

Food Establishment Inspection Report

Score: 91

Establishment Name: BOJANGLE'S #156

Establishment ID: 3034010033

Location Address: 1614 S STRATFORD ROAD

Inspection Re-Inspection

City: WINSTON SALEM

State: NC

Date: 06 / 22 / 2015 Status Code: A

Zip: 27103

County: 34 Forsyth

Time In: 08 : 45 am pm

Time Out: 12 : 00 am pm

Permittee: BOJANGLES' RESTAURANT, INC.

Total Time: 3 hrs 15 minutes

Telephone: (336) 765-1983

Category #: III

Wastewater System: Municipal/Community On-Site System

FDA Establishment Type: Fast Food Restaurant

Water Supply: Municipal/Community On-Site Supply

No. of Risk Factor/Intervention Violations: 5

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	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			2	0	<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			3	1.5	0	<input type="checkbox"/>
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of reporting, restriction & exclusion			3	1.5	0	<input type="checkbox"/>
Good Hygienic Practices .2652, .2653										
4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco use			2	<input checked="" type="checkbox"/>	0	<input checked="" type="checkbox"/>
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose or mouth			1	0.5	0	<input type="checkbox"/>
Preventing Contamination by Hands .2652, .2653, .2655, .2656										
6	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hands clean & properly washed			4	<input checked="" type="checkbox"/>	0	<input checked="" type="checkbox"/>
7	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No bare hand contact with RTE foods or pre-approved alternate procedure properly followed			3	1.5	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food received at proper temperature			2	1	0	<input type="checkbox"/>
11	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe & unadulterated			2	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Required records available: shellstock tags, parasite destruction			2	1	0	<input type="checkbox"/>
Protection from Contamination .2653, .2654										
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated & protected			3	1.5	0	<input type="checkbox"/>
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized			3	1.5	0	<input 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	<input type="checkbox"/>
Potentially Hazardous Food Time/Temperature .2653										
16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooking time & temperatures			3	1.5	0	<input type="checkbox"/>
17	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper reheating procedures for hot holding			3	1.5	0	<input type="checkbox"/>
18	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooling time & temperatures			3	1.5	0	<input type="checkbox"/>
19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures			3	1.5	0	<input type="checkbox"/>
20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures			3	1.5	0	<input type="checkbox"/>
21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking & disposition			3	1.5	0	<input type="checkbox"/>
22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Time as a public health control: procedures & records			2	1	0	<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			1	0.5	0	<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			3	1.5	0	<input type="checkbox"/>
Chemical .2653, .2657										
25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food additives: approved & properly used			1	0.5	0	<input type="checkbox"/>
26	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified stored, & used			2	1	0	<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			2	1	0	<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			1	0.5	0	<input type="checkbox"/>
29	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source			2	1	0	<input type="checkbox"/>
30	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Variance obtained for specialized processing methods			1	0.5	0	<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			1	0.5	0	<input type="checkbox"/>
32	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Plant food properly cooked for hot holding			1	0.5	0	<input type="checkbox"/>
33	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used			1	0.5	0	<input type="checkbox"/>
34	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided & accurate			1	0.5	0	<input type="checkbox"/>
Food Identification .2653										
35	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled: original container			2	1	0	<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			2	1	0	<input type="checkbox"/>
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display			2	1	0	<input type="checkbox"/>
38	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness			1	0.5	0	<input type="checkbox"/>
39	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used & stored			1	<input checked="" type="checkbox"/>	0	<input checked="" type="checkbox"/>
40	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits & vegetables			1	0.5	0	<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			1	0.5	0	<input type="checkbox"/>
42	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Utensils, equipment & linens: properly stored, dried & handled			1	0.5	<input checked="" type="checkbox"/>	<input type="checkbox"/>
43	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Single-use & single-service articles: properly stored & used			1	0.5	0	<input type="checkbox"/>
44	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly			1	0.5	0	<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			<input checked="" type="checkbox"/>	1	0	<input checked="" type="checkbox"/>
46	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained, & used; test strips			1	0.5	0	<input type="checkbox"/>
47	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean			1	<input checked="" type="checkbox"/>	0	<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			2	1	0	<input type="checkbox"/>
49	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices			2	<input checked="" type="checkbox"/>	0	<input checked="" type="checkbox"/>
50	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage & waste water properly disposed			2	1	0	<input type="checkbox"/>
51	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied & cleaned			1	0.5	0	<input type="checkbox"/>
52	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Garbage & refuse properly disposed; facilities maintained			1	0.5	0	<input type="checkbox"/>
53	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained & clean			<input checked="" type="checkbox"/>	0.5	0	<input checked="" type="checkbox"/>
54	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Meets ventilation & lighting requirements; designated areas used			1	0.5	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Total Deductions:									9	



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City: WINSTON SALEM State: NC

Comment Addendum Attached? Status Code: A

County: 34 Forsyth Zip: 27103

Category #: III

Wastewater System: Municipal/Community On-Site System

Email 1:

Water Supply: Municipal/Community On-Site System

Email 2:

Permittee: BOJANGLES' RESTAURANT, INC.

Email 3:

Telephone: (336) 765-1983

Temperature Observations

Item	Location	Temp	Item	Location	Temp	Item	Location	Temp
hot water	3 comp sink	156	cheese	make top	41			
ham	hot hold	138	eggs	final	186			
sausage	hot hold	140	salad	walk in cooler	42			
potatoes	hot hold	148	chicken wings	walk in cooler	38			
chicken	hoth old	149	ServSafe	Gail Robinson 6/27/17	00			
grits	hot bar	146						
hash browns	hot bar	176						
cut tomato	make top	38						

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 2-401.11 Eating, Drinking, or Using Tobacco - C - Repeat: Two employee beverages stored in containers without straws. One beverage had a flip top and the other beverage had a single service beverage lid. Employees may drink from closed beverage containers (cup with lid and straw) if the container is handled to prevent contamination of employee hands, the container, exposed food, clean equipment, utensils, linens, unwrapped single service, and single use articles. CDI - Employee beverages were taken to employee break area.
- 6 2-301.12 Cleaning Procedure - P & 2-301.14 When to Wash - P - Employee observed touching face with gloved hands. EHS prompted employee to wash hands and employee began to wash gloved hands. Food employees shall clean their hands after touching bare human body parts. Food employees must remove gloves in order to properly wash hands. / Employee observed recontaminating hands after handwashing by touching faucet handles with bare hands. After handwashing, use a clean barrier such as a paper towel to operate faucet handles.
- 7 3-301.11 Preventing Contamination from Hands - P,PF - 0 points - Employee observed place American Cheese in container with bare hands. Food employees may not contact exposed, ready to eat food with their bare hands and shall use suitable utensils such as deli tissue, spatulas, tongs, single use gloves, or dispensing equipment. CDI - PIC voluntarily discarded cheese.



Person in Charge (Print & Sign): Keith ^{First} Browne ^{Last}

Keith Browne

Regulatory Authority (Print & Sign): Carla Day ^{First} REHS Jennifer Comer ^{Last} REHSI

Carla Day REHS / Jennifer Comer REHSI
ZR 1:15

REHS ID: 2405 - Day, Carla

Verification Required Date: 07 / 02 / 2015

REHS Contact Phone Number: (336) 703 - 3144



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- 8 5-205.11 Using a Handwashing Sink-Operation and Maintenance - PF - Sanitizer bucket stored in handwash sink next to 3 compartment sink and wet wiping cloth stored on handwash sink near biscuit station. Handwash sinks shall be maintained so that they are accessible at all times for employee use.
- 11 3-202.15 Package Integrity - PF - 0 points - One dented can stored in dry storage. Cans that are dented on the top, bottom, or side seal must not be used by establishment and must be stored in a seperate area until they are discarded or returned for credit. CDI - PIC stored can in office.
- 39 3-304.14 Wiping Cloths, Use Limitation - C - Sanitizer bucket stored on floor next to cash register. Sanitizer buckets shall be stored off the floor and used in a manner that prevents contamination of food, equipment, utensils, linens, single service, or single use articles. / Wet wiping cloths stored on handwash sink and prep surfaces. Cloths in use for wiping counters and equipment shall be stored in sanitizer solution at the appropriate concentration. CDI - Sanitizer bucket stored on low cabinet and wiping cloths stored in sanitizer buckets.
- 42 4-901.11 Equipment and Utensils, Air-Drying Required - C - 0 points - Food pans stacked on shelves above three compartment sinks were stacked wet. Arrange food pans in a manner that will facilitate air drying.
- 45 4-205.10 Food Equipment, Certification and Classification - C - Repeat: A large amount of plastic milk crates are being used for storage of single service supplies, as a chicken prep table, and other uses. Milk crates are not approved for use in the facility. Recommend obtaining additional shelving, prep table, and dunnage racks for storage of establishment equipment and supplies. Submit spec sheet of new equipment to Carla Day at daycc@forsyth.cc. / 4-501.11 Good Repair and Proper Adjustment-Equipment - C - Equipment repair/replacement necessary on: chipped shelves above three compartment sink, in True Freezer, and exterior metal panel on walk in cooler is peeling, metal flashing/coved baseboard missing from exterior of walk in cooler.
- 47 4-601.11 (B) and (C) Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils - C - Equipment cleaning necessary: underneath prep tables, all shelving in dry storage, inside of convection ovens, inside of reach in coolers and freezers, inside all cabinets, Bo-Berry round containers, hood above fryer (grease collecting on trim), heat lamps (food splash present) and walk in cooler pass through.
- 49 5-203.14 Backflow Prevention Device, When Required - P - Backflow prevention not installed after shut off switch at the can wash. Install backflow preventor. Verification Visit Required.



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Spell

- 53 Floors: Floor cleaning necessary underneath fryers and large equipment. / Can wash tiles are chipped. Repair. / Floor drain in front of fryers has broken trim and exposed screws. Repair. / Recaulk toilets to the floor.
Walls: Repeat: Walls tiles throughout establishment have pits, cracks, and/or wearing away. Replace. / Hole in wall present in between office and can wash. Repair. / Wall cleaning necessary behind handwash sink, 3 compartment sink, fryers, chicken prep area, and prep sink. / Metal corner guards are loose. Repair. / Recaulk prep sink to wall.
Ceilings: Ceiling panels above vent near cash register are damaged. Replace. / Ceiling panels above 3 compartment sink, prep sink, and drive through area are dusty.
- 54 6-303.11 Intensity-Lighting - C - 0 points - Light measures 24-38 foot candles at the grill and hot hold area at the drive through. Increase lighting to 50 foot candles. /
6-202.11 Light Bulbs, Protective Shielding - C - Light shield in fixture above 3 compartment sink and near biscuit station do not fit the light fixture. Repair/Replace.



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✓
Spell

