

# Food Establishment Inspection Report

Score: 93

Establishment Name: 1703

Establishment ID: 3034011300

Location Address: 1703 ROBINHOOD ROAD

☒ Inspection ☐ Re-Inspection

City: WINSTON SALEM

State: NC

Date: 12 / 08 / 2016 Status Code: A

Zip: 27104

County: 34 Forsyth

Time In: 01 : 00 <sup>am</sup><sub>pm</sub> Time Out: 04 : 00 <sup>am</sup><sub>pm</sub>

Permittee: CURRAN HOSPITALITY GROUP, INC.

Total Time: 3 hrs 0 minutes

Telephone: (336) 725-5767

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: 3

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	<input checked="" type="checkbox"/>	0	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized				3	15	0	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooling time & temperatures				3	15	0	<input type="checkbox"/>
19	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper hot holding temperatures				3	15	0	<input type="checkbox"/>
20	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures				3	15	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
21	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Proper date marking & disposition				3	<input checked="" type="checkbox"/>	0	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consumer advisory provided for raw or undercooked foods				1	05	0	<input type="checkbox"/>
Highly Susceptible Populations .2653											
24	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pasteurized foods used; prohibited foods not offered				3	15	0	<input type="checkbox"/>
Chemical .2653, .2657											
25	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food additives: approved & properly used				1	05	0	<input type="checkbox"/>
26	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified stored, & used				2	1	0	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Plant food properly cooked for hot holding				1	05	0	<input type="checkbox"/>
33	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used				1	05	0	<input type="checkbox"/>
34	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided & accurate				1	05	0	<input type="checkbox"/>
Food Identification .2653											
35	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled: original container				2	1	0	<input type="checkbox"/>
Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657											
36	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Insects & rodents not present; no unauthorized animals				2	<input checked="" type="checkbox"/>	0	<input type="checkbox"/>
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display				2	1	0	<input type="checkbox"/>
38	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness				1	05	0	<input type="checkbox"/>
39	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used & stored				1	05	0	<input type="checkbox"/>
40	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Utensils, equipment & linens: properly stored, dried & handled				1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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	<input checked="" type="checkbox"/>	0	<input type="checkbox"/>
46	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained, & used; test strips				1	05	0	<input type="checkbox"/>
47	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean				1	05	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices				2	1	0	<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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied & cleaned				1	05	<input checked="" type="checkbox"/>	<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				<input checked="" type="checkbox"/>	05	0	<input checked="" type="checkbox"/>
Total Deductions:										7	

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: 1703

Establishment ID: 3034011300

Location Address: 1703 ROBINHOOD ROAD

☒ Inspection ☐ Re-Inspection Date: 12/08/2016

City: WINSTON SALEM State: NC

Comment Addendum Attached? ☐ Status Code: A

County: 34 Forsyth Zip: 27104

Category #: IV

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

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

Permittee: CURRAN HOSPITALITY GROUP, INC.

Email 1:

Email 2:

Telephone: (336) 725-5767

Email 3:

## Temperature Observations

Item	Location	Temp	Item	Location	Temp	Item	Location	Temp
servsafechlorine	Curtis Hackaday	0	trout	prep 1	39			
quat spray	cook line	300	bacon	prep 1 inside	38			
chlorine	dish machine	50	blue cheese	prep 2	40			
hot water	3 compartment sink	138	salad	inside prep 2	39			
pecan dish	cook temp	208	tomatoes	walk in cooler	40			
butter	countertop	71	cheese	walk in cooler	39			
corn	prep 1	39	oysters	NC 208 SP	0			
guacamole	prep 1	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.

- 8 5-204.11 Handwashing Sinks-Location and Placement - PF Large trash can blocking hand sink along cooko line. Hand sinks shall remain easily accessible at all times. CDI. Trash can moved during inspection.
- 20 3-501.16 (A)(2) and (B) Potentially Hazardous Food (Time/Temperature Control for Safety Food), Hot and Cold Holding - P 0 points. Butter on countertop 71 degrees. Potentially hazardous food must be cold held at 45 degrees or below. CDI. Butter returned to walk in cooler until chef had time to work with it (butter was to be at room temperature to be creamed).
- 21 3-501.17 Ready-To-Eat Potentially Hazardous Food (Time/Temperature Control for Safety Food), Date Marking - PF Repeat violation. Cooked egg yolks and whites in walk in cooler not date marked. Both items were directly adjacent to the batch of eggs from which they had come from that was correctly date marked. CDI. Yolks and whites date marked during inspection. Full credit not taken for repeat violation because all other date marking compliant.

Person in Charge (Print & Sign): Curtis *First* Hackaday *Last*

Regulatory Authority (Print & Sign): Amanda *First* Taylor *Last*

REHS ID: 2543 - Taylor, Amanda

Verification Required Date:     /     /    

REHS Contact Phone Number: ( 336 ) 703 - 3136



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: 1703

Establishment ID: 3034011300

## 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.



- 36 6-501.111 Controlling Pests - PF Two ants found crawling on prep sink drainboard. Pests shall not be present in the facility. Continue to work with Terminex to eliminate pests.
- 42 4-903.11 (A), (B) and (D) Equipment, Utensils, Linens and Single-Service and Single-Use Articles-Storing - Repeat violation. C Install splash guard at bar hand sink to avoid contamination of coffee and espresso makers directly adjacent to handsink. Ice scoop stored in dirty bin. CDI. Bin and scoop sent for rewash during inspection.
- 45 4-501.11 Good Repair and Proper Adjustment-Equipment - C Replace heavily rusted shelf under water heater. Replace/repair leaking hot water heater. Replace lid to ice cream freezer where it is separating and taped together. Resurface or replace rusty tables along grill line.  
4-205.10 Food Equipment, Certification and Classification - C Remove domestic vitamix blender and jerky maker from kitchen. Only approved equipment shall be used in a food establishment.
- 47 4-601.11 (B) and (C) Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils - C 0 points. Clean mold and residue from ice guard in ice machine. Clean crumbs from underneath microwave in dessert prep area.
- 51 5-501.17 Toilet Room Receptacle, Covered - C 0 points. Provide a covered receptacle in employee restroom for disposal of feminine products.
- 53 6-501.11 Repairing-Premises, Structures, Attachments, and Fixtures-Methods - C Repeat violation. Replace missing ceiling tiles in back storage room. Replace missing tiles from underneath 3 compartment sink. Recaulk 3 compartment sink to wall, as caulk is currently cracked and peeling. Replace non working bulbs under hood. Repair cracked ceiling and floors in walk-in cooler. Repair broken door to outside rubbermaid building. Repair/replace broken tile in can wash.
- 54 6-303.11 Intensity-Lighting - C Repeat violation. Lighting in both restrooms 2-6 footcandles. Increase lighting to 20 footcandles at plumbing fixtures.



# Comment Addendum to Food Establishment Inspection Report

Establishment Name: 1703

Establishment ID: 3034011300

## 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: 1703

Establishment ID: 3034011300

## 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: 1703

Establishment ID: 3034011300

## 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

