F O	<u>uu</u>		<u>.S</u>	<u>tablishment inspection</u>	Rep	<u> 10C</u>	<u>l</u>					SC	ore: <u>9</u>	ວ.ວ		
Esta	blis	shn	ner	nt Name: COURTYARD BY MARRIOTT						_ E	sta	ablishment ID: 3034011957				
				ress: 1600 WESTBROOK PLAZA								☑Inspection ☐Re-Inspection				
City: WINSTON SALEM					State:	NC Date: 11/09/2018 Status Code: A										
Zip: 27103 County: 34 Forsyth								Time In: $10$ : $00$ $00$ $00$ Time Out: $12$ : $10$ $00$ pm								
–թ. Perr				APPLE EIGHT SERVICES, LLC								me: 2 hrs 10 minutes	_ • '			
_			-						Ca	ate	goi	ry #: _III				
	-			(336) 760-5777	¬		_		F	DΑ	Es	tablishment Type: Full-Service Restaurant				
				System: ⊠Municipal/Community [				tem				Risk Factor/Intervention Violations:	1			
Wat	er S	Sup	ply	y: ⊠Municipal/Community □ On-	Site Su	upply	′		No	o. 0	of F	Repeat Risk Factor/Intervention Viola	ations:			
For	odb	orne	ااا د	ness Risk Factors and Public Health Int	erventio	าทร						Good Retail Practices				
Risk	c facto	ors: (	Contr	ibuting factors that increase the chance of developing foodb	orne illnes			Goo	d Re	tail F	Pract	ices: Preventative measures to control the addition of patho	gens, cher	nicals,	,	
Public Health Interventions: Control measures to prevent foodborne illness or					and physical objects into foods.											
	out ervis	_	N/O	Compliance Status .2652	OUT	CDI R	VR	Safe	OUT		$\Box$	Compliance Status ater .2653, .2655, .2658	OUT	CDI R	VR	
1 X	$\overline{}$			PIC Present: Demonstration-Certification by	2 0		П	28			u vv	Pasteurized eggs used where required	1 0.5 0	ПГ	Т	
	oloye	ഥ	alth	accredited program and perform duties .2652				29 🗵				Water and ice from approved source	210			-
2 🗵				Management, employees knowledge; responsibilities & reporting	3 1.5 0			$\vdash$	-	×		Variance obtained for specialized processing				-
3 🗵				Proper use of reporting, restriction & exclusion	3 1.5 0			30 🗆			otur	methods	1 0.5 0			
Goo	d Hy	gien	ic P	ractices .2652, .2653				31 🗆	X	ipei		Proper cooling methods used; adequate	1 0.5	X	<del>_</del>	
4 🗵				Proper eating, tasting, drinking, or tobacco use	210			32 🗆		П		equipment for temperature control  Plant food properly cooked for hot holding	1 0.5 0			-
5 🗵				No discharge from eyes, nose or mouth	1 0.5 0			$\vdash$				Approved thawing methods used				-
$\overline{}$	$\overline{}$	ng Co	onta	mination by Hands .2652, .2653, .2655, .2656				33 🗆	ᆜ	Ш			1 0.5 0			-
6 🛚				Hands clean & properly washed	420			34 X	Idor	+:f:	notio	Thermometers provided & accurate	1 0.5 0	ЦΓ	<u> </u>	
7 🗆			X	No bare hand contact with RTE foods or pre- approved alternate procedure properly followed	3 1.5 0			Food 35	luer	HIIIC	allo	n .2653  Food properly labeled: original container	2 1 0	ПΓ	10	
8 🗵				Handwashing sinks supplied & accessible	210			$\vdash$	ntio	n of	Foc	od Contamination .2652, .2653, .2654, .2656, .265			-11-1	ĺ
	rove	d So	urce	.2653, .2655				36				Insects & rodents not present; no unauthorized animals	210		ī	
9 🛚				Food obtained from approved source	210			37 🗆	×			Contamination prevented during food	2 🗶 0		a l	-
10 🗆			×	Food received at proper temperature	210			38 🔀				preparation, storage & display  Personal cleanliness	1 0.5 0			
11 🛮				Food in good condition, safe & unadulterated	210			39 🗵								-
12 🗆		×		Required records available: shellstock tags, parasite destruction	210			$\vdash$		_		Wiping cloths: properly used & stored	1 0.5 0			-
_	_	n fro	om (	Contamination .2653, .2654				40 🔀	r He	· • •	f Lito	Washing fruits & vegetables	1 0.5 0		<u> </u>	
13 🔀				Food separated & protected	3 1.5 0			41 🗆	X	ie ui	Ute	In-use utensils: properly stored	1 0.5	ПΓ	Т	
14 🗌				Food-contact surfaces: cleaned & sanitized	3 🗙 0	$\square$		42 🔀				Utensils, equipment & linens: properly stored,	1 0.5 0			
15 🛚				Proper disposition of returned, previously served, reconditioned, & unsafe food	210			$\vdash$				dried & handled Single-use & single-service articles: properly				-
$\neg$	ential	lly Ha		dous Food Time/Temperature .2653				43 🗵	ᆜ			stored & used	1 0.5 0			-
16 _	Щ	Ш	×	Proper cooking time & temperatures	3 1.5 0		Ш	44	<u> </u>			Gloves used properly	1 0.5 0	ЦΙ	<u> </u>	
17 🗆			X	Proper reheating procedures for hot holding	3 1.5 0			$\Box$		nd	Equi	pment .2653, .2654, .2663 Equipment, food & non-food contact surfaces			T	ļ
18 🗵				Proper cooling time & temperatures	3 1.5 0			45 🗆	×			approved, cleanable, properly designed, constructed, & used	2 🗶 0			
19 🗆			×	Proper hot holding temperatures	3 1.5 0			46 🗆	X			Warewashing facilities: installed, maintained, & used; test strips	1 0.5			
20 🗵				Proper cold holding temperatures	3 1.5 0			47 🗆	X			Non-food contact surfaces clean	1 0.5			
21 🔀				Proper date marking & disposition	3 1.5 0			Physi	cal I	aci	lities					l
22 🗆		X		Time as a public health control: procedures & records	210			48 🔀				Hot & cold water available; adequate pressure	210			-
$\overline{}$	sum	er Ac	lvis	, •				49 🗆	X			Plumbing installed; proper backflow devices	211		][	
23 🗷				Consumer advisory provided for raw or undercooked foods	1 0.5 0			50 🔀				Sewage & waste water properly disposed	210			
T	hly S	T	ptib	le Populations .2653  Pasteurized foods used; prohibited foods not				51 🗆	X			Toilet facilities: properly constructed, supplied & cleaned	1 🗙 0			
24 L	mica			offered .2653, .2657	3 1.5 0			52 🔀				Garbage & refuse properly disposed; facilities maintained	1 0.5 0			
25 🗆				Food additives: approved & properly used	1 0.5 0			53 🗆	×			Physical facilities installed, maintained & clean	1 0.5		市	-
26 🔀				Toxic substances properly identified stored, & used	210			54 🗆	×			Meets ventilation & lighting requirements; designated areas used	1 🗷 0		<u>a</u>	-
		ance	wit	h Approved Procedures .2653, .2654, .2658				<u> </u>	لــــــا							Į
27 🗆		×		Compliance with variance, specialized process, reduced oxygen packing criteria or HACCP plan	210							Total Deductions:	4.5			





	Comment	Adde	endum to I	Food Es	tablishr	nent l	<b>Inspection</b>	1 Report	
stablishme	nt Name: COURTYARD	BY MAF	RRIOTT		Establish	ment ID	): 3034011957		
City: WINS County: 34	ation Address: 1600 WESTBROOK PLAZA  7: WINSTON SALEM State: NC  Inty: 34 Forsyth Zip: 27103			Comment Ac	ddendum	Re-Inspection Attached?   Yes  N	Status Co	de:_A	
Water Supply	/: Municipal/Comm	unity 🗌			Email 1:				
	APPLE EIGHT SERVICE	S, LLC			Email 2:				
reiepnone	: (336) 760-5777		T		Email 3:	_			
					servation		4 44 1		
ltem ServSafe	Location Robert Chapman 5-2-23	Temp 0	Item hot plate temp	Location dish machin		Temp 176	_	Location	Temp
ambient air	upright cooler	43	hot water	3-compartm	ent sink	140			
boiled egg	cooling (30 minutes)	75	ambient air	upright cool	er	37			
tuna salad	Naked cooler	41	hamburger 	make-unit		39	_		
boiled egg	Naked cooler	38	chicken breast			40			
turkey	cooling	47	ambient air	coffee coole		39			
turkey	walk-in cooler	38	quat (ppm)	3-compartm	ent sink	200			
CHICKEH	waik-iii coolei		 Dbservation:		<b>1</b> : <b>^</b>	_4!			
bevera had vis touch.  31 3-501.7 Potenti Contain contain	11 (A) Equipment, Food ges required additional ible food residue or stic CDI - Items brought to value of the color of the	cleaning ker resident varewas F - Boile ust be cooling walk-in conting Co	g at front area (value on them. For thing area and in the deggs and turk ooled in equiping shall also be cooler to continuation fro	visible mold ood-contact rewashed in key actively nent that is loosely cov ue cooling.	l-like residue surfaces of the dish man cooling in "I designed for ered or unco 0 pts.	e). Also, equipm achine. Naked" ( r cooling overed. (	4 containers for ent and utensil cooler with tigh PH foods, succept PH foods and CDI - Plastic with the PH foods and CDI - Plastic with the PH foods and PH foods are the PH foods and PH foods are the PH foods and PH foods are the PH foods are t	ound on clean use shall be clean the clean the clean the walk-rap and lid remeters.	utensil rack that ined to sight and astic wrap. in cooler. noved from
	rge (Print & Sign): Bot thority (Print & Sign): <sup>And</sup> REHS ID: 2	Fi Irew	rst	Chapman	est est			Lu RE	
REHS C	ontact Phone Number: (	<u>336</u> )	703-312	8					

North Carolina Department of Health & Human Services • Division of Public Health • Environmental Health Section • Food Protection Program
DHHS is an equal opportunity employer.

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Establishment Name: COURTYARD BY MARRIOTT Establishment ID: 3034011957

#### **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.



41	3-304.12 In-Use Utensils, Between-Use Storage - C - Single-use ramiken containers used as a scoop in containers of coconut and
	granola. In-use utensils must have a handle if stored in the ingredient or food. The handle shall also be stored so that it does not
	contact the food it is stored inside. 0 pts.

- 4-205.10 Food Equipment, Certification and Classification C Repeat "Naked" cooler data plate states that the cooler is only meant for the storage of packaged potentially hazardous foods. Large amount of prepared food stored in the cooler. Equipment shall be used according to manufacturer's instructions. Replace with cooler designed for storage of PH foods. // 4-501.11 Good Repair and Proper Adjustment-Equipment C Handle missing on fryer door, ice scoop handle has been broken off, and ice buildup present in walk-in freezer. Equipment shall be maintained in good repair. Repair/replace listed equipment and evaluate walk-in freezer for potential repair.
- 4-501.14 Warewashing Equipment, Cleaning Frequency C The insides of the dish machine doors have buildup present and require additional cleaning. Warewashing equipment shall be cleaned at a frequency necessary to prevent recontamination of equipment and utensils, and if used, at least every 24 hours.
- 47 4-602.13 Nonfood Contact Surfaces C Light moldy residue present on some shelves and the walls in the walk-in cooler. Nonfood contact surfaces of equipment shall be cleaned at a frequency necessary to maintain them clean. 0 pts.
- 5-205.15 (B) System Maintained in Good Repair C Leak present underneath 3-compartment sink. Plumbing fixtures shall be maintained in good repair. Repair leak. 0 pts.
- 5-501.17 Toilet Room Receptacle, Covered C Repeat Women's employee restroom needs a covered receptacle. All restrooms used by women shall have a covered receptacle.
- 6-201.11 Floors, Walls and Ceilings-Cleanability C Reseal/recaulk dish machine to wall as old caulking is moldy. Floors, walls and ceilings shall be easily cleanable. 0 pts.





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#### **Observations and Corrective Actions**

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6-303.11 Intensity-Lighting - C - Repeat - Lighting is low at grill and fryer (35-46 foot candles), at prep table (35-46 foot candles), and in women's restroom (1-3 foot candles). Lighting shall be at least 20 foot candles at plumbing fixtures in restrooms and at least 50 foot candles at food preparation and cooking areas. Replace burnt out lights to raise lighting.





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Establishment Name: COURTYARD BY MARRIOTT Establishment ID: 3034011957

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