

Food Establishment Inspection Report

Score: 97.5Establishment Name: MANOR HOUSE RESTAURANTEstablishment ID: 3034010244Location Address: TANGLEWOOD PARK☒ Inspection ☐ Re-InspectionCity: CLEMMONSState: NCDate: 03 / 22 / 2017 Status Code: AZip: 27012County: 34 ForsythTime In: 07 : 55 ^{am}_{pm} Time Out: 09 : 45 ^{am}_{pm}Permittee: FORSYTH COUNTYTotal Time: 1 hr 50 minutesTelephone: (336) 778-6310Category #: IVWastewater System: ☒ Municipal/Community ☐ On-Site SystemFDA Establishment Type: Full-Service RestaurantWater Supply: ☒ Municipal/Community ☐ On-Site SupplyNo. of Risk Factor/Intervention Violations: 1No. of Repeat Risk Factor/Intervention Violations: 0

| 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 | | | | <u>2</u> | <u>0</u> | <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 | | | | <u>3</u> | <u>15</u> | <u>0</u> | <input type="checkbox"/> |
| 3 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Proper use of reporting, restriction & exclusion | | | | <u>3</u> | <u>15</u> | <u>0</u> | <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 | | | | <u>2</u> | <u>1</u> | <u>0</u> | <input type="checkbox"/> |
| 5 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | No discharge from eyes, nose or mouth | | | | <u>1</u> | <u>05</u> | <u>0</u> | <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 | | | | <u>4</u> | <u>2</u> | <u>0</u> | <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 | | | | <u>3</u> | <u>15</u> | <u>0</u> | <input type="checkbox"/> |
| 8 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Handwashing sinks supplied & accessible | | | | <u>2</u> | <u>1</u> | <u>0</u> | <input type="checkbox"/> |
| Approved Source .2653, .2655 | | | | | | | | | | | |
| 9 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Food obtained from approved source | | | | <u>2</u> | <u>1</u> | <u>0</u> | <input type="checkbox"/> |
| 10 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Food received at proper temperature | | | | <u>2</u> | <u>1</u> | <u>0</u> | <input type="checkbox"/> |
| 11 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Food in good condition, safe & unadulterated | | | | <u>2</u> | <u>1</u> | <u>0</u> | <input type="checkbox"/> |
| 12 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Required records available: shellstock tags, parasite destruction | | | | <u>2</u> | <u>1</u> | <u>0</u> | <input type="checkbox"/> |
| Protection from Contamination .2653, .2654 | | | | | | | | | | | |
| 13 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Food separated & protected | | | | <u>3</u> | <u>15</u> | <u>0</u> | <input type="checkbox"/> |
| 14 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Food-contact surfaces: cleaned & sanitized | | | | <u>3</u> | <u>15</u> | <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 | | | | <u>2</u> | <u>1</u> | <u>0</u> | <input type="checkbox"/> |
| Potentially Hazardous Food Time/Temperature .2653 | | | | | | | | | | | |
| 16 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Proper cooking time & temperatures | | | | <u>3</u> | <u>15</u> | <u>0</u> | <input type="checkbox"/> |
| 17 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Proper reheating procedures for hot holding | | | | <u>3</u> | <u>15</u> | <u>0</u> | <input type="checkbox"/> |
| 18 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Proper cooling time & temperatures | | | | <u>3</u> | <u>15</u> | <u>0</u> | <input type="checkbox"/> |
| 19 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Proper hot holding temperatures | | | | <u>3</u> | <u>15</u> | <u>0</u> | <input type="checkbox"/> |
| 20 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Proper cold holding temperatures | | | | <u>3</u> | <u>15</u> | <u>0</u> | <input type="checkbox"/> |
| 21 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Proper date marking & disposition | | | | <u>3</u> | <u>15</u> | <u>0</u> | <input type="checkbox"/> |
| 22 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Time as a public health control: procedures & records | | | | <u>2</u> | <u>1</u> | <u>0</u> | <input type="checkbox"/> |
| Consumer Advisory .2653 | | | | | | | | | | | |
| 23 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Consumer advisory provided for raw or undercooked foods | | | | <u>1</u> | <u>05</u> | <u>0</u> | <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 | | | | <u>3</u> | <u>15</u> | <u>0</u> | <input type="checkbox"/> |
| Chemical .2653, .2657 | | | | | | | | | | | |
| 25 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Food additives: approved & properly used | | | | <u>1</u> | <u>05</u> | <u>0</u> | <input type="checkbox"/> |
| 26 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Toxic substances properly identified stored, & used | | | | <u>2</u> | <u>1</u> | <u>0</u> | <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 | | | | <u>2</u> | <u>1</u> | <u>0</u> | <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 | | | | <u>1</u> | <u>05</u> | <u>0</u> | <input type="checkbox"/> |
| 29 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Water and ice from approved source | | | | <u>2</u> | <u>1</u> | <u>0</u> | <input type="checkbox"/> |
| 30 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Variance obtained for specialized processing methods | | | | <u>1</u> | <u>05</u> | <u>0</u> | <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 | | | | <u>1</u> | <u>05</u> | <u>0</u> | <input type="checkbox"/> |
| 32 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Plant food properly cooked for hot holding | | | | <u>1</u> | <u>05</u> | <u>0</u> | <input type="checkbox"/> |
| 33 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Approved thawing methods used | | | | <u>1</u> | <u>05</u> | <u>0</u> | <input type="checkbox"/> |
| 34 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Thermometers provided & accurate | | | | <u>1</u> | <u>05</u> | <u>0</u> | <input type="checkbox"/> |
| Food Identification .2653 | | | | | | | | | | | |
| 35 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Food properly labeled: original container | | | | <u>2</u> | <u>1</u> | <u>0</u> | <input 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 | | | | <u>2</u> | <u>1</u> | <u>0</u> | <input type="checkbox"/> |
| 37 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Contamination prevented during food preparation, storage & display | | | | <u>2</u> | <u>1</u> | <u>0</u> | <input type="checkbox"/> |
| 38 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Personal cleanliness | | | | <u>1</u> | <u>05</u> | <u>0</u> | <input type="checkbox"/> |
| 39 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Wiping cloths: properly used & stored | | | | <u>1</u> | <u>05</u> | <u>0</u> | <input type="checkbox"/> |
| 40 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Washing fruits & vegetables | | | | <u>1</u> | <u>05</u> | <u>0</u> | <input type="checkbox"/> |
| Proper Use of Utensils .2653, .2654 | | | | | | | | | | | |
| 41 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | In-use utensils: properly stored | | | | <u>1</u> | <u>05</u> | <u>0</u> | <input type="checkbox"/> |
| 42 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Utensils, equipment & linens: properly stored, dried & handled | | | | <u>1</u> | <u>05</u> | <u>0</u> | <input type="checkbox"/> |
| 43 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Single-use & single-service articles: properly stored & used | | | | <u>1</u> | <u>05</u> | <u>0</u> | <input type="checkbox"/> |
| 44 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Gloves used properly | | | | <u>1</u> | <u>05</u> | <u>0</u> | <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 | | | | <u>2</u> | <u>1</u> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 46 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Warewashing facilities: installed, maintained, & used; test strips | | | | <u>1</u> | <u>05</u> | <u>0</u> | <input type="checkbox"/> |
| 47 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Non-food contact surfaces clean | | | | <u>1</u> | <input checked="" type="checkbox"/> | <u>0</u> | <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 | | | | <u>2</u> | <u>1</u> | <u>0</u> | <input type="checkbox"/> |
| 49 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Plumbing installed; proper backflow devices | | | | <u>2</u> | <input checked="" type="checkbox"/> | <u>0</u> | <input checked="" type="checkbox"/> |
| 50 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sewage & waste water properly disposed | | | | <u>2</u> | <u>1</u> | <u>0</u> | <input type="checkbox"/> |
| 51 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Toilet facilities: properly constructed, supplied & cleaned | | | | <u>1</u> | <u>05</u> | <u>0</u> | <input type="checkbox"/> |
| 52 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Garbage & refuse properly disposed; facilities maintained | | | | <u>1</u> | <u>05</u> | <u>0</u> | <input type="checkbox"/> |
| 53 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Physical facilities installed, maintained & clean | | | | <input checked="" type="checkbox"/> | <u>05</u> | <u>0</u> | <input checked="" type="checkbox"/> |
| 54 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Meets ventilation & lighting requirements; designated areas used | | | | <u>1</u> | <u>05</u> | <u>0</u> | <input type="checkbox"/> |
| Total Deductions: | | | | | | | | | | 2.5 | |

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Comment Addendum to Food Establishment Inspection Report

Establishment Name: MANOR HOUSE RESTAURANT

Establishment ID: 3034010244

Location Address: TANGLEWOOD PARK

☒ Inspection ☐ Re-Inspection Date: 03/22/2017

City: CLEMMONS State: NC

Comment Addendum Attached? ☐ Status Code: A

County: 34 Forsyth Zip: 27012

Category #: IV

Wastewater System: ☒ Municipal/Community ☐ On-Site System

Email 1: kirkmarl@forsyth.cc

Water Supply: ☒ Municipal/Community ☐ On-Site System

Email 2:

Permittee: FORSYTH COUNTY

Email 3:

Telephone: (336) 778-6310

Temperature Observations

| Item | Location | Temp | Item | Location | Temp | Item | Location | Temp |
|-------------|---------------------|------|------|----------|------|------|----------|------|
| ServSafe | Floyd Davis 3-20-19 | 00 | | | | | | |
| Melons | Upright cooler 2 | 39 | | | | | | |
| Ambient | Upright cooler | 32 | | | | | | |
| Hot water | 2-compartment sink | 130 | | | | | | |
| Rinse cycle | Dish machine | 165 | | | | | | |
| Quat ppm | Sanitizer bottle | 300 | | | | | | |
| Hot water | handsink | 110 | | | | | | |
| Ambient | Upright freezer | 0 | | | | | | |

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.

- 14 4-602.11 Equipment Food-Contact Surfaces and Utensils-Frequency - C - 0 pts - Light cleaning needed inside of the ice machine. Ice machines shall be cleaned at a frequency specified by the manufacturer or at a frequency to prevent accumulation of soil. CDI - Ice machine washed, rinsed, and sanitized.
- 45 4-501.11 Good Repair and Proper Adjustment-Equipment - C - 0 pts - Repeat: Repair the damaged handle on the Delfield cooler and recaulk around the ventilation hood. Equipment shall be maintained in good repair. Half of the equipment on the previous inspection report has been repaired since last inspection.
- 47 4-602.13 Nonfood Contact Surfaces - C - Cleaning needed inside of the upright cooler beside the tea urn, around the outside of the front dish machine door, on speed rack shelving, the outside of a few pans stored beside of the cook line, inside of the microwave, around dry storage shelving, and inside of the utensil drawer across from the grill. Nonfood contact surfaces of equipment shall be kept clean.



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

Regulatory Authority (Print & Sign): Grayson *First* Hodge *Last*

Floyd Davis
Grayson Hodge REHS

REHS ID: 2554 - Hodge, Grayson

Verification Required Date: 04 / 01 / 2017

REHS Contact Phone Number: (336) 703 - 3383



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- 49 5-203.14 Backflow Prevention Device, When Required - P - Backflow preventers have been removed from the coffee and tea machine water lines. Backflow preventers shall be installed at each point of water use in a food establishment. Maintenance stated the backflow preventers were not working properly and new backflow preventers will be ordered. Verification of new backflow preventers is required by 4-1-17, contact Grayson Hodge at 336-703-3383 or hodgega@forsyth.cc
- 53 6-201.11 Floors, Walls and Ceilings-Cleanability - C - Repeat: Damaged baseboard throughout the facility. Caulk/grout is needed below the baseboard in the restrooms to create a coved base (baseboard cove should have been installed level with the floor tiles). Paint is starting to chip above the prep sink and in the basement storage room. Caulk around toilets bases (both restrooms) and around the handsink in the men's restroom. Floors, walls, and ceilings shall be smooth and easily cleanable.//6-501.12 Cleaning, Frequency and Restrictions - C - Wall cleaning needed above the dish machine drainboard. Floor cleaning needed under the prep sink and dish machine drainboard. Floors, walls, and ceiling shall be kept clean.



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