

Food Establishment Inspection Report

Score: 94

Establishment Name: QUIET PINT TAVERN

Establishment ID: 3034012288

Location Address: 1420 WEST FIRST STREET

Inspection Re-Inspection

City: WINSTON SALEM

State: NC

Date: 10 / 10 / 2016 Status Code: A

Zip: 27101

County: 34 Forsyth

Time In: 01 : 00 am/pm am pm

Time Out: 03 : 25 am/pm am pm

Permittee: QUIET PINT INC.

Category #: IV

Telephone: (336) 893-6881

FDA Establishment Type: Full-Service Restaurant

Wastewater System: Municipal/Community On-Site System

No. of Risk Factor/Intervention Violations: 1

Water Supply: Municipal/Community On-Site Supply

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	1.5	0	<input type="checkbox"/>
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of reporting, restriction & exclusion			3	1.5	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	0.5	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	1.5	0	<input type="checkbox"/>
8	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Handwashing sinks supplied & accessible			<input checked="" type="checkbox"/>	1	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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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	1.5	0	<input type="checkbox"/>
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized			3	1.5	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	1.5	0	<input type="checkbox"/>
17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper reheating procedures for hot holding			3	1.5	0	<input type="checkbox"/>
18	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling time & temperatures			3	1.5	0	<input type="checkbox"/>
19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures			3	1.5	0	<input type="checkbox"/>
20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures			3	1.5	0	<input type="checkbox"/>
21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking & disposition			3	1.5	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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consumer advisory provided for raw or undercooked foods			1	0.5	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	1.5	0	<input type="checkbox"/>
Chemical .2653, .2657										
25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food additives: approved & properly used			1	0.5	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	0.5	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	0.5	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	0.5	0	<input type="checkbox"/>
32	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding			1	0.5	0	<input type="checkbox"/>
33	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Approved thawing methods used			1	0.5	0	<input type="checkbox"/>
34	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided & accurate			1	0.5	0	<input 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 checked="" 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	<input checked="" type="checkbox"/>	0	<input type="checkbox"/>
38	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness			1	0.5	<input checked="" type="checkbox"/>	<input type="checkbox"/>
39	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used & stored			1	0.5	0	<input type="checkbox"/>
40	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits & vegetables			1	0.5	0	<input type="checkbox"/>
Proper Use of Utensils .2653, .2654										
41	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored			1	0.5	<input checked="" type="checkbox"/>	<input type="checkbox"/>
42	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils, equipment & linens: properly stored, dried & handled			1	0.5	0	<input type="checkbox"/>
43	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Single-use & single-service articles: properly stored & used			1	0.5	0	<input type="checkbox"/>
44	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly			1	0.5	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			<input checked="" type="checkbox"/>	1	0	<input checked="" type="checkbox"/>
46	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained, & used; test strips			1	0.5	0	<input type="checkbox"/>
47	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean			1	<input checked="" type="checkbox"/>	0	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied & cleaned			1	0.5	0	<input type="checkbox"/>
52	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Garbage & refuse properly disposed; facilities maintained			1	0.5	0	<input type="checkbox"/>
53	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained & clean			1	0.5	<input checked="" type="checkbox"/>	<input 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:							6			



Comment Addendum to Food Establishment Inspection Report

Establishment Name: QUIET PINT TAVERN
Location Address: 1420 WEST FIRST STREET
City: WINSTON SALEM **State:** NC
County: 34 Forsyth **Zip:** 27101
Wastewater System: Municipal/Community On-Site System
Water Supply: Municipal/Community On-Site System
Permittee: QUIET PINT INC.
Telephone: (336) 893-6881

Establishment ID: 3034012288
 Inspection Re-Inspection **Date:** 10/10/2016
Comment Addendum Attached? **Status Code:** A
Category #: IV
Email 1: dhillman62@gmail.com
Email 2:
Email 3:

Temperature Observations

Item	Location	Temp	Item	Location	Temp	Item	Location	Temp
Korean pork	final cook	155	tomato	make unit	40	tomato	walk in	40
wings	final cook	170	lettuce	make unit	42	sauce	walk in	39
shrimp	final cook	163	turkey	make unit	40	ambient air	walk in	40
Hot water	three comp sink	140	noodles	make unit	41			
sanitizer	three comp sink (ppm)	200	ham	make unit	39			
sanitizer	dish machine (ppm)	50	onions	make unit	39			
Cheese	hot hold	136	hamburger	low boy	44			
bbq	hot hold	159	shrimp	low boy	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.

- 8 5-205.11 Using a Handwashing Sink-Operation and Maintenance - PF Repeat: Front bar hand sink had ice in it from employee dumping cups into the sink, Employee also wringed a towel out into the sink. Hand sinks may be used for hand washing only. / Repeat: Hand sink in ice machine room was blocked with packages of wiping cloths. Hand washing sinks must be accessible for use at all times. Do not store towels on hand sink.
- 35 3-302.12 Food Storage Containers Identified with Common Name of Food - C One bin of sugar and one roller bin of flour had no label during inspection. Containers of food and ingredients that are not easily identified must be labelled. CDI: Employees added labels to the bins. Labelling over all improved from prior inspection.
- 37 3-305.11 Food Storage-Preventing Contamination from the Premises - C Speed rack in walk in cooler was uncovered with tortillas on top. Add a cover to prevent contamination to food.
 3-306.11 Food Display-Preventing Contamination by Consumers - P Two pitchers on cart outside and two pitchers on bar are uncovered and in areas easily accessible by consumers. Cover pitchers or store them in such a way that they are protected from contamination from the premises and consumers.



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

[Signature]

Regulatory Authority (Print & Sign): *First* *Last*
Joseph Chrobak

[Signature]

REHS ID: 2450 - Chrobak, Joseph

Verification Required Date: ___ / ___ / ___

REHS Contact Phone Number: (336) 703 - 3164



Comment Addendum to Food Establishment Inspection Report

Establishment Name: QUIET PINT TAVERN

Establishment ID: 3034012288

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.



- 38 2-402.11 Effectiveness-Hair Restraints - C Multiple food employees with beards and no beard guards. Employees handling food must wear beard guards. 0 pts
- 41 3-304.12 In-Use Utensils, Between-Use Storage - C One scoop in roller flour bin was buried in the food product. Keep utensil handles out of the food when stored. / One plastic cup used as a scoop in bin of flour in dry storage. Replace cup with a scoop with a handle. 0 pts
- 45 4-501.11 Good Repair and Proper Adjustment-Equipment - C Repeat: Replace rusted shelving in walk ins and around dish machine. / Replace the rusted wheels of the speed rack in the walk in./ Replace the Wursthof chefs knife with the torn handle./ Repair damaged floors in walk in cooler and beer cooler. / Repair self closure on outside shed used for storage./ Repair the heavy ice leak and build up in the walk in freezer. / Equipment shall be kept in good repair.
- 47 4-601.11 (B) and (C) Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils - C Cleaning needed under cooking equipment and inside cabinets of deep fryers to remove grease build up. / Wire shelves in dry storage need to be cleaned to remove powder build up. / Cleaning needed in reach in freezer to remove excess crumb build up. / Non food contact surfaces shall be kept clean.
- 53 6-201.11 Floors, Walls and Ceilings-Cleanability - C Reseal the meat and vegetable sinks to the wall as they have pulled away from caulking. Reseal both bathroom handsinks to the counters as caulking has torn. Physical facilities shall be kept clean and in good repair.
- 54 6-303.11 Intensity-Lighting - C Repeat: Lighting low at shelf with heat lamps (24 - 38 ft /cl). / Lighting low at mens handsink (9 ft/cl) and womens toilet (4.5ft/cl) due to burned out lights. / Increase lighting at heat lamp shelf to 50 foot candles and increase lighting in restrooms to 20 foot candles.



Comment Addendum to Food Establishment Inspection Report

Establishment Name: QUIET PINT TAVERN

Establishment ID: 3034012288

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: QUIET PINT TAVERN

Establishment ID: 3034012288

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: QUIET PINT TAVERN

Establishment ID: 3034012288

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

