0 0 0 0 |
| Food Temperature Control .2653, .2654 | | | | | | |
| 31 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Proper cooling methods used; adequate equipment for temperature control | 1 | 0 3 0 0 0 0 |
| 32 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Plant food properly cooked for hot holding | 1 | 0 3 0 0 0 0 |
| 33 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Approved thawing methods used | 1 | 0 3 0 0 0 0 |
| 34 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Thermometers provided & accurate | 1 | 0 3 0 0 0 0 |
| Food Identification .2653 | | | | | | |
| 35 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Food properly labeled: original container | 2 | 1 0 0 0 0 0 |
| Prevention of Food Contamination .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 0 0 0 0 |
| 37 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Contamination prevented during food preparation, storage & display | 2 | 1 0 0 0 0 0 |
| 38 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Personal cleanliness | 1 | 0 3 0 0 0 0 |
| 39 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Wiping cloths: properly used & stored | 1 | 0 3 0 0 0 0 |
| 40 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Washing fruits & vegetables | 1 | 0 3 0 0 0 0 |
| Proper Use of Utensils .2653, .2654 | | | | | | |
| 41 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | In-use utensils: properly stored | 1 | 0 3 0 0 0 0 |
| 42 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Utensils, equipment & linens: properly stored, dried & handled | 1 | 0 3 0 0 0 0 |
| 43 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Single-use & single-service articles: properly stored & used | 1 | 0 3 0 0 0 0 |
| 44 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Gloves used properly | 1 | 0 3 0 0 0 0 |
| Utensils and Equipment .2653, .2654, .2663 | | | | | | |
| 45 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed, & used | 2 | 1 0 0 0 0 0 |
| 46 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Warewashing facilities: installed, maintained, & used; test strips | 1 | 0 3 0 0 0 0 |
| 47 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Non-food contact surfaces clean | 1 | 0 3 0 0 0 0 |
| Physical Facilities .2654, .2655, .2656 | | | | | | |
| 48 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hot & cold water available; adequate pressure | 2 | 1 0 0 0 0 0 |
| 49 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Plumbing installed; proper backflow devices | 2 | 1 0 0 0 0 0 |
| 50 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sewage & waste water properly disposed | 2 | 1 0 0 0 0 0 |
| 51 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Toilet facilities: properly constructed, supplied & cleaned | 1 | 0 3 0 0 0 0 |
| 52 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Garbage & refuse properly disposed; facilities maintained | 1 | 0 3 0 0 0 0 |
| 53 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Physical facilities installed, maintained & clean | 1 | 0 3 0 0 0 0 |
| 54 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Meets ventilation & lighting requirements; designated areas used | 1 | 0 3 0 0 0 0 |
| Total Deductions: | | | | | 0 | |



North Carolina Department of Health & Human Services

Division of Public Health • Environmental Health Section

Food Protection Program



Comment Addendum to Food Establishment Inspection Report

Establishment Name: FRIEDLAND MORAVIAN CHURCH .
 Location Address: 2750 FRIEDLAND MORAVIAN CHURCH RD
 City: WINSTON SALEM State: NC
 County: 34 Forsyth Zip: 27107
 Wastewater System: Municipal/Community On-Site System
 Water Supply: Municipal/Community On-Site System
 Permittee: FRIEDLAND MORAVIAN CHURCH
 Telephone: (336) 788-2652

Establishment ID: 3034011737
 Inspection Re-Inspection Date: 09/10/2021
 Comment Addendum Attached? Status Code: A
 Water sample taken? Yes No Category #: IV
 Email 1: office@friedlandmoravian.org
 Email 2:
 Email 3:

Temperature Observations

Effective January 1, 2019 Cold Holding is now 41 degrees or less

| Item | Location | Temp | Item | Location | Temp | Item | Location | Temp |
|-----------------|-----------------------|-------|------|----------|------|------|----------|------|
| Leaann Haynes | 11/20/22 | 0.0 | | | | | | |
| Hot water | three comp sink | 127.0 | | | | | | |
| hot plate temp | dish machine | 161.5 | | | | | | |
| sanitizer (qac) | three comp sink (ppm) | 200.0 | | | | | | |
| sanitizer (cl) | spray bottle (ppm) | 50.0 | | | | | | |
| air temp | upright fridge | 38.0 | | | | | | |
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Person in Charge (Print & Sign): Leaann Haynes
 Regulatory Authority (Print & Sign): Joseph Chrobak

REHS ID: 2450 - Chrobak, Joseph Verification Required Date: _____

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.

- | | |
|----|--|
| 53 | 6-201.11 Floors, Walls and Ceilings-Cleanability - C Tear in wall over electrical box in utensil washing area. Physical facilities shall be kept in good repair. Repair damaged wall. // |
| | 6-501.12 Cleaning, Frequency and Restrictions - C Light staining on wall by window. Physical facilities shall be kept clean. Clean walls with stains. 0 pts |