

# Food Establishment Inspection Report

Score: 97.5

Establishment Name: SPOTTED COW STEAKHOUSE

Establishment ID: 3034012502

Location Address: 529 N TRADE ST.

City: WINSTON SALEM State: North Carolina

Zip: 27101 County: 34 Forsyth

Permittee: TRADE ST. DINER, INC.

Telephone: (336) 999-8977

Inspection  Re-Inspection  Educational Visit

**Wastewater System:**

Municipal/Community  On-Site System

**Water Supply:**

Municipal/Community  On-Site Supply

Date: 03/23/2024 Status Code: A

Time In: 3:15 PM Time Out: 4:50 PM

Category#: IV

FDA Establishment Type: Full-Service Restaurant

No. of Risk Factor/Intervention Violations: 3

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

Compliance Status		OUT	CDI	R	VR
<b>Supervision .2652</b>					
1	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A				
PIC Present, demonstrates knowledge, & performs duties		1	0		
2	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A				
Certified Food Protection Manager		1	0		
<b>Employee Health .2652</b>					
3	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OX				
Management, food & conditional employee; knowledge, responsibilities & reporting		2	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
4	<input checked="" type="checkbox"/> OUT				
Proper use of reporting, restriction & exclusion		3	1.5	0	
5	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OX				
Procedures for responding to vomiting & diarrheal events		1	0.5	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Good Hygienic Practices .2652, .2653</b>					
6	<input checked="" type="checkbox"/> OUT				
Proper eating, tasting, drinking or tobacco use		1	0.5	0	
7	<input checked="" type="checkbox"/> OUT				
No discharge from eyes, nose, and mouth		1	0.5	0	
<b>Preventing Contamination by Hands .2652, .2653, .2655, .2656</b>					
8	<input checked="" type="checkbox"/> OUT				
Hands clean & properly washed		4	2	0	
9	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O				
No bare hand contact with RTE foods or pre-approved alternate procedure properly followed		4	2	0	
10	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A				
Handwashing sinks supplied & accessible		2	1	0	
<b>Approved Source .2653, .2655</b>					
11	<input checked="" type="checkbox"/> OUT				
Food obtained from approved source		2	1	0	
12	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> OX				
Food received at proper temperature		2	1	0	
13	<input checked="" type="checkbox"/> OUT				
Food in good condition, safe & unadulterated		2	1	0	
14	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O				
Required records available: shellstock tags, parasite destruction		2	1	0	
<b>Protection from Contamination .2653, .2654</b>					
15	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O				
Food separated & protected		3	1.5	0	
16	<input checked="" type="checkbox"/> OUT				
Food-contact surfaces: cleaned & sanitized		3	1.5	0	
17	<input checked="" type="checkbox"/> OUT				
Proper disposition of returned, previously served, reconditioned & unsafe food		2	1	0	
<b>Potentially Hazardous Food Time/Temperature .2653</b>					
18	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O				
Proper cooking time & temperatures		3	1.5	0	
19	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> OX				
Proper reheating procedures for hot holding		3	1.5	0	
20	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O				
Proper cooling time & temperatures		3	1.5	0	
21	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O				
Proper hot holding temperatures		3	1.5	0	
22	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O				
Proper cold holding temperatures		3	1.5	0	
23	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OX <input type="checkbox"/> N/A <input type="checkbox"/> N/O				
Proper date marking & disposition		3	<input checked="" type="checkbox"/>	0	<input checked="" type="checkbox"/>
24	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O				
Time as a Public Health Control; procedures & records		3	1.5	0	
<b>Consumer Advisory .2653</b>					
25	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A				
Consumer advisory provided for raw/undercooked foods		1	0.5	0	
<b>Highly Susceptible Populations .2653</b>					
26	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> OX				
Pasteurized foods used; prohibited foods not offered		3	1.5	0	
<b>Chemical .2653, .2657</b>					
27	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> OX				
Food additives: approved & properly used		1	0.5	0	
28	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A				
Toxic substances properly identified stored & used		2	1	0	
<b>Conformance with Approved Procedures .2653, .2654, .2658</b>					
29	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> OX				
Compliance with variance, specialized process, reduced oxygen packaging 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.

Compliance Status		OUT	CDI	R	VR
<b>Safe Food and Water .2653, .2655, .2658</b>					
30	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> OX				
Pasteurized eggs used where required		1	0.5	0	
31	<input checked="" type="checkbox"/> OUT				
Water and ice from approved source		2	1	0	
32	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> OX				
Variance obtained for specialized processing methods		2	1	0	
<b>Food Temperature Control .2653, .2654</b>					
33	<input checked="" type="checkbox"/> OUT				
Proper cooling methods used; adequate equipment for temperature control		1	0.5	0	
34	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O				
Plant food properly cooked for hot holding		1	0.5	0	
35	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> OX				
Approved thawing methods used		1	0.5	0	
36	<input checked="" type="checkbox"/> OUT				
Thermometers provided & accurate		1	0.5	0	
<b>Food Identification .2653</b>					
37	<input checked="" type="checkbox"/> OUT				
Food properly labeled: original container		2	1	0	
<b>Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657</b>					
38	<input checked="" type="checkbox"/> OUT				
Insects & rodents not present; no unauthorized animals		2	1	0	
39	<input checked="" type="checkbox"/> OUT				
Contamination prevented during food preparation, storage & display		2	1	0	
40	<input checked="" type="checkbox"/> OUT				
Personal cleanliness		1	0.5	0	
41	<input checked="" type="checkbox"/> OUT				
Wiping cloths: properly used & stored		1	0.5	0	
42	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A				
Washing fruits & vegetables		1	0.5	0	
<b>Proper Use of Utensils .2653, .2654</b>					
43	<input checked="" type="checkbox"/> OUT				
In-use utensils: properly stored		1	0.5	0	
44	<input checked="" type="checkbox"/> OUT				
Utensils, equipment & linens: properly stored, dried & handled		1	0.5	0	
45	<input checked="" type="checkbox"/> OUT				
Single-use & single-service articles: properly stored & used		1	0.5	0	
46	<input checked="" type="checkbox"/> OUT				
Gloves used properly		1	0.5	0	
<b>Utensils and Equipment .2653, .2654, .2663</b>					
47	<input checked="" type="checkbox"/> OUT				
Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed & used		1	0.5	0	
48	<input checked="" type="checkbox"/> OUT				
Warewashing facilities: installed, maintained & used; test strips		1	0.5	0	
49	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OX				
Non-food contact surfaces clean		1	0.5	<input checked="" type="checkbox"/>	
<b>Physical Facilities .2654, .2655, .2656</b>					
50	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A				
Hot & cold water available; adequate pressure		1	0.5	0	
51	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OX				
Plumbing installed; proper backflow devices		2	<input checked="" type="checkbox"/>	0	<input checked="" type="checkbox"/>
52	<input checked="" type="checkbox"/> OUT				
Sewage & wastewater properly disposed		2	1	0	
53	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A				
Toilet facilities: properly constructed, supplied & cleaned		1	0.5	0	
54	<input checked="" type="checkbox"/> OUT				
Garbage & refuse properly disposed; facilities maintained		1	0.5	0	
55	<input checked="" type="checkbox"/> OUT				
Physical facilities installed, maintained & clean		1	0.5	0	
56	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OX				
Meets ventilation & lighting requirements; designated areas used		1	0.5	<input checked="" type="checkbox"/>	
<b>TOTAL DEDUCTIONS:</b>					<b>2.5</b>



# Comment Addendum to Food Establishment Inspection Report

Establishment Name: SPOTTED COW STEAKHOUSE  
 Location Address: 529 N TRADE ST.  
 City: WINSTON SALEM State: NC  
 County: 34 Forsyth Zip: 27101  
 Wastewater System:  Municipal/Community  On-Site System  
 Water Supply:  Municipal/Community  On-Site System  
 Permittee: TRADE ST. DINER, INC.  
 Telephone: (336) 999-8977

Establishment ID: 3034012502  
 Inspection  Re-Inspection Date: 03/23/2024  
 Educational Visit Status Code: A  
 Comment Addendum Attached?  Category #: IV  
 Email 1: freddycklee@gmail.com  
 Email 2:  
 Email 3:

## Temperature Observations

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
hot water/3 comp sink	124	mac and cheese/walk in cooler	41		
hot water/dish machine	121	baked potato/walk in cooler	40		
chlorine sanitizer/dish machine	50	chicken wings/walk in cooler	41		
quat sanitizer/bucket	400	ribs/walk in cooler	41		
cheese sauce/final cook	192	lobster/walk in cooler	41		
potatoes/final cook	196	sweet potatoes /walk in cooler	41		
mushrooms/steam well	207	tomatoes/veggie prep	41		
onions/steam well	137				
meatloaf/reach in cooler	40				
carrots/reach in cooler	40				
rice/reach in cooler	41				
queso/reach in cooler	41				
tomatoes/make unit	41				
lettuce/make unit	40				
cheese mushrooms/make unit reach in	40				
crab spring rolls/make unit reach in	39				
steak/drawer cooler	41				
salmon/drawer cooler	41				
ambient air/dairy cooler	38				
tomatoes/2 door cooler	41				

Person in Charge (Print & Sign):  
 First: \_\_\_\_\_ Last: [Signature]  
 Regulatory Authority (Print & Sign): Lauren  
 First: \_\_\_\_\_ Last: Pleasants

REHS ID: 2809 - Pleasants, Lauren Verification Dates: Priority: 03/26/2024 Priority Foundation: \_\_\_\_\_ Core: \_\_\_\_\_

REHS Contact Phone Number: (336) 703-3144 Authorize final report to be received via Email: [Signature]

## Comment Addendum to Inspection Report

**Establishment Name:** SPOTTED COW STEAKHOUSE

**Establishment ID:** 3034012502

**Date:** 03/23/2024 **Time In:** 3:15 PM **Time Out:** 4:50 PM

### 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.

- 3 2-201.11 (A), (B), (C), and (E) Responsibility of Permit Holder, Person in Charge and Conditional Employees- Person in charge new some information about reportable illnesses and symptoms with which to be excluded but a written copy would be helpful. A food employee shall report to the PIC if they have any of the "Big 6" reportable illnesses: norovirus, hepatitis A virus, shigella spp., shiga-toxin producing e.coli, salmonella typhi or salmonella nontyphoidal; and the symptoms with which to be excluded including vomiting, diarrhea, jaundice, sore throat with a fever, and open wounds with pus on the hands. CDI- Management educated and provided with new employee health policy containing reportable illnesses and symptoms.
  
- 5 2-501.11 Clean-up of Vomiting and Diarrheal Event-PF- Establishment does not have a written procedure in place for clean-up of vomit or diarrheal incidents. A food establishment shall have written procedures for employees to follow when responding to vomiting or diarrheal events that involve the discharge of vomitus or fecal matter onto surfaces in the food establishment. The procedures shall address the specific actions employees must take to minimize the spread of contamination and the exposure of employees, consumers, food, and surfaces to vomitus or fecal matter. CDI- Management educated and written procedures were provided.
  
- 23 3-501.18 Ready-To-Eat Time / Temperature Control for Safety Food, Disposition (P) - Six small containers of corn were dated 3/15, exceeding 7 day date marking. Time/temperature control for safety (TCS) foods shall be discarded if they exceed the time and temperature combination of 7 days at 41F or less, if they are incorrectly dated, or if they are lacking a date mark. CDI- Corn was voluntarily discarded.
  
- 49 4-601.11 (B) and (C) Equipment, Food-Contact Surfaces, Nonfood Contact Surfaces, and Utensils (C) - Cleaning needed inside the upright dairy cooler. Nonfood contact surfaces shall be free of dust, dirt, food residue, and debris.
  
- 51 5-205.15 (B) System in Good Repair (C)- Leak at the meat prep sink faucet. Maintain plumbing in good repair.  
  
5-202.14 Backflow Prevention Device, Design Standard. (P)- There is a significant pressure leak at the can wash coming from the faucet that only has atmospheric backflow protection, and a spray nozzle is attached to the hose. A backflow or backsiphonage prevention device installed on a water supply system shall meet American Society of Sanitary Engineering (A.S.S.E.) standards for construction, installation, maintenance, inspection, and testing for that specific application and type of device. VERIFICATION required by 3/26/24 of installation of a backflow prevention device rated for continuous pressure. Contact Lauren Pleasants at (336)462-7783 when it is installed.
  
- 56 6-501.110 Using Dressing Rooms and Lockers (C) - Employee jacket stored on the dry storage shelf. Employee phone sitting on the make unit cutting board. Use designated areas such as lockers in the restroom for the orderly storage of personal items.