

# Food Establishment Inspection Report

Score: 96

Establishment Name: TACO BELL #15737

Establishment ID: 3034011097

Location Address: 3644 REYNOLDA ROAD

Inspection  Re-Inspection

City: WINSTON SALEM

State: NC

Date: 06 / 20 / 2018 Status Code: A

Zip: 27106 County: 34 Forsyth

Time In: 03 : 25  am  pm Time Out: 05 : 35  am  pm

Permittee: BURGER BUSTERS INC

Total Time: 2 hrs 10 minutes

Telephone: (336) 922-6166

Category #: IV

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: 1

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
<b>Supervision .2652</b>								
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 .2652</b>								
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 .2652, .2653</b>								
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 .2652, .2653, .2655, .2656</b>								
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 .2653, .2655</b>								
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 .2653, .2654</b>								
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	X	0	X
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 .2653</b>								
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 .2653</b>								
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 .2653</b>								
24	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pasteurized foods used; prohibited foods not offered	3	13	0	
<b>Chemical .2653, .2657</b>								
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 .2653, .2654, .2658</b>								
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	NO	Compliance Status	OUT	CDI	R	VR
<b>Safe Food and Water .2653, .2655, .2658</b>								
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 .2653, .2654</b>								
31	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control	1	X	0	X
32	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding	1	03	0	
33	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 .2653</b>								
35	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled: original container	2	1	0	
<b>Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657</b>								
36	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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 .2653, .2654</b>								
41	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored	1	03	0	
42	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Utensils, equipment & linens: properly stored, dried & handled	1	X	0	X
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 .2653, .2654, .2663</b>								
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	X	
46	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained, & used; test strips	1	03	0	
47	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean	1	X	0	
<b>Physical Facilities .2654, .2655, .2656</b>								
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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained & clean	1	X	0	X
54	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Meets ventilation & lighting requirements; designated areas used	1	X	0	X
<b>Total Deductions:</b>					<b>4</b>			



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 City: WINSTON SALEM State: NC  
 County: 34 Forsyth Zip: 27106  
 Wastewater System:  Municipal/Community  On-Site System  
 Water Supply:  Municipal/Community  On-Site System  
 Permittee: BURGER BUSTERS INC  
 Telephone: (336) 922-6166

Establishment ID: 3034011097  
 Inspection  Re-Inspection Date: 06/20/2018  
 Comment Addendum Attached?  Status Code: A  
 Water sample taken?  Yes  No Category #: IV  
 Email 1:  
 Email 2:  
 Email 3:

## Temperature Observations

**Effective January 1, 2019 Cold Holding will change to 41 degrees**

Item	Location	Temp	Item	Location	Temp	Item	Location	Temp
ServSafe	B. Littlefield 3-30-22	00	Tomato	Reach-in	45			
Hot water	3 comp sink	123	Pico	Serving line	44			
Quat sani	3 comp sink - ppm	300	Rice	Serving line	192			
Pizza sauce	Refig. truck	45	Chicken	Serving line	144			
Ambient	Refrig. truck	42						
Ground beef	Hot hold cabinet	155						
Beans	Hot hold cabinet	158						
Lettuce	Serving line	39						

## 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 REPEAT: Several scoops and metal containers being stored on clean utensil shelving above three compartment sink, observed visibly soiled with food residue. Food-contact surfaces of equipment shall be clean to sight and touch. CDI: All sent to be rewashed during inspection. ✓ Spell
- 31 4-301.11 Cooling, Heating, and Holding Capacities-Equipment - PF Walk-in cooler is waiting repair of compressor. Refrigerated truck is on premises for temporary cold holding. Verification required by 6-22-2018 to CHRISTY WHITLEY when walk-in cooler has been repaired. Contact 336-703-3157 OR Whitleca@forsyth.cc. Equipment for cooling and heating food, and holding cold and hot food, shall be sufficient in number and capacity to provide food temperatures.  
 \*NO carry over of hot foods shall be kept and cooled until walk-in cooler has been verified and repaired. Maintain temperature logs of cold items inside refrigerated truck at least every 4 hours.\*
- 42 4-901.11 Equipment and Utensils, Air-Drying Required - C REPEAT: Stacked metal containers, being stored on shelving above three compartment sink, observed stacked wet. After cleaning and sanitizing equipment shall be air-dried. Do not towel dry.

Lock Text



Person in Charge (Print & Sign): DEZARAY HICKMAN

Regulatory Authority (Print & Sign): CHRISTY WHITLEY

*[Signature]*  
 \_\_\_\_\_  
*[Signature]*  
 \_\_\_\_\_

REHS ID: 2610 - Whitley Christy

Verification Required Date: 06 / 22 / 2018

REHS Contact Phone Number: ( 336 ) 703 - 3157



North Carolina Department of Health & Human Services • Division of Public Health • Environmental Health Section • Food Protection Program  
 DHHS is an equal opportunity employer.



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- 45 4-501.11 Good Repair and Proper Adjustment-Equipment - C Belves hot hold cabinet not functioning during inspection. / Ice build up forming around condenser inside walk-in freezer. Door to walk-in freezer instructed to remain open until repair of walk-in cooler is complete. Repair. Equipment shall be maintained cleanable and in good repair. 0 pts
- 47 4-601.11 (B) and (C) Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils - C The following nonfood-contact surfaces require additional cleaning: shelving throughout to remove spill and debris; inside Belves hot hold unit and shelving from nonfunctional unit food build up (being stored on prep sink). 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 - C Additional floor cleaning needed on floors behind equipment under hood, around hot hold cabinets, and under shelving and perimeters of floors. Physical facilities shall be cleaned as often as necessary to be maintained. // 6-501.11 Repairing-Premises, Structures, Attachments, and Fixtures-Methods - C REPEAT: Fill in holes in wall above three compartment sink. / Repair damaged/missing ceiling tiles above beverage station in dining room and by drive thru window. / Floor grout worn around three compartment sink, behind upright freezer and requires re-grouting. / Damaged floor tiles at upright freezer. Physical facilities shall be maintained in good repair.
- 54 6-303.11 Intensity-Lighting - C REPEAT: Lighting measuring low (in foot candles) in the following areas: under hood 13-21, 35-41 along beverage prep by drive thru, 9-16 at stalls in women's room, and 11 at urinal in men's restroom. Lighting intensity shall be increased to meet at least 50 foot candles in areas of food and beverage preparation, and at least 20 foot candles at plumbing fixtures.



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✓  
Spell



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