

Food Establishment Inspection Report

Score: 91

Establishment Name: AU BON PAIN
Location Address: 1 MEDICAL CENTER BLVD
City: WINSTON SALEM **State:** NC
Zip: 27157 **County:** 34 Forsyth
Permittee: AU BON PAIN CORPORATION
Telephone: (336) 727-9440
Wastewater System: Municipal/Community On-Site System
Water Supply: Municipal/Community On-Site Supply

Establishment ID: 3034020668
 Inspection Re-Inspection
Date: 01 / 10 / 2018 **Status Code:** A
Time In: 11 : 30 ^{am} _{pm} **Time Out:** 03 : 50 ^{am} _{pm}
Total Time: 4 hrs 20 minutes
Category #: IV
FDA Establishment Type: Full-Service Restaurant
No. of Risk Factor/Intervention Violations: 4
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	NO	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		
Employee Health .2652									
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, employees knowledge; responsibilities & reporting		3	13	0	
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of reporting, restriction & exclusion		3	13	0	
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	
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose or mouth		1	03	0	
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	
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	13	0	
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	
10	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food received at proper temperature		2	1	0	
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe & unadulterated		2	1	0	
12	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Required records available: shellstock tags, parasite destruction		2	1	0	
Protection from Contamination .2653, .2654									
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated & protected		3	13	0	
14	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized		3	13	<input checked="" type="checkbox"/>	<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	
Potentially Hazardous Food Time/Temperature .2653									
16	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooking time & temperatures		3	13	0	
17	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper reheating procedures for hot holding		3	13	0	
18	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooling time & temperatures		3	13	0	
19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures		3	13	0	
20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures		3	13	0	
21	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Proper date marking & disposition		<input checked="" type="checkbox"/>	13	0	<input checked="" type="checkbox"/>
22	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Time as a public health control: procedures & records		2	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Consumer Advisory .2653									
23	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consumer advisory provided for raw or undercooked foods		1	03	0	
Highly Susceptible Populations .2653									
24	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pasteurized foods used; prohibited foods not offered		3	13	0	
Chemical .2653, .2657									
25	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food additives: approved & properly used		1	03	0	
26	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified stored, & used		2	1	0	
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	

Good Retail Practices									
Good Retail Practices: Preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.									
IN	OUT	N/A	NO	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	03	0	
29	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source		2	1	0	
30	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Variance obtained for specialized processing methods		1	03	0	
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	03	0	
32	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Plant food properly cooked for hot holding		1	03	0	
33	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used		1	03	0	
34	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided & accurate		1	03	0	
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"/>	
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	
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display		2	1	0	
38	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness		1	03	0	
39	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used & stored		1	03	0	
40	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Washing fruits & vegetables		1	<input checked="" type="checkbox"/>	0	
Proper Use of Utensils .2653, .2654									
41	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored		1	03	0	
42	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Utensils, equipment & linens: properly stored, dried & handled		1	<input checked="" type="checkbox"/>	0	
43	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Single-use & single-service articles: properly stored & used		<input checked="" type="checkbox"/>	03	0	<input checked="" type="checkbox"/>
44	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly		1	03	0	
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 checked="" type="checkbox"/>
46	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained, & used; test strips		1	03	0	
47	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean		<input checked="" type="checkbox"/>	03	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	
49	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices		2	1	0	
50	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage & waste water properly disposed		2	1	0	
51	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied & cleaned		1	03	0	
52	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Garbage & refuse properly disposed; facilities maintained		1	03	<input checked="" type="checkbox"/>	
53	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained & clean		<input checked="" type="checkbox"/>	03	0	<input checked="" type="checkbox"/>
54	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Meets ventilation & lighting requirements; designated areas used		1	03	0	
Total Deductions:							9		



Comment Addendum to Food Establishment Inspection Report

Establishment Name: AU BON PAIN
 Location Address: 1 MEDICAL CENTER BLVD
 City: WINSTON SALEM State: NC
 County: 34 Forsyth Zip: 27157
 Wastewater System: Municipal/Community On-Site System
 Water Supply: Municipal/Community On-Site System
 Permittee: AU BON PAIN CORPORATION
 Telephone: (336) 727-9440

Establishment ID: 3034020668
 Inspection Re-Inspection Date: 01/10/2018
 Comment Addendum Attached? Status Code: A
 Category #: IV
 Email 1: cafe272@cafe.aubonpain.com
 Email 2:
 Email 3:

Temperature Observations

Effective January 1, 2019 Cold Holding will change to 41 degrees

Item	Location	Temp	Item	Location	Temp	Item	Location	Temp
SERV SAFE	S. GOOLSBY 5/16/22	00	TUNA SLD	MAKE TOP	39	SALMON	MAKE TOP	43
3 COMP	HW	132	MILK	BEV RIC	39	MAC N CHZ	SOUP HH	154
QAC	3 COMP	400	MOZZ CHZ	MAKE TOP	40	CHX SOUP	REHEAT	165
KIOSK	QAC-BUCKET	300	SL TOM	MAKE TOP	41	BOILED EGG	SAT KIOSK	38
EGGS	WIC	37	YOGURT	RIC	40	CRM CHZ	SAT RIC	40
DICED TKY	GLS PREP	41	VEG PATTY	LO BOY	38	YOGURT	SAT. FRONT RIC	43
CHX	GLS PREP	39	SL TURKEY	MAKE TOP	41	LEM CHX	SOUP HH	153
CHX SALAD	MAKE TOP	39	DICED CHX	DISPLAY	40	VEG SOUP	SOUP HH	147

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-Observed food employee rinsing utensils in handwashing sink by proofer. Handwashing sinks may only be used for handwashing. CDI-Staff educated and instructed to placed utensils with soiled equipment to be cleaned at 3 compartment sink.//6-301.14 Handwashing Signage - C-Restrooms in use by food employees in main kitchen and kiosk are missing required handwashing signs. A sign or poster that notifies food employees to wash their hands shall be provided at all handwashing sinks used by food employees and shall be clearly visible to food employees. CDI-Signage provided by REHS.
- 14 4-601.11 (A) Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils - P-Observed tomato slicer and tomato dicer to still contain tomato residue after cleaning. Food contact surfaces of equipment and utensils shall be clean to sight and touch. CDI-Placed with soiled equipment and utensils at 3 compartment sink to be cleaned.//4-602.11 Equipment Food-Contact Surfaces and Utensils-Frequency - C-Clean ice shield to ice machine in satellite kitchen. Shall be cleaned at a frequency specified by the manufacturer, or absent manufacturer specifications, at a frequency necessary to preclude accumulation of soil or mold. Maintain clean.// 0 POINTS
- 21 3-501.17 Ready-To-Eat Potentially Hazardous Food (Time/Temperature Control for Safety Food), Date Marking - PF-Repeat-Observed most ready-to-eat, potentially hazardous food products dated with wrong month (December vs January) on make line and walk-in cooler. Observed unshelled hard boiled eggs and cooked sausage not date marked in lo boy unit and glass prep unit behind make line. Ready-to-eat, potentially hazardous products shall be accurately dated to indicate the day of discard. CDI-Dates and timeline for products dated for December coincide with January calendar and were allowed to be redated. Other products discarded by PIC.

Lock Text



Person in Charge (Print & Sign): SHAWN ^{First} GOOLSBY ^{Last}

Regulatory Authority (Print & Sign): JENNIFER ^{First} BROWN ^{Last}

[Handwritten Signature]
[Handwritten Signature]

REHS ID: 2536 - Brown, Jennifer

Verification Required Date: 01 / 17 / 2018

REHS Contact Phone Number: (336) 703 - 3131



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: AU BON PAIN

Establishment ID: 3034020668

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.



- 22 3-501.19 Time as a Public Health Control - P,PF-Time as a public health control is being used for ham and cheese croissant and spinach croissants in consumer self-service area. Policy states that croissants have a 4 hour hold time, but do not state that croissants must be discarded after the 4 hour time line has expired. CDI-Policy updated by PIC during inspection// 0 points
- 35 3-302.12 Food Storage Containers Identified with Common Name of Food - C-7 squeeze bottles of dressings and condiments on front make line are not labeled. Working containers holding food or food ingredients shall be labeled with the common name of the food./0 points
- 40 3-302.15 Washing Fruits and Vegetables - C-Observed all avocados on front make line to still contain stickers. Raw fruits and vegetables shall be thoroughly washed in water to remove soil and other contaminants before being cut, combined with other ingredients, cooked, served, or offered for human consumption in ready-to-eat form. Remove stickers prior to washing produce.
- 42 4-901.11 Equipment and Utensils, Air-Drying Required - C-Observed stacks of pans stacked wet on above 3 compartment sink. After cleaning and sanitizing, equipment and utensils shall be air-dried or used after adequate draining.
- 43 4-903.11 (A) and (C) Equipment, Utensils, Linens and Single-Service and Single-Use Articles-Storing - C-Repeat- Observed all single-service articles in consumer area and behind make line (salad bowls and lids, cups) unprotected by means of original plastic sleeve or otherwise. Single-service articles shall be kept in the original protective packaging or stored by using other means that afford protection from contamination.
- 45 4-501.11 Good Repair and Proper Adjustment-Equipment - C-Repeat-Observed laminate shelving throughout front line to be damaged, exposing particle board. Repair. Equipment shall be maintained in good repair./4-402.12 Fixed Equipment, Elevation or Sealing - C-Side of bread display case shall be sealed to prevent accumulation of crumbs and debris in area as observed. Equipment that is fixed because it is not Easily movable shall be installed so that it is:(1) Spaced to allow access for cleaning along the sides, behind, and above the EQUIPMENT; (2) Spaced from adjoining EQUIPMENT, walls, and ceilings a distance of not more than 1 millimeter or one thirty-second inch; or(3) SEALED to adjoining EQUIPMENT or walls, if the EQUIPMENT is exposed to spillage or seepage
- 47 4-601.11 (B) and (C) Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils - C-Repeat-Observed the following nonfood contact areas to be soiled: gaskets to all reach-in units, handles of all equipment, inside of all reach-in units (food, debris), inside of make units and lo boys, crevices around salad display unit, front cabinets under soda station, inside of milk reach-in cooler, side of oven and equipment on front line, behind and around MerryChef units. Nonfood contact areas of equipment shall be maintained clean. Clean these and all soiled non food contact areas.



Comment Addendum to Food Establishment Inspection Report

Establishment Name: AU BON PAIN

Establishment ID: 3034020668

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.



- 52 5-501.115 Maintaining Refuse Areas and Enclosures - C-Remove trash beside outdoor compactor. A storage area and enclosure for refuse, recyclables, or returnables shall be maintained free of unnecessary items, as specified under § 6-501.114, and clean.// 0 points
- 53 6-501.12 Cleaning, Frequency and Restrictions - C-Repeat-Observed build-up, residue and debris under consumer beverage station, floor under thermalizer, floor under make units and Oasis machine, wall next to beverage station, floor of walk-in freezer. Physical facilities shall be maintained clean.



Comment Addendum to Food Establishment Inspection Report

Establishment Name: AU BON PAIN

Establishment ID: 3034020668

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: AU BON PAIN

Establishment ID: 3034020668

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

