

Food Establishment Inspection Report

Score: 90.5

Establishment Name: ZAXBY'S 51901

Establishment ID: 3034012394

Location Address: 3840 OXFORD STATION WAY

Inspection Re-Inspection

City: WINSTON SALEM

State: NC

Date: 10/21/2020

Status Code: A

Zip: 27103

County: 34 Forsyth

Time In: 10:40 AM

Time Out: 12:50 PM

Permittee: WSNC-4, LLC

Total Time: 2 hrs 10 min

Telephone: (336) 659-1268

Category #: III

Wastewater System: Municipal/Community On-Site System

FDA Establishment Type: Fast Food Restaurant

Water Supply: Municipal/Community On-Site Supply

No. of Risk Factor/Intervention Violations: 2

No. of Repeat Risk Factor/Intervention Violations: 1

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

Good Retail Practices						
Good Retail Practices: Preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.						
IN	OUT	N/A	NO	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
29	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source		2
30	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Variance obtained for specialized processing methods		1
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
32	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding		1
33	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Approved thawing methods used		1
34	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided & accurate		1
Food Identification .2653						
35	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled: original container		2
Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657						
36	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Insects & rodents not present; no unauthorized animals		2
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display		2
38	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness		1
39	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used & stored		1
40	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits & vegetables		1
Proper Use of Utensils .2653, .2654						
41	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored		1
42	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Utensils, equipment & linens: properly stored, dried & handled		3
43	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Single-use & single-service articles: properly stored & used		1
44	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly		1
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
46	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained, & used; test strips		1
47	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean		3
Physical Facilities .2654, .2655, .2656						
48	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot & cold water available; adequate pressure		2
49	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices		2
50	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage & waste water properly disposed		2
51	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied & cleaned		1
52	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Garbage & refuse properly disposed; facilities maintained		1
53	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained & clean		3
54	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Meets ventilation & lighting requirements; designated areas used		1
Total Deductions:						9.5



Comment Addendum to Food Establishment Inspection Report

Establishment Name: ZAXBY'S 51901
Location Address: 3840 OXFORD STATION WAY
City: WINSTON SALEM **State:** NC
County: 34 Forsyth **Zip:** 27103
Wastewater System: Municipal/Community On-Site System
Water Supply: Municipal/Community On-Site System
Permittee: WSNC-4,LLC
Telephone: (336) 659-1268

Establishment ID: 3034012394
 Inspection Re-Inspection **Date:** 10/21/2020
Comment Addendum Attached? **Status Code:** A
Water sample taken? Yes No **Category #:** III
Email 1: winstonsalem51901@zaxbys.com
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
Chicken Fingers	final cook	212	Boneless Wings	hot holding	166			
Lettuce	serving line	40	Wings	hot holding	164			
Tomatoes	serving line	40	Tomatoes	upright cooler	36			
Chicken Fillets	serving line	143	Lettuce	walk-in cooler	39			
Fries	serving line	160	Hot Water	4-compartment sink	131			
Lettuce	serving line	41	Quat Sani	4-compartment sink	300			
Tomatoes	serving line	39	Serv Safe	Khaliyah Ingram 9-19-23	000.0			
Grilled Fillets	serving line	165						

Person in Charge (Print & Sign): *First* Khaliyah *Last* Ingram
Regulatory Authority (Print & Sign): *First* Victoria *Last* Murphy

Khaliyah Ingram

Victoria Murphy

REHS ID: 2795 - Murphy, Victoria

Verification Required Date:

REHS Contact Phone Number: (336) 703-3814



North Carolina Department of Health & Human Services

• Division of Public Health • Environmental Health Section

• Food Protection Program



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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.

- 6 2-301.14 When to Wash - P: An employee was observed touching the trash can and proceeded to touching cleaning lids to places on prepped items/An employee was observed touching mask without changing gloves and washing hands. Food employees shall clean their hands and exposed portions of their arms immediately before engaging in food preparation including working with exposed food, clean equipment, and utensils and unwrapped single service and single-use articles and engaging in activities that contaminate hands. CDI: Employees placed soiled equipment in warewashing area, changed gloves, and washed hands before returning to task/Employee was educated on the importance of changing gloves and washing hands after touching mask. Employee discarded gloves and washed hands before donning new gloves and washing hands.
- 14 4-601.11 (A) Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils-REPEAT - P: Twelve pans were stored soiled in the clean dish area. Food-contact surfaces shall be clean to sight and touch. CDI: All items were placed in the warewashing area to be cleaned.
- 36 6-501.111 Controlling Pests - C: A fly was observed in the kitchen area./Roaches were observed throughout the establishment. The premises shall be maintained free of insects, rodents, and other pest. The presence of insects, rodents, and other pests shall be controlled to eliminate their presence of the premises.
- 42 4-901.11 Equipment and Utensils, Air-Drying Required -REPEAT- C: Several pans were stacked wet in the clean dish area. After cleaning and sanitizing, equipment and utensils shall be air-dried.//4-903.11 (A), (B) and (D) Equipment, Utensils, Linens and Single-Service and Single-Use Articles-Storing-REPEAT - C: Clean dishes are being stored on soiled shelving. Cleaned equipment and utensils shall be stored in a clean, dry location.
- 43 4-903.11 (A) and (C) Equipment, Utensils, Linens and Single-Service and Single-Use Articles-Storing -REPEAT- C: Single-service items are being stored on soiled trays on the dry storage shelf. Single-service items and single-use articles shall be stored in a clean, dry location.
- 47 4-602.13 Nonfood Contact Surfaces -REPEAT- C: Thorough cleaning is needed to/on the following: dry storage shelves, inside upright cooler, walls behind fryers, inside upright freezer, inside hot holding cabinet, fan covers and ceilings in walk-in cooler, speed rack in walk-in cooler, outside of walk-in cooler and freezer, and overhead shelving. Nonfood-contact surfaces of equipment shall be kept free of an accumulation of dust, dirt, food residue, and other debris.
- 53 6-501.12 Cleaning, Frequency and Restrictions -REPEAT- C: Thorough cleaning is needed on floors under equipment, floors in the walk-in cooler, floors in the walk-in freezer, and walls throughout the facility. Physical facilities shall be cleaned as often as necessary to keep them clean.
- 54 6-303.11 Intensity-Lighting - C: Light measured low in the following areas: (men's restroom) sink (19 ft candles), stall (15 ft candles), urinal (12 ft candles) and (women's restroom) stall 1 (19 ft candles) and stall 2 (17 ft candles). Lighting shall be 20 ft candles at hand washing sinks and plumbing fixtures. *lights were replaced but still didn't meet the correct range*