

Food Establishment Inspection Report

Score: 91.5

Establishment Name: BLEU RESTAURANT & BAR

Establishment ID: 3034014070

Location Address: 3425 FRONTIS STREET

☒ Inspection ☐ Re-Inspection

City: WINSTON SALEM

State: NC

Date: 12 / 06 / 2016 Status Code: A

Zip: 27103

County: 34 Forsyth

Time In: 01 : 20 ^{am}_{pm} Time Out: 04 : 35 ^{am}_{pm}

Permittee: BLEU CUISINE INC

Total Time: 3 hrs 15 minutes

Telephone: (336) 760-2026

Category #: IV

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

FDA Establishment Type: Full-Service Restaurant

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

No. of Risk Factor/Intervention Violations: 5

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

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	<input type="checkbox"/>
29	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source				2	1	0	<input type="checkbox"/>
30	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Variance obtained for specialized processing methods				1	05	0	<input type="checkbox"/>
Food Temperature Control .2653, .2654											
31	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control				1	05	0	<input type="checkbox"/>
32	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding				1	05	0	<input type="checkbox"/>
33	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used				1	<input checked="" type="checkbox"/>	0	<input checked="" type="checkbox"/>
34	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Thermometers provided & accurate				1	<input checked="" type="checkbox"/>	0	<input checked="" type="checkbox"/>
Food Identification .2653											
35	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food properly labeled: original container				2	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657											
36	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects & rodents not present; no unauthorized animals				2	1	0	<input type="checkbox"/>
37	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display				2	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>
38	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness				1	<input checked="" type="checkbox"/>	0	<input checked="" type="checkbox"/>
39	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used & stored				1	<input checked="" type="checkbox"/>	0	<input type="checkbox"/>
40	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Washing fruits & vegetables				1	05	0	<input type="checkbox"/>
Proper Use of Utensils .2653, .2654											
41	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored				1	05	0	<input type="checkbox"/>
42	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils, equipment & linens: properly stored, dried & handled				1	05	0	<input type="checkbox"/>
43	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Single-use & single-service articles: properly stored & used				1	05	0	<input type="checkbox"/>
44	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly				1	05	0	<input type="checkbox"/>
Utensils and Equipment .2653, .2654, .2663											
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
46	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained, & used; test strips				1	<input checked="" type="checkbox"/>	0	<input checked="" type="checkbox"/>
47	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean				<input checked="" type="checkbox"/>	05	0	<input checked="" type="checkbox"/>
Physical Facilities .2654, .2655, .2656											
48	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot & cold water available; adequate pressure				2	1	0	<input type="checkbox"/>
49	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices				2	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>
50	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage & waste water properly disposed				2	1	0	<input type="checkbox"/>
51	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied & cleaned				1	05	0	<input type="checkbox"/>
52	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Garbage & refuse properly disposed; facilities maintained				1	05	0	<input type="checkbox"/>
53	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained & clean				<input checked="" type="checkbox"/>	05	0	<input checked="" type="checkbox"/>
54	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Meets ventilation & lighting requirements; designated areas used				1	<input checked="" type="checkbox"/>	0	<input checked="" type="checkbox"/>
Total Deductions:										8.5	

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

Comment Addendum to Food Establishment Inspection Report

Establishment Name: BLEU RESTAURANT & BAR

Location Address: 3425 FRONTIS STREET

City: WINSTON SALEM State: NC

County: 34 Forsyth Zip: 27103

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

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

Permittee: BLEU CUISINE INC

Telephone: (336) 760-2026

Establishment ID: 3034014070

☒ Inspection ☐ Re-Inspection Date: 12/06/2016

Comment Addendum Attached? ☐ Status Code: A

Category #: IV

Email 1: bleu.restaurant.bar@gmail.com

Email 2:

Email 3:

Temperature Observations

Item	Location	Temp	Item	Location	Temp	Item	Location	Temp
ServSafe	Gerald Warden Exp.	00	Mashed	Hot hold	136	Chlorine ppm	Dish machine	0
Spinach	Make unit	38	Spring mix	Walk-in cooler	43	Quat ppm	Sanitizer bucket	0
Tomatoes	Make unit	38	BBQ	Walk-in cooler, cooling	70	Hot water	3-compartment sink	144
Mushrooms	Make unit	40	Slaw	Walk-in cooler, cooling	48			
Butter	Make unit	46	Shrimp	Reach-in cooler 2	42			
Tuna steak	Reach-in cooler	43	Cooked	Walk-in cooler	44			
Lettuce	Reach-in cooler 2	42	Chicken	Walk-in cooler	42			
Tomatoes	Make unit 2	44	Mashed	Hot hold	155			

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.

- 8 6-301.11 Handwashing Cleanser, Availability - PF - 0 pts - The soap dispenser was not dispensing at one handsink. Soap shall be provided at each handsink in a food establishment. CDI - Soap provided.//6-301.12 Hand Drying Provision - PF - 0 pts -The batteries were dead in one of the paper towel dispensers. Paper towels or other hand drying devices shall be available at each handsink. CDI - Batteries replaced./ 2 other handsinks were stocked and operating properly.
- 14 4-501.114 Manual and Mechanical Warewashing Equipment, Chemical Sanitization-Temperature, pH, Concentration and Hardness - P - Repeat: The chlorine bucket for the dish machine was empty during the inspection. Bucket was replaced and the dish machine was not dispensing the sanitizer. Mechanical warewashing chlorine sanitizer shall be maintained between 50-200 ppm or according to the manufacturer's instructions. Repair dish machine to dispense chlorine sanitizer. Use 3-compartment sink quat sanitizer to sanitize all utensils and equipment. Verification of repair is required by 12-08-16, contact Grayson Hodge at 336-703-3383 or hodgega@forsyth.cc
- 19 3-501.16 (A)(1) Potentially Hazardous Food (Time/Temperature Control for Safety Food), Hot and Cold Holding - P - 0 pts - 2 containers of butter were held at 125-130F under heat lamps. Potentially hazardous food shall be held at 135F or above. CDI - Butter reheated to 165F.



Person in Charge (Print & Sign): Jon *First* Rumery *Last*

Regulatory Authority (Print & Sign): Grayson *First* Hodge *Last*

[Signature]

Grayson Hodge REHSI

REHS ID: 2554 - Hodge, Grayson

Verification Required Date: 12 / 08 / 2016

REHS Contact Phone Number: (336) 703 - 3383



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



Comment Addendum to Food Establishment Inspection Report

Establishment Name: BLEU RESTAURANT & BAR

Establishment ID: 3034014070

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.



- 23 3-603.11 Consumption of Animal Foods that are Raw, Undercooked, or Not Otherwise Processed to Eliminate Pathogens - PF - Add the consumer advisory disclosure to the take-out menu. Disclosure shall state "Consuming raw or undercooked meats, poultry, seafood, shellfish, or eggs may increase your risk of foodborne illness". Verification of disclosure is required by 12-16-16, contact Grayson Hodge at 336-703-3383 or hodgega@forsyth.cc
- 26 7-207.11 Restriction and Storage-Medicines - P,PF - 0 pts - One bottle of ibuprofen was stored above the make unit. Medications shall be stored where they cannot contaminate food or equipment. CDI - Medication relocated to office.//7-102.11 Common Name-Working Containers - PF - 0 pts - Degreaser stored in a spray bottle was not labeled. Label all chemicals in working containers. CDI - Degreaser labeled.
- 33 3-501.13 Thawing - C - Several packages of tuna were thawing in the reach-in cooler in vacuum sealed packages. The manufacturer's instructions state that the tuna shall be removed from packaging before thawing. Slit the packages or remove the tuna completely./ Salmon was thawing in the prep sink without running water. Food shall be thawed under refrigeration, under running water at 70F or below, or as part of the cooking process.
- 34 4-302.12 Food Temperature Measuring Devices - PF - Person in charge stated that all of the food thermometers were broken. Food temperature measuring devices shall be available to measure temperatures of food (small-diameter probe for thin portions). Provide small-diameter probe thermometer. Verification of thermometer is required by 12-16-16, contact Grayson Hodge at 336-703-3383 or hodgega@forsyth.cc
- 35 3-302.12 Food Storage Containers Identified with Common Name of Food - C - 0 pts - Several bottles were not labeled during the inspection. Food that is removed from it's original packaging shall be labeled with the common name of the food. Label.
- 37 3-305.11 Food Storage-Preventing Contamination from the Premises - C - 0 pts - One large container of spring mix was stored on the floor of the walk-in cooler. Food shall be stored at least 6 inches above the floor. Spring mix relocated to speed rack.
- 38 2-402.11 Effectiveness-Hair Restraints - C - Repeat: Employees with beards were not wearing facial hair restraints. Hair restraints are required for long facial hair. Provide beard restraints.



Comment Addendum to Food Establishment Inspection Report

Establishment Name: BLEU RESTAURANT & BAR

Establishment ID: 3034014070

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.



- 39 3-304.14 Wiping Cloths, Use Limitation - C - 2 wet wiping cloths were stored on prep surfaces and 2 sanitizer buckets measured 0 ppm quat. Wet wiping cloths shall be held in a sanitizer solution maintained between 150-400 ppm quat. Refill sanitizer buckets to stored wet cloths.
- 45 4-501.11 Good Repair and Proper Adjustment-Equipment - C - 0 pts - Ice build-up around the door of the walk-in freezer, walk-in cooler baseboard is missing/damaged, chipping shelves in reach-in coolers, rusting spring on the sprayer of the 3-compartment sink, replace damaged/stained cutting boards throughout. Equipment shall be maintained in good repair.
- 46 4-302.14 Sanitizing Solutions, Testing Devices - PF - Chlorine test strips for the dish machine were not available during the inspection. Sanitizer test strips or other testing devices shall be used to test the concentration of the sanitizer. Provide chlorine test strips. Verification of test strips is required by 12-16-16, contact Grayson Hodge at 336-703-3383 or hodgega@forsyth.cc//4-501.14 Warewashing Equipment, Cleaning Frequency - C - Repeat: Cleaning needed on the inside of dish machine doors. Clean at least once a day or as often as necessary.
- 47 4-601.11 (B) and (C) Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils - C - Repeat: Cleaning needed on the following: hood filters, walls of walk-in cooler, floor of walk-in freezer, around cooking equipment, inside of coolers, shelving throughout, inside microwaves, and around soap and towel dispensers. Nonfood contact surfaces shall be kept clean.
- 49 5-205.15 System Maintained in Good Repair - C - 0 pts - Drip leak present at the left faucet handle of the 3-compartment sink and underneath the wash compartment. Plumbing systems shall be maintained in good repair.
- 53 6-501.12 Cleaning, Frequency and Restrictions - C - Repeat: Wall cleaning needed throughout, especially in hard to reach areas. Heavily dusted ceilings vent above prep sinks. Floors, walls, and ceilings shall be kept clean.//6-201.11 Floors, Walls and Ceilings-Cleanability - C - Baseboard damage in several places of the kitchen, replace missing/damaged caulk throughout, wall and grout damage underneath the dish machine drainboard, floor crack in front of the walk-in cooler. Floors, walls, and ceilings shall be smooth and easily cleanable. Clean frequently.
- 54 6-303.11 Intensity-Lighting - C - Repeat: Lighting is low inside of the walk-in freezer at 1 foot candle. Lighting shall be at least 10 foot candles in walk-in units. Increase lighting.//6-202.11 Light Bulbs, Protective Shielding - C - Replace damaged light shield in walk-in freezer.



Comment Addendum to Food Establishment Inspection Report

Establishment Name: BLEU RESTAURANT & BAR

Establishment ID: 3034014070

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.

✓
Spell



Comment Addendum to Food Establishment Inspection Report

Establishment Name: BLEU RESTAURANT & BAR

Establishment ID: 3034014070

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.

✓
Spell

