

Food Establishment Inspection Report

Score: 98

Establishment Name: THE BEER GROWLER

Establishment ID: 3034012413

Location Address: 3424 ROBINHOOD RD

☒ Inspection ☐ Re-Inspection

City: WINSTON SALEM

State: NC

Date: 04 / 18 / 2017 Status Code: A

Zip: 27106

County: 34 Forsyth

Time In: 02 : 00 ^{am}_{pm} Time Out: 03 : 00 ^{am}_{pm}

Total Time: 1 hr 0 minutes

Permittee: NEXT LINE GROWLERS LLC

Category #: II

Telephone: (336) 893-8251

FDA Establishment Type: Fast Food Restaurant

Wastewater System: ☒ Municipal/Community ☐ On-Site System

No. of Risk Factor/Intervention Violations: 1

Water Supply: ☒ Municipal/Community ☐ On-Site Supply

No. of Repeat Risk Factor/Intervention Violations: _____

| 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/O | Compliance Status | | | | OUT | CDI | R | VR |
| Supervision .2652 | | | | | | | | | | | |
| 1 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | PIC Present; Demonstration-Certification by accredited program and perform duties | | | | <input checked="" type="checkbox"/> | 0 | | |
| Employee Health .2652 | | | | | | | | | | | |
| 2 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | Management, employees knowledge; responsibilities & reporting | | | | 3 | 15 | 0 | |
| 3 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | Proper use of reporting, restriction & exclusion | | | | 3 | 15 | 0 | |
| Good Hygienic Practices .2652, .2653 | | | | | | | | | | | |
| 4 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | Proper eating, tasting, drinking, or tobacco use | | | | 2 | 1 | 0 | |
| 5 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | No discharge from eyes, nose or mouth | | | | 1 | 05 | 0 | |
| Preventing Contamination by Hands .2652, .2653, .2655, .2656 | | | | | | | | | | | |
| 6 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | Hands clean & properly washed | | | | 4 | 2 | 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 | 15 | 0 | |
| 8 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | Handwashing sinks supplied & accessible | | | | 2 | 1 | 0 | |
| Approved Source .2653, .2655 | | | | | | | | | | | |
| 9 | <input checked="" 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"/> | | 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 | |
| Protection from Contamination .2653, .2654 | | | | | | | | | | | |
| 13 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Food separated & protected | | | | 3 | 15 | 0 | |
| 14 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | Food-contact surfaces: cleaned & sanitized | | | | 3 | 15 | 0 | |
| 15 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | Proper disposition of returned, previously served, reconditioned, & unsafe food | | | | 2 | 1 | 0 | |
| Potentially Hazardous Food Time/Temperature .2653 | | | | | | | | | | | |
| 16 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Proper cooking time & temperatures | | | | 3 | 15 | 0 | |
| 17 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Proper reheating procedures for hot holding | | | | 3 | 15 | 0 | |
| 18 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Proper cooling time & temperatures | | | | 3 | 15 | 0 | |
| 19 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Proper hot holding temperatures | | | | 3 | 15 | 0 | |
| 20 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Proper cold holding temperatures | | | | 3 | 15 | 0 | |
| 21 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Proper date marking & disposition | | | | 3 | 15 | 0 | |
| 22 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Time as a public health control: procedures & records | | | | 2 | 1 | 0 | |
| Consumer Advisory .2653 | | | | | | | | | | | |
| 23 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Consumer advisory provided for raw or undercooked foods | | | | 1 | 05 | 0 | |
| Highly Susceptible Populations .2653 | | | | | | | | | | | |
| 24 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Pasteurized foods used; prohibited foods not offered | | | | 3 | 15 | 0 | |
| Chemical .2653, .2657 | | | | | | | | | | | |
| 25 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Food additives: approved & properly used | | | | 1 | 05 | 0 | |
| 26 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | Toxic substances properly identified stored, & used | | | | 2 | 1 | 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 | |

| 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/O | 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 | 05 | 0 | |
| 29 | <input checked="" 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 | 05 | 0 | |
| Food Temperature Control .2653, .2654 | | | | | | | | | | | |
| 31 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | Proper cooling methods used; adequate equipment for temperature control | | | | 1 | 05 | 0 | |
| 32 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Plant food properly cooked for hot holding | | | | 1 | 05 | 0 | |
| 33 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Approved thawing methods used | | | | 1 | 05 | 0 | |
| 34 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | Thermometers provided & accurate | | | | 1 | 05 | 0 | |
| Food Identification .2653 | | | | | | | | | | | |
| 35 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | Food properly labeled: original container | | | | 2 | 1 | 0 | |
| Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657 | | | | | | | | | | | |
| 36 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | Insects & rodents not present; no unauthorized animals | | | | 2 | 1 | <input checked="" type="checkbox"/> | |
| 37 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | Contamination prevented during food preparation, storage & display | | | | 2 | 1 | 0 | |
| 38 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | Personal cleanliness | | | | 1 | 05 | 0 | |
| 39 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | Wiping cloths: properly used & stored | | | | 1 | 05 | 0 | |
| 40 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Washing fruits & vegetables | | | | 1 | 05 | 0 | |
| Proper Use of Utensils .2653, .2654 | | | | | | | | | | | |
| 41 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | In-use utensils: properly stored | | | | 1 | 05 | 0 | |
| 42 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | Utensils, equipment & linens: properly stored, dried & handled | | | | 1 | 05 | 0 | |
| 43 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | Single-use & single-service articles: properly stored & used | | | | 1 | 05 | 0 | |
| 44 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | Gloves used properly | | | | 1 | 05 | 0 | |
| Utensils and Equipment .2653, .2654, .2663 | | | | | | | | | | | |
| 45 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed, & used | | | | 2 | 1 | <input checked="" type="checkbox"/> | |
| 46 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | Warewashing facilities: installed, maintained, & used; test strips | | | | 1 | 05 | 0 | |
| 47 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | Non-food contact surfaces clean | | | | 1 | 05 | 0 | |
| Physical Facilities .2654, .2655, .2656 | | | | | | | | | | | |
| 48 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | Hot & cold water available; adequate pressure | | | | 2 | 1 | 0 | |
| 49 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | Plumbing installed; proper backflow devices | | | | 2 | 1 | 0 | |
| 50 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | Sewage & waste water properly disposed | | | | 2 | 1 | 0 | |
| 51 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | Toilet facilities: properly constructed, supplied & cleaned | | | | 1 | 05 | 0 | |
| 52 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | Garbage & refuse properly disposed; facilities maintained | | | | 1 | 05 | 0 | |
| 53 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | Physical facilities installed, maintained & clean | | | | 1 | 05 | <input checked="" type="checkbox"/> | |
| 54 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | Meets ventilation & lighting requirements; designated areas used | | | | 1 | 05 | 0 | |
| Total Deductions: | | | | | | | | | | 2 | |

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Comment Addendum to Food Establishment Inspection Report

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County: 34 Forsyth Zip: 27106

Wastewater System: ☒ Municipal/Community ☐ On-Site System

Water Supply: ☒ Municipal/Community ☐ On-Site System

Permittee: NEXT LINE GROWLERS LLC

Telephone: (336) 893-8251

Establishment ID: 3034012413

☒ Inspection ☐ Re-Inspection Date: 04/18/2017

Comment Addendum Attached? ☐ Status Code: A

Category #: II

Email 1: daniel@thebeergrowler.net

Email 2: _____

Email 3: _____

Temperature Observations

| Item | Location | Temp | Item | Location | Temp | Item | Location | Temp |
|-----------|--------------------|------|------|----------|------|------|----------|------|
| chlorine | 3-compartment sink | 100 | | | | | | |
| hot water | 3-compartment sink | 146 | | | | | | |
| chlorine | bucket | 100 | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

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.

- 1 2-102.12 Certified Food Protection Manager - C - No one on duty with ANSI manager certification. An ANSI-certified food protection manager must be on site at all hours of operation. Have more staff attain ANSI food protection manager certifications.
- 36 6-501.115 Prohibiting Animals - PF - Establishment is not prohibiting dogs from "dining area". With the exception of police dogs or service animals, dogs and cats must be prohibited from inside the establishment. CDI - Manager spoken to about rules regarding live animals in the dining area. 0 pts.
- 45 4-501.11 Good Repair and Proper Adjustment-Equipment - C - Utensil shelves, shelf above 3-compartment sink, and back storage shelves have light rust buildup. Equipment shall be maintained in good repair. 0 pts.



Person in Charge (Print & Sign): *Melissa* First Owens Last

Regulatory Authority (Print & Sign): *Andrew* First Lee Last

[Signature]

[Signature]

REHS ID: 2544 - Lee, Andrew

Verification Required Date: / /

REHS Contact Phone Number: (336) 703 - 3128



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- 53 6-501.12 Cleaning, Frequency and Restrictions - C - Ceiling vent has dust accumulation and requires cleaning. Physical facilities shall be maintained clean. 0 pts.



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Spell

