Food Establishment Inspection Report Score: <u>92.5</u>																					
Stablishment Name: PIEDMONT SNACK BAR										Establishment ID: 3034010323											
	Location Address: 3820 N. LIBERTY ST.										✓ Inspection Re-Inspection										
City: WINSTON SALEM State: NC									Date: Ø 1 / Ø 8 / 2 Ø 1 8 Status Code: A												
Zip: 27105 County: 34 Forsyth									Time In: $08:45 \times 10^{-8}$ Time Out: $11:45 \times 10^{-8}$ pm												
Total Time: 3 hrs 0 minutes												, h									
										Category #: III											
	elephone: (336) 767-4173										FDA Establishment Type: Full-Service Restaurant										
Na	Vastewater System: $oxtimes$ Municipal/Community $ oxtimes$ On-Site Sy									No. of Risk Factor/Intervention Violations: 2											
Na	Vater Supply: ⊠Municipal/Community ☐ On-Site Supply									No. of Repeat Risk Factor/Intervention Violations: 1											
Foodborne Illness Risk Factors and Public Health Interventions														Good Retail Practices							
R	sk fa	cto	rs: C	Contri	ibuting factors that increase the chance of developing foodb	orne illne	-		G	ood F	Reta	il P	ract	ices: Preventative measures to control the addition of patho	gens,	che	mica	ıls,			
_		_	_		ventions: Control measures to prevent foodborne illness or									and physical objects into foods.	T		l l	_			
_	IN OUT N/A N/O Compliance Status Apprivision .2652				Compliance Status .2652	OUT CDI R VR				N Οι fe Fo	_	_		Compliance Status ater .2653, .2655, .2658	OU	OUT CDI R VR					
1	•	$\overline{}$			PIC Present; Demonstration-Certification by	X 0			28 [$\overline{}$	X	Т	Pasteurized eggs used where required	1 0.	50		П	П		
Er	nplo			alth	accredited program and perform duties .2652		71-1-		29 [-	+	-		Water and ice from approved source	21	_			Ē		
2	X				Management, employees knowledge; responsibilities & reporting	3 1.5 0			30 [_	—		Variance obtained for specialized processing	1 0.	+			Ē		
3	X				Proper use of reporting, restriction & exclusion	3 1.5 0				Variance obtained for specialized proce methods Variance obtained for specialized proce methods Variance obtained for specialized procedure Variance obtained Variance obtained					LT [0.	3[0]		Ш	Ľ		
G	ood	Нуς	gieni	ic Pr	ractices .2652, .2653				31	$\overline{}$				Proper cooling methods used; adequate	10.50						
4	X I				Proper eating, tasting, drinking, or tobacco use	210			\vdash		4	╗	_	equipment for temperature control Plant food properly cooked for hot holding	1 0.	-			Ē		
5	X				No discharge from eyes, nose or mouth	1 0.5 0			\vdash	=+=	+	\dashv	-		+	+			Ë		
$\overline{}$	$\overline{}$	ntin	g Co	onta	mination by Hands .2652, .2653, .2655, .2656						+	4	=	Approved thawing methods used	1 0.	+			Ë		
6	X				Hands clean & properly washed	420			34			:fi o		Thermometers provided & accurate	1 0.	5 0	Ш	Ш	L		
7	X				No bare hand contact with RTE foods or pre- approved alternate procedure properly followed	3 1.5 0			35	od Id	$\overline{}$	IIIC		n .2653 Food properly labeled: original container	2 1	0			Б		
8	X				Handwashing sinks supplied & accessible	210						of		od Contamination .2652, .2653, .2654, .2656, .265		الحا			Ë		
	opro	ved	So	urce	.2653, .2655				36	$\overline{}$	$\overline{}$			Insects & rodents not present; no unauthorized animals	21	0					
9	X I				Food obtained from approved source	210		10	37 [-	╅			Contamination prevented during food	2 1			П	П		
10		\Box		X	Food received at proper temperature	210			38 [_	+			preparation, storage & display Personal cleanliness	1 0.	_			Ē		
11	X				Food in good condition, safe & unadulterated	210			\vdash		4			Wiping cloths: properly used & stored	10.	+			H		
12			X		Required records available: shellstock tags, parasite destruction	210				_	+	+			+	+	\vdash		Ë		
_	_	$\overline{}$	$\overline{}$		Contamination .2653, .2654				40 X □ Washing fruits & vegetables 1 □ 3 □ □ □ □ □ □ □									Ľ			
13	-				Food separated & protected 3 13 0					X [, UI	_	In-use utensils: properly stored	1 0.	5 0			П		
14	X I				Food-contact surfaces: cleaned & sanitized	3 1.5 0			41 [-	+			Utensils, equipment & linens: properly stored,	1 0.	+	\vdash		Ē		
	X	Proper disposition of returned, previously served, reconditioned, & unsafe food						\vdash		+	+		dried & handled Single-use & single-service articles: properly	Ħ				F			
$\overline{}$	$\overline{}$	iall			dous Food Time/Temperature .2653				43		+	-		stored & used	1 0.	\equiv			E		
+	X	ᆜ			Proper cooking time & temperatures	3 1.5 0			44 [ㅗ	,d F		Gloves used properly	1 0.	5 0	Ш	Ш	닏		
17	X				Proper reheating procedures for hot holding	3 1.5 0		40	П	\neg	\top	iu E		ipment .2653, .2654, .2663 Equipment, food & non-food contact surfaces							
18				X	Proper cooling time & temperatures	3 1.5 0					+	_		approved, cleanable, properly designed, constructed, & used Warewashing facilities: installed, maintained, &	2 🕽				Ľ		
+	X I	 X			Proper hot holding temperatures	3 1.5 0			46	_	_	1		used; test strips	1 0.	F					
\dashv	-+	4] [Proper cold holding temperatures				47 [20:1		Non-food contact surfaces clean	1 0.	5 0	Ш	Ш	닏		
21	X I	井			Proper date marking & disposition Time as a public health control: procedures &	3 1.5 0		14	48 [ysica XI [\neg	1CII	rues	S .2654, .2655, .2656 Hot & cold water available; adequate pressure	211						
22			X		records	2 1 0			H		4	4		Plumbing installed; proper backflow devices	2 3				Ë		
$\overline{}$	onsu X	me	r Ac	IVISC	Consumer advisory provided for raw or	1 0.5 0			\vdash		+	\dashv	\dashv						Ë		
_	_	Su		ptib	undercooked foods ' le Populations .2653		1 -	-11-	50	+	+	_		Sewage & waste water properly disposed Toilet facilities: properly constructed, supplied	2 1	\equiv			Ľ		
24	J)	$\overline{}$	X	J .110	Pasteurized foods used; prohibited foods not offered	3 1.5 0			51 [+][4	_	& cleaned	1 0.	5 0	Ш		Ľ		
Cl	nemi		$\overline{}$.2653, .2657				52	X C	1			Garbage & refuse properly disposed; facilities maintained	1 0.	5 0					
25			X		Food additives: approved & properly used	1 0.5 0			53 [+			Physical facilities installed, maintained & clean	X 0.	5 0	-	X	Ē		
	X				Toxic substances properly identified stored, & used	210			54 [3			Meets ventilation & lighting requirements; designated areas used	X 0.	5 0		X			
C	onfo			witl	h Approved Procedures .2653, .2654, .2658 Compliance with variance, specialized process,								Total Deductions:	7.5							
27			X		reduced oxygen packing criteria or HACCP plan	210								i otal Deductions.							



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	Comment	Adde	endum to F	ood Es	tablishn	nent l	nspection	Report	
Establishm	nent Name: PIEDMONT S	NACK BA	AR		Establishr	nent ID	: 3034010323		
	Address: 3820 N. LIBERT	/ ST.	State			on Re-Inspection		Date: 0	_
County:_		Zip: 27105						Categor	y #: <u> </u>
Wastewate Water Sup	er System: Municipal/Commuply: Municipal/Commu				Email 1: Bh	BKEY5@TRIAD.RR.COM			
	e: BRIAN KEY	ility	on one dystem		Email 2:				
Telephor	ne: (336) 767-4173				Email 3:				
			Tempera	ature Ob	servation	s			
	Effective	Janu	•				ige to 41 de	arees	
Item hot water	Location kitchen hand sink	Temp 147	Item	Location prep unit		Temp 38	•	Location	Temp
hot water	3 compartment sink	151	chix	countertop		72			
hot water	upstairs ladies room sink	110	ham 	upright coole	er	40			
chlorine	spray bottle	100	deli salad	upright coole	er	39			
grits	hot holding	144	hot dogs	stovetop hot	holding	152	_		
chix	cook temp	189	_				_		
eggs	cook temp	177							
lettuce	prep unit	41							
20 3-507 pan c proce out o	2.12 Certified Food Protectation who has passed an analysis of the second of the secon	ally Haz on coun entially h extended	zardous Food (T ter 72 degrees. nazardous food d periods of time	Time/Tempe Chicken hashall be cole. CDI. Chic	erature Cont ad been cool d held at 45 ken placed	rol for S ked one degree in coole	No certified food safety Food), Hot hour previously s or less. Do not r until prep could	and Cold and was i store food be compl	Holding - P Large n preparation ds on countertop eted.
Lock Text O Person in Ch	narge (Print & Sign): ^{Bria}	n	rst r	La Key La		ジ	Zwen	2	00
Regulatory <i>F</i>	Authority (Print & Sign): ^{Ama}	anda		aylor La	<i>.</i>	~			
	REHS ID: 2543 - Taylor, Amanda						ation Required Date	e:/_	/
	Contact Phone Number: (North Carolina Department of He				lealth ● Enviror	nmental H	ealth Section ● Food	d Protection F	Program

DHHS is an equal opportunity employer.

Page 2 of _____ Food Establishment Inspection Report, 3/2013



Establishment Name: PIEDMONT SNACK BAR Establishment ID: 3034010323

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.



- 4-501.11 Good Repair and Proper Adjustment-Equipment C One cracked ladel observed in clean dish area. Once equipment is damaged and no longer smooth and easily cleanable, discard it. Replace or repair racks in upright cooler where they are chipped and deteriorating. Be sure that repairs are smooth and easily cleanable. Equipment shall be in good repair.
- 5-205.15 (B) System maintained in good repair C Pipe in main restroom downstairs burst several hours previous to inspection. Repairs currently underway, but no water is available in this restroom. Upstairs restrooms still available to customers and employees. Plumbing system shall be maintained in good repair.
- 6-501.11 Repairing-Premises, Structures, Attachments, and Fixtures-Methods C Repeat violation. Repair floor tile damage underneath grill. Repair wall damage under 3 compartment sink and above shelf over 3 compartment sink. Repair ceiling damage in upstairs ladies room. Repair cracked/missing floor and wall tiles in downstairs mens restroom.
- 6-303.11 Intensity-Lighting C Repeat violation(with improvements made) Light bulbs in downstairs mens restroom have been changed out, but lighting is still low in some areas(10-18 footcandles). Increase lighting to 20 footcandles at plumbing fixtures.



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