- C	ood Establishment Inspection Report Score: 99																	
Stablishment Name: KOERNER PLACE MEALSITE								Establishment ID: 3034090010										
	ocation Address: 812 BIRCH LANE																	
City	<b>/</b> :	ΚE	RN	ERS	SVILLE	State: NC			D	ate	: _0	07/31/2015 Status Code:	Α			_		
zip	: _2	272	284		County: 34 Forsyth				Ti	ime	e In	n: 11:30 ⊗ am Time Out: 12	: <u>2</u>	<u>ø</u> &	) a	m m		
•	· ·mi				SENIOR SERVICES				To	ota	ΙΤi	ime: 50 minutes						
					(336) 996-9833				C	ate	go	ry #: _IV				_		
	-						. 4		FI	DA	Es	stablishment Type:						
					System: Municipal/Community	-	ster	n				Risk Factor/Intervention Violation	s: 2	:				_
۷a	ter	S	up	ply	<b>/</b> : ⊠Municipal/Community □ On-	Site Supply			Ν	0. 0	of F	Repeat Risk Factor/Intervention \	/iola⁴	tior	າຣ:	_	_	_
F	000	lho	rne	ااا ج	ness Risk Factors and Public Health Int	erventions						Good Retail Practices				_		
Ri	sk fa	cto	rs: (	Contr	ibuting factors that increase the chance of developing food	oorne illness.		Goo	d Re	tail F	Prac	tices: Preventative measures to control the addition o	f pathog	jens,	che	mica	ıls,	
_		_			ventions: Control measures to prevent foodborne illness o		-	T	0.117			and physical objects into foods.				an.	$\overline{}$	
	in c	_		N/O	Compliance Status .2652	OUT CDI R VR	S			N/A d an		<u>'</u>		OUT		CDI	R	VK
$\overline{}$		$\overline{}$			PIC Present; Demonstration-Certification by accredited program and perform duties	2 0	1	×	$\overline{}$			Pasteurized eggs used where required		1 0.5	0			
	nplo	yee	Не	alth	.2652		-	×				Water and ice from approved source		2 1	0			_ _
2 [	X [				Management, employees knowledge; responsibilities & reporting	3 1.5 0	30	<u> </u>	F	×		Variance obtained for specialized processing						_
3 [	X [				Proper use of reporting, restriction & exclusion	3 1.5 0			Ten		atur	methods re Control .2653, .2654						
Go	ood	Нус	gien	ic Pı	ractices .2652, .2653			×	$\overline{}$	Poi	- Lui	Proper cooling methods used; adequate equipment for temperature control		1 0.5	0		П	П
4	<b>X</b>				Proper eating, tasting, drinking, or tobacco use	210	l		_	×	$\vdash$	Plant food properly cooked for hot holding		1 0.5				_
5	<b>X</b>				No discharge from eyes, nose or mouth	1 0.5 0	-				<u> </u>	Approved thawing methods used		1 0.5	H			
$\overline{}$	$\overline{}$	T	g Co	onta	mination by Hands .2652, .2653, .2655, .2656		١⊢	×			Н	Thermometers provided & accurate		1 0.5				ᆷ
+	-				Hands clean & properly washed	420				ntific	ratio	·		1 0.3		ᆜ		
7 [	_				No bare hand contact with RTE foods or pre- approved alternate procedure properly followed	3 1.5 0		×		Itilit	Jane	Food properly labeled: original container	T	2 1	П		П	П
8 [		X			Handwashing sinks supplied & accessible		-			n of	f Foo	od Contamination .2652, .2653, .2654, .2656	, .2657					
т.	$\overline{}$	ved	l So	urce			36	X				Insects & rodents not present; no unauthorize animals	d [	2 1	0			
9 [	<b>X</b> [	ᆜ			Food obtained from approved source	210	37	×				Contamination prevented during food preparation, storage & display		2 1	0			
+	=+			X	Food received at proper temperature	210	1	×	_			Personal cleanliness		1 0.5	0	П		$\overline{\Box}$
11 [	<b>X</b>	_			Food in good condition, safe & unadulterated	210	1	×				Wiping cloths: properly used & stored		1 0.5	0			_ _
12 [			X		Required records available: shellstock tags, parasite destruction	210	40			×		Washing fruits & vegetables		1 0.5	$\vdash$			二
_	$\overline{}$				Contamination .2653, .2654		1		er Us		f Ute	ensils .2653, .2654		1 0.0				Ï
13 [	-	-			Food separated & protected	3 1.5 0						In-use utensils: properly stored		1 0.5	0			
+	-				Food-contact surfaces: cleaned & sanitized  Proper disposition of returned, previously served,	3 1.5 0		×				Utensils, equipment & linens: properly stored, dried & handled		1 0.5	0			
			11.		reconditioned, & unsafe food	210	I	×	-			Single-use & single-service articles: properly stored & used		1 0.5	0		П	_
16 [	ΞТ.	$\neg$	уна ⊠		dous Food Time/Temperature .2653  Proper cooking time & temperatures	3 1.5 0	١—	×				Gloves used properly		1 0.5				_
		-	$\boxtimes$		Proper reheating procedures for hot holding	3150	-		ഥ	and i	Fau	ipment .2653, .2654, .2663		1 0.3				
+	٠,	-						X			9-	Equipment, food & non-food contact surfaces approved, cleanable, properly designed,		2 1	0	П	П	_
+	=+	_	X		Proper cooling time & temperatures	3 1.5 0	┨					constructed, & used  Warewashing facilities: installed, maintained,				H		_
+	=   -	4	<u> </u>		Proper hot holding temperatures	3150	t⊢	×	-			used; test strips	<u>x</u>	1 0.5	0			
20 [	<b>X</b>	_	Ц	Ш	Proper cold holding temperatures	3 1.5 0	۰.	×		L	L	Non-food contact surfaces clean	[	1 0.5	0			
21 [	] [	-	X		Proper date marking & disposition	3 1.5 0		_	ical	Faci	ilitie	, ,						
22 [			X		Time as a public health control: procedures & records	210	l	×		Ш		Hot & cold water available; adequate pressure		2 1				
$\neg$	nsu	$\overline{}$		dviso	consumer advisory provided for raw or		1⊢	×				Plumbing installed; proper backflow devices		2 1	0		니	$\stackrel{\sqcup}{=}$
23 [ Hi			X	ntih	undercooked foods	1 0.5 0	i⊢	×				Sewage & waste water properly disposed		2 1	0	Ш		
$\neg$	gniy X [	ou T	DISCE	μub	Pasteurized foods used; prohibited foods not	3 1.5 0	51	×				Toilet facilities: properly constructed, supplied & cleaned	L	1 0.5	0			
	ວ∟ nemi	cal	_		offered .2653, .2657		52	×				Garbage & refuse properly disposed; facilities maintained	Ī	1 0.5	0			
25 [		$\neg$	X		Food additives: approved & properly used	10.50	53	×				Physical facilities installed, maintained & clea	n [	1 0.5	0			
26 [	7/1	X	П		Toxic substances properly identified stored, & used		54	П	X	Г		Meets ventilation & lighting requirements;	<del>-</del>	1 0 5	X	Г	Ħ	$\overline{\Box}$

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

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



**Total Deductions:** 

Establishme	ent Name: KOERNER PLA	ACE MEA	LSITE		Establishment ID: 3034090010									
	address: 812 BIRCH LANE													
City: KERN		Stat	te: NC	Comment Add		·	Status Code: A							
•	County: 34 Forsyth						_	Category #: IV						
	System: Municipal/Commun				p@ncl	hsm.org								
	Water Supply:   ✓ Municipal/Community   On-Sit  Permittee: SENIOR SERVICES				Email 2:									
	Telephone: (336) 996-9833				Email 3:									
	•						Observations							
Item	Location		Item	Location			Item I	Location	Temp					
hot water hot water	handsink two comp sink	104					-							
squash	hot hold	178												
mashed	hot hold	159												
turkey and	hot hold	167					-							
chlorine	spray bottle	100												
		0	bservation	s and C	orrective Ac	ctions	 S							
	/iolations cited in this report r Handwashing Signage - (								,					
26 7-201.11 service ar	hing sinks shall only be u Separation-Storage - P: ( ticles (napkins) and one it, single service and sing	0 pts. Bi can of c	ngo prices inc hili. Toxic and	luding disl d poisonou	n soap and han is chemicals sh	d san								
	14 Cleaning Ventilation S strooms. Clean vents at							ating on air vents of	f ceiling					
Person in Cha	rge (Print & Sign): Kevii	Fir		Douthit	.ast .ast	Ĝ	Jun D	author						
Regulatory Au	thority (Print & Sign): Mich			Bell		<b>W</b>	rightly	BULLAK	<u>e</u>					
	REHS ID: 24	64 - Be	II, Michelle			Verific	cation Required Date	e://						
REHS C	Contact Phone Number: ( 3	336)	703-314	1										

dhis



Establishment Name: KOERNER PLACE MEALSITE Establishment ID: 3034090010

#### **Observations and Corrective Actions**





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