F	Food Establishment Inspection Report Score: <u>92</u>																		
Establishment Name: CAGNEY'S Establishment ID: 3034011488																			
Lo	cat	ion	Α	ddr	ess: 2201 CLOVERDALE AVE														
Ci	City: WINSTON-SALEM State: NC									Date: <u>Ø 8</u> / <u>1 9</u> / <u>2 Ø 1 6</u> Status Code: A									
	Zip: 27103 County: 34 Forsyth									Time In: $09 : 40 \otimes \text{am}$ Time Out: $12 : 15 \otimes \text{pm}$									
										Total Time: 2 hrs 35 minutes									
	Permittee: CAGNEYS RESTAURANT INC Telephone: (336) 724-0940									Category #: IV									
							_		_	EDA Fotoblishment Type: Full-Service Restaurant									
					System: ⊠Municipal/Community [-	No. of Risk Factor/Intervention Violations: 4									
W	ate	r S	up	ply	/ : ⊠Municipal/Community □On-	Site	Su	pply	y					-	Repeat Risk Factor/Intervention \		_ าร:	_1	
Foodborne Illness Risk Factors and Public Health Interventions Good Retail Practices																			
ı					ibuting factors that increase the chance of developing foodb	-		-		Good Retail Practices: Preventative measures to control the addition of pathogens, chemicals,									
F	ubli	c He	alth	Inter	ventions: Control measures to prevent foodborne illness or	injury.									and physical objects into foods.				
		OUT		N/O	Compliance Status	OUT	С	DI R	VR	\vdash		_		N/O		OUT	Г	CDI	R VR
	upe 🔀	rvisi	on		.2652 PIC Present; Demonstration-Certification by accredited program and perform duties			-11-		28 [$\overline{}$	ood		nd W	/ater .2653, .2655, .2658 Pasteurized eggs used where required	1 0.5			
		oye	He	alth	accredited program and perform duties .2652					H	-+		Δ						
	X		, 110		Management, employees knowledge; responsibilities & reporting	3 1.5	010	TE		29 [<u> </u>		_		Water and ice from approved source Variance obtained for specialized processing		0		
\vdash	\mathbf{x}	$\overline{\Box}$			Proper use of reporting, restriction & exclusion	3 1.5	0	7		30	<u> </u>		X		methods	1 0.5	0	Ш	
_		Hy	ien	ic Pı	ractices .2652, .2653		ع إ		1			em	pei	ratur	re Control .2653, .2654 Proper cooling methods used; adequate	170			
	X				Proper eating, tasting, drinking, or tobacco use	2 1	0 [31 [-+		_	L	equipment for temperature control	1 0.5			
5	X				No discharge from eyes, nose or mouth	1 0.5	0			32 [Щ	Ц	Ш	+	Plant food properly cooked for hot holding		0		
_		ntin	g Co	onta	mination by Hands .2652, .2653, .2655, .2656									X	Approved thawing methods used	1 0.5	0		
6		X			Hands clean & properly washed	4 2	X	ସ □		34				L	Thermometers provided & accurate	1 0.5	0		
7	X				No bare hand contact with RTE foods or pre- approved alternate procedure properly followed	3 1.5	0			\vdash	$\overline{}$	$\overline{}$	tifi	catio					
8		X			Handwashing sinks supplied & accessible	21	X D	X C		35 [X	n 0	f Eo	Food properly labeled: original container od Contamination .2652, .2653, .2654, .2656,			Ш	ЦЦ
F	ppr	ovec	So	urce	.2653, .2655					36	\neg		11 0	FU	Insects & rodents not present; no unauthorize	4	0		
9	X				Food obtained from approved source	2 1	0				-	×			animals Contamination prevented during food		\vdash		
10				X	Food received at proper temperature	2 1	0			37 [-			_	preparation, storage & display		×		
11	X				Food in good condition, safe & unadulterated	21	0			38 [_				Personal cleanliness		0		
12			X		Required records available: shellstock tags, parasite destruction	21	0			39 [_				Wiping cloths: properly used & stored	-++	0	_	
F	rote	ctio	n fro	om C	Contamination .2653, .2654					40 [1	Washing fruits & vegetables	1 0.5	0		
13	X				Food separated & protected	3 1.5	0					=T	e o	of Ute	ensils .2653, .2654				
14		X			Food-contact surfaces: cleaned & sanitized	3 🗙	0 [41 [_				In-use utensils: properly stored Utensils, equipment & linens: properly stored,	1 0.5	\vdash		
15	X				Proper disposition of returned, previously served, reconditioned, & unsafe food	2 1	0			42 [-+	×			dried & handled	1 🛚	. 0	Ш	
F	ote	ntiall	у На	azar	dous Food Time/Temperature .2653		Ė			43 [X				Single-use & single-service articles: properly stored & used	1 0.5	0		
16	X				Proper cooking time & temperatures	3 1.5	0 [44 [_	L	Gloves used properly	1 0.5	0		
17				X	Proper reheating procedures for hot holding	3 1.5	0			Ute	ensi	ls a	nd	Equ	ipment .2653, .2654, .2663 Equipment, food & non-food contact surfaces		F		
18				X	Proper cooling time & temperatures	3 1.5	0 [45 [×			approved, cleanable, properly designed, constructed, & used	2			
19	X				Proper hot holding temperatures	3 1.5	0 [46 [X				Warewashing facilities: installed, maintained, a used; test strips	& _{1 0.5}	0		
20		X			Proper cold holding temperatures	3 🗙	0 2	d ×		47 [X			Non-food contact surfaces clean	1	0	П	X
21	X				Proper date marking & disposition	3 1.5	0 [Ph			ac	ilitie	.2654, .2655, .2656				
22	П		X	П	Time as a public health control: procedures &	2 1	010	10		48 [X				Hot & cold water available; adequate pressure	e 21	0		
_	ons	ume		dviso	records ory .2653					49 [X			Plumbing installed; proper backflow devices	2 🗶	0		
23	×				Consumer advisory provided for raw or undercooked foods	1 0.5	0 [50 [X				Sewage & waste water properly disposed	2 1	0		
H	ligh	_		ptib	le Populations .2653		Ţ			51 [X I	d			Toilet facilities: properly constructed, supplied	1 0.5	0		
24			X		Pasteurized foods used; prohibited foods not offered	3 1.5	0			Н.	+	<u> </u>	_		& cleaned Garbage & refuse properly disposed; facilities		×		
	hen	nical	S 2		.2653, .2657					H	-	-			Physical facilities installed, maintained & clear		+		
25	<u></u>		X		Food additives: approved & properly used					H	\rightarrow	X			Physical facilities installed, maintained & clear Meets venţilation & lighting requirements;		+		
26	X	\sqcup	Ш		Toxic substances properly identified stored, & used	2 1	0 [4		54	니니	X			designated areas used		JO.		



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Compliance with variance, specialized process, reduced oxygen packing criteria or HACCP plan

Conformance with Approved Procedures .2653, .2654, .2658



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Total Deductions:

	Comment A	dden	dum to F	ood Es	tablish	ment	Inspect	ion Report				
Establishmeı	nt Name: CAGNEY'S				Establishment ID: 3034011488							
City: WINST County: 34 Wastewater S Water Supply Permittee:	Forsyth System: Municipal/Con	nmunity 🔲 (Sta _ Zip: <u>27103</u> On-Site System	ate: NC	☐ Inspection ☐ Re-Inspection ☐ Re-Inspection ☐ Status Code: ☐ Comment Addendum Attached? ☐ Status Code: ☐ Category #: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐							
текернопе.	(600) 1 2 1 3 1 3		T									
Item Sliced	Location Prep cooler	Temp 44	Item Scrambled	Location Grill - final		Temp 170	Item Quat sanitizer	Location Bucket in ppm	Temp 300			
Shredded	Prep cooler	51	Gravy	Steam well		148	SS Ilir Llanaj	Exp. 3/20/2018	0			
Taziki sauce	Prep cooler	55	Grits	Steam well		150						
Sliced cheese	Prep cooler	60	Rice	Walk in cod	oler	41						
Ham	Lower prep cooler	45	Lasagna	Walk in cod	oler	43						
Shredded	Lower prep cooler	46	Cut fruit	Walk in cod	oler	43						
Cut lettuce	Lower prep cooler	51	Diced	Walk in cod	oler	42						
Sausage	Grill - final cook	169	Hot water	Two compa	artment sink	130						
0 pts - 2-30 faucet han instructed	olations cited in this rep 01.12 Cleaning Procedles with paper towe on proper handwash	ort must be edure - P - els or other ing technic	Observed em approved me ques and rewa	the time fram nployee turn thod to avoid ashed hands	es below, or a off faucet had d recontamin	andles wation of	n sections 8-405. ith bare hands hands from ha	after washing - m indles - CDI - emp	oloyee was			
4-601.11 (A) Equipment, Food-	.Contact S	urfaces. Nonfo	ood-Contact	Surfaces. a	nd Utens	sils - P - Detaile	ed cleaning neede	ed on soda			

4-601.11 (A) Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils - P - Detailed cleaning needed on soda fountain nozzles and inner shield of ice machine as they contain grime/slime build-up - thoroughly clean food contact utensils and equipment after use, at minimum, every 24 hours and ice machines weekly - will require verification visit/contact in 10 days - contact Kenneth Michaud at michaukb@forsyth.cc or (336) 703-3131 when complete

Person in Charge (Print & Sign):

First

Last

Lianaj

First

Last

Last

Regulatory Authority (Print & Sign): Kenneth Michaud

REHS ID: 2259 - Michaud, Kenneth Verification Required Date: <u>Ø 8</u> / <u>2 9</u> / <u>2 Ø 1 6</u>

REHS Contact Phone Number: $(\underline{336})\underline{703} - \underline{3131}$



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E	Establishment Name: CAGNEY'S	Establishment ID: 3034011488
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		ons and Corrective Actions in the time frames below, or as stated in sections 8-405.11 of the food code.
20	3-501.16 (A)(2) and (B) Potentially Hazardous Food (Repeat - Various items in prep cooler and lower prep	Time/Temperature Control for Safety Food), Hot and Cold Holding - P - cooler not holding temp - recorded between 46 - 60 deg F - all cold holding ce items were placed in coolers less than 4 hours ago, items placed in walk in
35	3-302.12 Food Storage Containers Identified with Concontain a label - must label food containers with work	mmon Name of Food - C - Many containers of seasonings and spices did not ing name
37	0 pts - 3-305.11 Food Storage-Preventing Contamina open food bags are stored in a sealed container when	tion from the Premises - C - Open bag of grits, sugar, and starch - ensure n not in use
42		s and Single-Service and Single-Use Articles-Storing - C - Repeat - Observed ontained various amounts of debris build-up - clean utensil storage containers oris
45	switch on soda fountain so when ice bin lid is opened cooler and freezer are insulated, they are not easily c cleanable surface	ment - C - Replace torn lower prep cooler door gaskets; Have Pepsi rep repai, machine does not dispense soda; Although condensate drain lines in walk in leanable - wrap pipe insulation with PVC pipe wrap or equivalent to provide a ation - C - Bowl used as scoop in flour bin - scoops must have handle as to
47		ces, Nonfood-Contact Surfaces, and Utensils - C - Repeat - Detailed cleaning r door gaskets, and on and around equipment so they are free from debris
49	makers and no documentation can be provided statin documentation from manufacturer stating an internal	d - P - No backflow prevention devices oboserved on water line for coffee g an internal air gap or backflow prevention device is present - unless air gap or backflow prevention device is present, a backflow prevention pliance's water sourface - will require verification visit/contact in 10 days -





contact Kenneth Michaud at michaukb@forsyth.cc or (336) 703-3131 when complete

Establishment Name: CAGNEY'S Establishment ID: 3034011488

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.

0 pts - 5-501.16 Storage Areas, Rooms and Receptacles, Capacity and Availability - C - No trash can present at rear handsink - trash cans must be present where waste is generated, including handsinks for paper towels



- 6-501.11 Repairing-Premises, Structures, Attachments, and Fixtures-Methods C Repair baseboard at walk in cooler and freezer as gaps and damage are present seal any gaps where aluminum trim is peeling or damaged; Recaulk backsplash of three compartment and rear handsink to wall and properly bevel to adequately shed water; Recaulk toilet bases to floor in restrooms to aid in cleaning
 - 6-201.13 Floor and Wall Junctures, Coved, and Enclosed or Sealed C Juncture where walk in cooler/freezer units meet floor forms 90 deg angle properly cove base by adding MD-1 epoxy grout or schleuter baseboard
- 6-303.11 Intensity-Lighting C Lighting low at cook line under hood recorded between 30 45 ft candles lighting must be at least 50 ft candles in food prep areas increase lighting under hood 6-202.11 Light Bulbs, Protective Shielding C Missing light shields in dry goods room lights must be adequately protected



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Establishment Name: CAGNEY'S Establishment ID: 3034011488

Observations and Corrective Actions

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Establishment Name: CAGNEY'S Establishment ID: 3034011488

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