Food Es	tablishment Inspection	Re	epo	rt						S	core: _	<u>90.</u>	.5
Establishme	ent Name: BOJANGLES #117							E	sta	ablishment ID: <u>3034010032</u>			
Location Add									X Inspection Re-Inspection				
City: WINSTC		State	N	IC			Da	ate:		Ø / 13 / 2016 Status Code: A			
		Sidle	ə							$: \underline{\emptyset 2} : \underline{55} \otimes_{\text{pm}}^{\bigcirc \text{am}}$ Time Out: $\underline{\emptyset 6} : \underline{155} \otimes_{\text{pm}}^{\bigcirc \text{am}}$	aaga	am	
Zip: 27103	County: <u>34 Forsyth</u>						Тс	ntal	ті	me: $3 \text{ hrs 5 minutes}$	<u>50</u> 8 t	m	
Permittee:	BOJANGLES' RESTAURANT, INC									ry #: III			
Telephone:	(336) 724-9746								- C			_	
Wastewater	System: XMunicipal/Community [	]On	-Site	e Sys	sten	n	FL	JA	Es	tablishment Type: Fast Food Restaurant	3		
	Iy: XMunicipal/Community On-									Risk Factor/Intervention Violations: Repeat Risk Factor/Intervention Vio		2	
				-	1								
Risk factors: Con	Ilness Risk Factors and Public Health Int tributing factors that increase the chance of developing foodt erventions: Control measures to prevent foodborne illness or	orne illn		•	0	Good	Ret	tail P	ract	Good Retail Practices itces: Preventative measures to control the addition of path and physical objects into foods.	logens, ch	emica	als,
IN OUT N/A N/	0 Compliance Status	OUT	CDI	R VR		IN C	DUT	N/A	N/O	Compliance Status	OUT	CDI	R VR
Supervision	.2652	- 			Sa	afe Fo	ood	land	I W	ater .2653, .2655, .2658			
	PIC Present; Demonstration-Certification by accredited program and perform duties	2			28			×		Pasteurized eggs used where required	1 0.5 0		
Employee Healt					29			Ţ		Water and ice from approved source	210	10	
2 🛛 🗆	Management, employees knowledge; responsibilities & reporting	3 1.5			30			×		Variance obtained for specialized processing methods	1 0.5 0		
3 🛛 🗆	Proper use of reporting, restriction & exclusion	3 1.5			Fc	ood T			tur	e Control .2653, .2654			
Good Hygienic					31			Τ		Proper cooling methods used; adequate equipment for temperature control	1 0.5 0		
4 🛛 🗆	Proper eating, tasting, drinking, or tobacco use				32					Plant food properly cooked for hot holding	1 0.5 0		
5 🛛 🗆	No discharge from eyes, nose or mouth	1 0.5	0						X	Approved thawing methods used	1 0.5 0		
	tamination by Hands .2652, .2653, .2655, .2656									Thermometers provided & accurate	1 0.5 0		
6 🛛 🗆	Hands clean & properly washed		0				_	tific	atio	· · · · · · · · · · · · · · · · · · ·			
7 🛛 🗆 🗆	approved alternate procedure properly followed	3 1.5								Food properly labeled: original container	21		
8 🗆 🛛	Handwashing sinks supplied & accessible	2 🗙						n of	Foc	od Contamination .2652, .2653, .2654, .2656, .26			
Approved Source					36					Insects & rodents not present; no unauthorized animals	210		
9 🛛 🗆	Food obtained from approved source				37		$\mathbf{X}$			Contamination prevented during food	2 🗙 0		
	Food received at proper temperature	21	0 🗆							preparation, storage & display Personal cleanliness	1 0.5 0		
11 🛛 🗆	Food in good condition, safe & unadulterated	21	0					_			1 0.5 0		
	Required records available: shellstock tags, parasite destruction	21	0				_	_		Wiping cloths: properly used & stored			
Protection from	Contamination .2653, .2654		- <b>T</b> -T							Washing fruits & vegetables ensils .2653, .2654	1 0.5 0		
13 🛛 🗆 🗆	Food separated & protected	3 1.5	0						Ule	In-use utensils: properly stored	1 0.5 0	أصاد	
14 🗆 🛛	Food-contact surfaces: cleaned & sanitized	<b>X</b> 1.5	0 🗙				_	_		Utensils, equipment & linens; properly stored.	1 0.5 0	_	
15 🛛 🗆	Proper disposition of returned, previously served, reconditioned, & unsafe food	21								dried & handled			
	ardous Food TIme/Temperature .2653				43		X			Single-use & single-service articles: properly stored & used	1 0.5 🗙		
16 🛛 🗆 🗆	Proper cooking time & temperatures	3 1.5 (	0		44					Gloves used properly	1 0.5 0		
17 🛛 🗆 🗆	Proper reheating procedures for hot holding	3 1.5	0		Ut	tensi	ls a	nd E	qui	ipment .2653, .2654, .2663 Equipment, food & non-food contact surfaces			1 1
	Proper cooling time & temperatures	3 1.5			45		⊠∣			approved, cleanable, properly designed, constructed, & used	2 🗙 0		
19 🗆 🛛 🗆 🗆	Proper hot holding temperatures	3 🗙	0 🗙	<b>X</b> 🗆	46					Warewashing facilities: installed, maintained, & used; test strips	1 0.5 0		
20 🛛 🗆 🗆 🗆	Proper cold holding temperatures	3 1.5	0		47		X			Non-food contact surfaces clean	1 🗙 0		
21 🛛 🗆 🗆 🗆	Proper date marking & disposition	3 1.5	0		Pł	nysic		acil	ities	s .2654, .2655, .2656		1-1	
	Time as a public health control: procedures &	21								Hot & cold water available; adequate pressure	210		
Consumer Advi	sory .2653				49					Plumbing installed; proper backflow devices	210		
23 🗆 🗆 🕱	Consumer advisory provided for raw or undercooked foods	1 0.5	0 🗆		50			+		Sewage & waste water properly disposed	210		
Highly Suscepti	ble Populations .2653	· · ·			51		×			Toilet facilities: properly constructed, supplied	1 🗙 0		
24 🗆 🗆 🛛	Pasteurized foods used; prohibited foods not offered	3 1.5					_			& cleaned Garbage & refuse properly disposed; facilities			
Chemical	.2653, .2657				52		X	-		maintained	1 🗙 0		
25 🛛 🗆 🗆	Food additives: approved & properly used	1 0.5			53		X	$\square$		Physical facilities installed, maintained & clean	1 🗙 0		
26 🛛 🗆 🗆	Toxic substances properly identified stored, & used	21	0 🗆		54		X			Meets ventilation & lighting requirements; designated areas used	1 0.5 🗶	≤□	
	ith Approved Procedures .2653, .2654, .2658 Compliance with variance, specialized process,								_	Total Deductions	9.5		
27	reduced oxygen packing criteria or HACCP plan		비니	<u> </u>									2
shhs "	North Carolina Department of Health & Human Servic	æs ● [ DHHS -									CR Off	KOPH	e)

## **Comment Addendum to Food Establishment Inspection Report**

## Establishment Name: BOJANGLES #117

Location Address: 1535 PETERS CREEK PKWY.							
City: WINSTON-SALEM	State: NC						
County: <u>34 Forsyth</u> Zip: 2	27103						
Wastewater System: 🛛 Municipal/Community 🗌 On-Site System							
Water Supply: 🛛 Municipal/Community 🗌 On-Site S	System						
Permittee: BOJANGLES' RESTAURANT, INC							
Telephone: (336) 724-9746							

Establishment ID: 3034010032

⊠ Inspection □ Re-Inspection	Date: 10/13/2016
	Status Code: A

Status Code: A Category #: III

Email 1: kscott@bojangles.com

E	mail	2
	nun	_

Email 3:

			Temp	erature Observa	tions			
ltem egg	Location final cook	Temp 209	Item fries	Location hh 2	Temp 135	ltem liquid egg	Location wic 2	Temp 42
chicken	reheat	202	homestyle	hh 2	155	hot water	3 comp sink	147
chicken	final cook	202	wings	hh 2	117	QA sanitizer	3 comp sink	400
lettuce	make top	43	tenders	hh 2	116	Serv Safe	Kendrick Jefferson	0
tomato	make top	38	wings	reheat	172			
cheddar	reach in	40	tenders	reheat	202			
country ham	hot hold	152	chicken	walk in cooler 1	42			
chicken	hot hold	168	cole slaw	wic 2	42			

**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.

5-205.11 Using a Handwashing Sink-Operation and Maintenance - PF - Back handwash sink blocked by trash can and beverage 8 crates. Handwashing sinks must be accessible at all times for employee use. CDI - Obstacles removed. / 6-301.12 Hand Drying Provision - PF - Paper towels not available at back handwash sink. Paper towels must be provided at each handwash sink. CDI -PIC replaced papertowels.

- 4-601.11 (A) Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils P Repeat: All tea urn nozzles 14 checked had mold growth. Clean as often as necessary to preclude accumulation of mold. CDI - All tea urn nozzles cleaned
- 3-501.16 (A)(1) Potentially Hazardous Food (Time/Temperature Control for Safety Food), Hot and Cold Holding P Repeate: In 19 hot hold, wings and tenders measured less 135F. Foods in hot holding shall measure a minimum of 135F at all times. CDI - Items reheated and measured 172-202F.

Person in Charge (Print & Sign):	Carl	First	Serrette	Last	cn Sa
Regulatory Authority (Print & Sign)	Carla	First	Day	Last	Cher Rty
REHS ID	2405	- Day, Carla			Verification Required Date://
REHS Contact Phone Number	: ( <u>33</u>	<u>6)703</u> - <u>314</u>	4 4		
North Carolina Department	of Health &	DHHS is 4	an equal o	blic Health   Environ pportunity employer. ent Inspection Report 3	mental Health Section • Food Protection Program

Spell

Comment Addendum to Food Establishment Inspection Report

Establishment Name: BOJANGLES #117

Establishment ID: 3034010032

	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.
5	3-302.12 Food Storage Containers Identified with Common Name of Food - C - 3-302.12 Food Storage Containers Identified with

35	. 3-302.12 Food Storage Containers Identified with Common Name of Food - C - 3-302.12 Food Storage Containers Identified with
	Common Name of Food - C - 0 points - Bottles of dressings and containers storing spices are not labeled. Working containers
	holding food or food ingredients that are removed from their original packages for use in the establishment must be labeled with
	the common name of the food. CDI - Label
	containers.

- 37 3-307.11 Miscellaneous Sources of Contamination C Package of american cheese stored inside of bin storing lettuce. Store american cheese in its own food storage container.
- 43 4-903.11 (A) and (C) Equipment, Utensils, Linens and Single-Service and Single-Use Articles-Storing C 0 points Tea jugs stored on the floor in walk in freezer. Store single service/single use items at least 6 inches above the floor. / Coffee cups not stored in sleeve next to point of sale. Store cups in protective plastic packaging or other effective means such as a cup dispenser.
- 45 4-501.11 Good Repair and Proper Adjustment-Equipment C Equipment repair/replacement necessary on: bent shelves in dry storage, torn gasket on reach in freezer and reach in cooler, broken casters on all equipment, broken handle on freezer at deep fryers, recaulk hood, broken shelf in walk in cooler 3, missing dial at steam table, broken cabinet doors across from soda fountain, replace weather strip at first drive through window, peeling casing on spray nozzle at 3 compartment sink, seal panel to prep surface at drive through drink drive through. / 4-205.10 Food Equipment, Certification and Classification C Discontinue using milk crates for storage of miscellaneous items. They are not approved for use in establishment. Unable to verify if Rubbermaid bin is approved for food storage. Provide documentation/spec sheet that it is approved for this use or obtain a food storage container that is approved for this use.
- 47 4-601.11 (B) and (C) Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils C & 4-602.13 Nonfood Contact Surfaces - C - Equipment cleaning necessary on: all sides of fryers, upright freezer, make top unit, all shelving in establishment, hood grates, hot holding area equipment, under hot hold's cabinet, exposed plumbing, clean panel at drive through soda machine, storage containers storing salt, pepper, etc, pvc pipe wrapping in freezer, underneath soda machine carbonator.
- 51 6-501.18 Cleaning of Plumbing Fixtures C All toilets are soiled. Clean as often as necessary.

52 5-501.13 Receptacles - C - All dumpster doors open. Maintain closed.





Soell

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Establishment ID: 3034010032

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53 6-501.12 Cleaning, Frequency and Restrictions - C -

Floors- Floor cleaning necessary underneath soda fountain cabinet, under fryers, under shelving units. Replace damaged tiles at drive through. / 6-201.13 Floor and Wall Junctures, Coved, and Enclosed or Sealed - C - Baseboard at drive through window is not coved. Repair.

Walls - Seal holes present throughout.

6-501.16 Drying Mops - C - Mops stored at can wash are soiling walls. They are currently stored mop head up. After use, mops shall be placed in a position that allows them to air-dry without soiling walls, equipment, or supplies.

6-303.11 Intensity-Lighting - C - 0 points - Lighting measures less than 10 foot candles in the walk in coolers. Increase lighting to a minimum of 10 foot candles. Lighting measures less than 20 foot candles at the handwash sink. Increase lighting to a minimum of 20 foot candles. Lighting measures less than 50 foot candles at steam table, soda machine/drive through prep area, hot hold prep area. Increase lighting to a minimum of 50 foot candles. Replace light bulbs that do not function





**√** Soell Establishment Name: BOJANGLES #117

Establishment ID: 3034010032

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Spell