Food Establishment Inspection Report

•	J	JU	L	. 3 ı	abiisiiiieiit iiispectioii	Г	, C	Ή	ΟI	ι						Score: <u>100</u>				
Establishment Name: BROWN AND DOUGLAS REC CENTER											Establishment ID: 3034090013									
Location Address: 4725 INDIANA AVE									Inspection ☐ Re-Inspection											
								·-	NC	;	e: 11/21/2016 Status Code: A									
·										Time In: $\underline{11}:\underline{15} \overset{\otimes}{\otimes} \overset{\text{am}}{\text{pm}}$ Time Out: $\underline{12}:\underline{\emptyset0} \overset{\text{am}}{\otimes} \overset{\text{am}}{\text{pm}}$										
								Total Time: 45 minutes												
								Category #: IV												
Геlephone: (336) 661-4987																				
Wastewater System: ⊠Municipal/Community □On-Site Sys									ste	tem No. of Dick Footsyllaton votion Violations: 1										
Water Supply: ⊠Municipal/Community ☐ On-Site Supply										No. of Risk Factor/Intervention Violations: 1 No. of Repeat Risk Factor/Intervention Violations:										
_						_								_	Ě					
Foodborne Illness Risk Factors and Public Health Interventions Risk factors: Contributing factors that increase the chance of developing foodborne illness.											Good Retail Practices									
Public Health Interventions: Control measures to prevent foodborne illness or in								11					u Ke	tan	Pī	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 VE			VR	IN OL			IT N/A N/O		N/O Compliance Status OUT CDI R VR						
\neg		rvis	$\overline{}$.2652			Ţ	_		S	afe	Γ		$\overline{}$	nd Water .2653, .2655, .2658				
					PIC Present; Demonstration-Certification by accredited program and perform duties	2					28	=		×]	Pasteurized eggs used where required				
$\overline{}$		oye	e He	alth	.2652 Management employees knowledge:				71-	T	29	X				Water and ice from approved source 2 1 0				
\rightarrow	X				Management, employees knowledge; responsibilities & reporting	3	1.5	+	4		30			×]	Variance obtained for specialized processing methods				
	X		ai o m	io Dr	Proper use of reporting, restriction & exclusion actices .2652, .2653	3	1.5		<u> </u>			$\overline{}$	Ten	npe	ra	rature Control .2653, .2654				
4	000	И	gien	IC PI	Proper eating, tasting, drinking, or tobacco use	2	1 1	X D		ī	31	X				Proper cooling methods used; adequate equipment for temperature control				
-	×				1 0, 0,	1	_				32					▶ Plant food properly cooked for hot holding 1 0.5 0 □ □				
_		ntir	on C	onta	No discharge from eyes, nose or mouth mination by Hands .2652, .2653, .2655, .2656	النا	0.5	띄ㄴ	-11-		33] [Approved thawing methods used				
$\overline{}$	X		ly C	Unta	Hands clean & properly washed	4	2 (חוס	71	ī	34	X				Thermometers provided & accurate				
7				×	No bare hand contact with RTE foods or pre-	[3]					F	ood	lder	ntifi	ica	cation .2653				
<u>'</u>			Ш		approved alternate procedure properly followed		=	+			35	X				Food properly labeled: original container				
	X		100	urce	Handwashing sinks supplied & accessible .2653, .2655	121	1	기니	<u> </u>			$\overline{}$	ntio	n o	of F	f Food Contamination .2652, .2653, .2654, .2656, .2657				
\neg	ррі Х	Ove	30	urce	Food obtained from approved source	2	1 (71	ī	36	X				Insects & rodents not present; no unauthorized animals				
10					Food received at proper temperature		1 (37	×				Contamination prevented during food preparation, storage & display				
-	×					\vdash	1 (+			38	X				Personal cleanliness				
\dashv					Food in good condition, safe & unadulterated Required records available: shellstock tags,			#	1		39	X				Wiping cloths: properly used & stored				
12 D	roto	ctic	X n fr		parasite destruction contamination .2653, .2654		1	기니			40	X			j	Washing fruits & vegetables				
13			×		Food separated & protected	3	1.5		7		Р	rope	er Us	se c	of I	of Utensils .2653, .2654				
\dashv	×				Food-contact surfaces: cleaned & sanitized		1.5	#			41	X				In-use utensils: properly stored				
-					Proper disposition of returned, previously served,	2	=	+	1		42	X				Utensils, equipment & linens: properly stored, dried & handled				
15 P		⊔ ntial	lv H:	azaro	reconditioned, & unsafe food dous Food TIme/Temperature .2653		1 (4			43	X			Ť	Single-use & single-service articles: properly stored & used				
16			×		Proper cooking time & temperatures	3	1.5	חור	71	ПП	44		П		†	Gloves used properly				
17		П			Proper reheating procedures for hot holding	3	1.5	7 -			_		_	and	I E	Equipment .2653, .2654, .2663				
18	_		×		Proper cooling time & temperatures		1.5	∓				×			Τ	Equipment, food & non-food contact surfaces approved, cleanable, properly designed,				
\dashv								-			<u> </u>				+	constructed, & used				
\dashv	×				Proper hot holding temperatures	3	1.5	#	4		t 📙	X			_	used; test strips				
\dashv	X	Ш			Proper cold holding temperatures	3	1.5	#			ı 🗕	×				Non-food contact surfaces clean				
21				X	Proper date marking & disposition	3	1.5					т				illities .2654, .2655, .2656 Hot & cold water available: adequate pressure 211011				
22			X		Time as a public health control: procedures & records	2	1 (48	-			+					
C	ons	ume		ozivb	ory .2653 Consumer advisory provided for raw or				7	I	! —	×			-	Plumbing installed; proper backflow devices 2 1 0				
23	∐ iab	<u> </u>	X	ntibl	undercooked foods	Ш	0.5	ᆀᆫ	<u> </u>		ì⊢	×			1	Sewage & waste water properly disposed				
24	igil 	y 31	ISCE	Publ	Pasteurized foods used; prohibited foods not	3	1.5		7		51	×]	& clearied				
C	her	nica			.2653, .2657			-1-		<u>. </u>	52		×			Garbage & refuse properly disposed; facilities maintained				
25			×		Food additives: approved & properly used	1	0.5	0 [53	×			Ì	Physical facilities installed, maintained & clean 1 0 0 0 0				
26	X				Toxic substances properly identified stored, & used	2	1 (54	X			Ť	Meets ventilation & lighting requirements;				



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

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



Total Deductions: 0

	/OOOL/	AS REC CEN	ITER	Establ	ishment II): 3034090013		
Location Address: 4725 INDIANA AV	Έ			⊠Insp	ection [Re-Inspection	Date: 11/21/2	2016
City: WINSTON SALEM		{	State: NC	•	nt Addendum	•	Status Code	e: <u>A</u>
County: 34 Forsyth		_ Zip: <u>_2710</u> 5	5				Category #:	
Wastewater System: Municipal/Commun				Email ²	1:			
Water Supply: ✓ Municipal/Commun Permittee: EXPERIMENT IN SELF RE	-	-	1	Email 2				
Telephone: (336) 661-4987		· -		Email 3				
Tolopholiol ,		Tem	nerature	Observat				
Item Location	Temp		Locatio		Temp	Item	Location	Tem
	153							
<u>'</u>	145							
	155							
	36							
hot water 2-compartment sink	131							
Violations cited in this report m				Corrective cames below			of the food code	2
pts.	o oluoi	ny natrition	program on	i the top she	if to avoid p	ootential contamii	nation by empi	oyee food. (
pts.							nation by empi	oyee tood. (
pts. 52 5-501.113 Covering Receptacles - Person in Charge (Print & Sign):	C - Du Fi		or open. Dur				nation by empi	oyee food. (
pts. 52 5-501.113 Covering Receptacles -	C - Du Fi	impster doo	r open. Dur	mpster doors	s shall rema		le le	



Establishment Name: BROWN AND DOUGLAS REC CENTER Establishment ID: 3034090013

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.





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