

# Food Establishment Inspection Report

Score: 99.5

Establishment Name: AU BON PAIN  
 Location Address: ONE MEDICAL CENTER BLVD ARDMORE TOWER  
MAIN FLOOR  
 City: WINSTON SALEM State: NC  
 Zip: 27157 County: 34 Forsyth  
 Permittee: ABP OPCO LLC  
 Telephone: (469) 917-3800  
 Wastewater System:  Municipal/Community  On-Site System  
 Water Supply:  Municipal/Community  On-Site Supply

Establishment ID: 3034020876

Inspection  Re-Inspection  
 Date: 07/22/2021 Status Code: U  
 Time In: 11:10 AM Time Out: 1:25 PM  
 Total Time: 2 hrs 15 min  
 Category #: IV  
 FDA Establishment Type: \_\_\_\_\_  
 No. of Risk Factor/Intervention Violations: 1  
 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	
<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			
<b>Employee Health</b> .2652									
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, employees knowledge; responsibilities & reporting	3	13	0		
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of reporting, restriction & exclusion	3	13	0		
<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		
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose or mouth	1	03	0		
<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		
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	13	0		
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Handwashing sinks supplied & accessible	2	1	0		
<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		
10	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food received at proper temperature	2	1	0		
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe & unadulterated	2	1	0		
12	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Required records available: shellstock tags, parasite destruction	2	1	0		
<b>Protection from Contamination</b> .2653, .2654									
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated & protected	3	13	0		
14	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized	3	13	0		
15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper disposition of returned, previously Served, reconditioned, & unsafe food	2	1	0		
<b>Potentially Hazardous Food Time/Temperature</b> .2653									
16	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooking time & temperatures	3	13	0		
17	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper reheating procedures for hot holding	3	13	0		
18	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooling time & temperatures	3	13	0		
19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures	3	13	0		
20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures	3	13	0		
21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking & disposition	3	13	0		
22	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Time as a public health control: procedures & records	2	1	0		
<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	03	0		
<b>Highly Susceptible Populations</b> .2653									
24	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pasteurized foods used; prohibited foods not offered	3	13	0		
<b>Chemical</b> .2653, .2657									
25	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food additives: approved & properly used	1	03	0		
26	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified stored, & used	2	1	0		
<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		

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	
<b>Safe Food and Water</b> .2653, .2655, .2658									
28	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pasteurized eggs used where required	1	03	0		
29	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source	2	1	0		
30	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Variance obtained for specialized processing methods	1	03	0		
<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	03	0		
32	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Plant food properly cooked for hot holding	1	03	0		
33	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used	1	03	0		
34	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided & accurate	1	03	0		
<b>Food Identification</b> .2653									
35	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled: original container	2	1	0		
<b>Prevention of Food Contamination</b> .2652, .2653, .2654, .2656, .2657									
36	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Insects & rodents not present; no unauthorized animals	2	1	0		
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display	2	1	0		
38	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	1	03	0		
39	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used & stored	1	03	0		
40	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits & vegetables	1	03	0		
<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	03	0		
42	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils, equipment & linens: properly stored, dried & handled	1	03	0		
43	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Single-use & single-service articles: properly stored & used	1	03	0		
44	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly	1	03	0		
<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	1	0		
46	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained, & used; test strips	1	03	0		
47	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean	1	03	0		
<b>Physical Facilities</b> .2654, .2655, .2656									
48	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot & cold water available; adequate pressure	2	1	0		
49	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices	2	1	0		
50	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage & waste water properly disposed	2	1	0		
51	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied & cleaned	1	03	0		
52	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Garbage & refuse properly disposed; facilities maintained	1	03	0		
53	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained & clean	1	03	0		
54	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Meets ventilation & lighting requirements; designated areas used	1	03	0		
Total Deductions:					0.5				



# Comment Addendum to Food Establishment Inspection Report

**Establishment Name:** AU BON PAIN  
**Location Address:** ONE MEDICAL CENTER BLVD ARDMORE  
~~TOWER MAIN FLOOR~~  
**City:** WINSTON SALEM **State:** NC  
**County:** 34 Forsyth **Zip:** 27157  
**Wastewater System:**  Municipal/Community  On-Site System  
**Water Supply:**  Municipal/Community  On-Site System  
**Permittee:** ABP OPCO LLC  
**Telephone:** (469) 917-3800



**Establishment ID:** 3034020876  
 Inspection  Re-Inspection **Date:** 07/22/2021  
**Comment Addendum Attached?**  **Status Code:** U  
**Water sample taken?**  Yes  No **Category #:** IV  
**Email 1:** sean\_blankenship@aubonpain.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
blue cheese	display case	40.0						
feta cheese	display case	39.0						
corn	display case	40.0						
egg whites	make unit 1	39.0						
ambient	milk cooler	36.0						
tomatoes	make unit 2	40.0						
chicken salad	make unit 2	40.0						
lettuce	make unit 2	39.0						
ambient	smoothie cooler	37.0						
chicken noodle soup	hot holding	144.0						
broc/cheddar soup	hot holding	145.0						
mac n cheese	hot holding	177.0						
ambinet	salad cooler	37.0						
honeydew	walk in cooler	37.0						
ambient	walk in cooler	40.0						
chicken	walk in cooler	41.0						
sanitizer sink and surface	three comp sink	700.0						
sanitizer sink and surface	sani bucket	700.0						
hot water	three comp sink	130.0						
ServSafe	William B. 6/11/26	0.0						

**Person in Charge (Print & Sign):** William *Blankenship*  
**Regulatory Authority (Print & Sign):** Shannon *Maloney*

**REHS ID:** 2826 - Maloney, Shannon **Verification Required Date:**

**REHS Contact Phone Number:** (336) 703-3382



North Carolina Department of Health & Human Services

• Division of Public Health • Environmental Health Section  
 DHHS is an equal opportunity employer.

• 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.

- 14 4-601.11 (A) Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils - (P)- one dicer soiled with food residue. Equipment, food contact surfaces and utensils shall be clean to sight and touch. CDI- item was sent back to be rewashed.
  
- 36 6-501.111 Controlling Pests - Several flies located in kiosk back prep room. The premises shall be maintained free of insects, rodents, and other pests.
  
- 38 2-402.11 Effectiveness-Hair Restraints - three employees were not wearing hair restraints while handling food. Food employees shall wear hair restraints such as hats, hair coverings or nets, beard restraints, and clothing that covers body hair, that are designed and worn to effectively keep their hair from contacting exposed food; clean equipment, utensils, and unwrapped single use articles.
  
- 45 4-501.11 Good Repair and Proper Adjustment-Equipment - repair/ replace torn gasket on make unit. Equipment shall be maintained in a state of good repair.