

Food Establishment Inspection Report

Score: 96

Establishment Name: FINNIGANS WAKE

Establishment ID: 3034014041

Location Address: 620 TRADE STREET

☒ Inspection ☐ Re-Inspection

City: WINSTON SALEM

State: NC

Date: 05 / 05 / 2021 Status Code: A

Zip: 27101 County: 34 Forsyth

Time In: 03 : 55 ^{am}_{pm} Time Out: 06 : 20 ^{am}_{pm}

Permittee: FINNIGANS WAKE INC

Total Time: 2 hrs 25 minutes

Telephone: (336) 723-0322

Category #: IV

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

FDA Establishment Type: Full-Service 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Management, employees knowledge; responsibilities & reporting			3	13	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of reporting, restriction & exclusion			3	13	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	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose or mouth			1	03	0	<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			4	2	0	<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			3	13	0	<input type="checkbox"/>
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Handwashing sinks supplied & accessible			2	1	0	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe & unadulterated			2	1	0	<input type="checkbox"/>
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required records available: shellstock tags, parasite destruction			2	1	0	<input type="checkbox"/>
Protection from Contamination .2653, .2654										
13	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food separated & protected			3	13	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
14	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized			<input checked="" type="checkbox"/>	13	0	<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	<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	13	0	<input type="checkbox"/>
17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper reheating procedures for hot holding			3	13	0	<input type="checkbox"/>
18	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling time & temperatures			3	13	0	<input type="checkbox"/>
19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures			3	13	0	<input type="checkbox"/>
20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures			3	13	0	<input type="checkbox"/>
21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking & disposition			3	13	0	<input type="checkbox"/>
22	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Time as a public health control: procedures & records			2	1	0	<input type="checkbox"/>
Consumer Advisory .2653										
23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consumer advisory provided for raw or undercooked foods			1	03	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	13	0	<input type="checkbox"/>
Chemical .2653, .2657										
25	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food additives: approved & properly used			1	03	0	<input type="checkbox"/>
26	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified stored, & used			2	1	<input checked="" type="checkbox"/>	<input checked="" 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	03	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	03	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	03	0	<input type="checkbox"/>
32	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding			1	03	0	<input type="checkbox"/>
33	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Approved thawing methods used			1	03	0	<input type="checkbox"/>
34	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided & accurate			1	03	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	03	0	<input type="checkbox"/>
39	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used & stored			1	03	0	<input type="checkbox"/>
40	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits & vegetables			1	03	0	<input type="checkbox"/>
Proper Use of Utensils .2653, .2654										
41	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored			1	03	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
42	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils, equipment & linens: properly stored, dried & handled			1	03	0	<input type="checkbox"/>
43	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Single-use & single-service articles: properly stored & used			1	03	0	<input type="checkbox"/>
44	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly			1	03	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			2	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>
46	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained, & used; test strips			1	03	<input checked="" type="checkbox"/>	<input type="checkbox"/>
47	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean			1	03	<input checked="" type="checkbox"/>	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices			2	1	0	<input 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	03	0	<input type="checkbox"/>
52	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Garbage & refuse properly disposed; facilities maintained			1	03	0	<input type="checkbox"/>
53	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained & clean			1	<input checked="" type="checkbox"/>	0	<input type="checkbox"/>
54	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Meets ventilation & lighting requirements; designated areas used			1	<input checked="" type="checkbox"/>	0	<input type="checkbox"/>
Total Deductions: <u>4</u>										



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County: 34 Forsyth Zip: 27101

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

Permittee: FINNIGANS WAKE INC

Telephone: (336) 723-0322

Establishment ID: 3034014041

☒ Inspection ☐ Re-Inspection Date: 05/05/2021

Comment Addendum Attached? ☐ Status Code: A

Water sample taken? ☐ Yes ☒ No Category #: IV

Email 1: imopie@gmail.com

Email 2: _____

Email 3: _____

Temperature Observations

Cold Holding Temperature is now 41 Degrees or less

Item	Location	Temp	Item	Location	Temp	Item	Location	Temp
tomato soup	reheat	180	corned beef	cooling (since 2:30PM)	47	hot water	3-compartment sink	150
gravy	reheat	175	goat cheese	walk-in cooler	38	hot plate temp	dish machine	171
guinness stew	reheat	170	chicken wing	walk-in cooler	39	chicken	final cook	175
cabbage	final cook	167	chick pea	sandwich unit	40	CFPM	Karamy Kale 4-8-24	0
mashed	soup well	155	sweet potato	sandwich unit	39	corned beef	cooling (@6PM)	42
red pepper	soup well	160	lettuce	sandwich unit	38			
mac and	soup well	155	quat (ppm)	bottle	300			
spinach dip	walk-in cooler	40	quat (ppm)	3-compartment sink	300			

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.

- 2 2-201.11 (A), (B), (C), & (E) Responsibility of Permit Holder, Person in Charge, and Conditional Employees - P - Employee quizzed on employee health policy and the illness reporting requirements. Employee knew vomiting and diarrhea and thought the health policy was posted on cooler. No policy posted on cooler. Employees must be aware of the responsibility to report the "big 5" symptoms and illnesses. If employee don't know all 5 symptoms and all 5 illnesses then they must know where to find the information. CDI - Employee shown health policy posted near office. 0 points taken because other employees knew where it was posted. 0 pts.
- 4 2-401.11 Eating, Drinking, or Using Tobacco - C - Employee's can of Mountain Dew stored on shelf above raw chicken in walk-in cooler and employee water bottle on front prep table in kitchen. Employee beverages must not be stored above food for restaurant or on prep tables. CDI - Employee drinks moved to low shelf. 0 pts.
- 13 3-302.11 Packaged and Unpackaged Food-Separation, Packaging, and Segregation - P - Black bean cakes made with egg wash were stored on shelf in walk-in cooler above prepared food. Raw animal foods or foods containing raw animal foods must not be stored above ready-to-eat foods. CDI - Black bean cakes moved to lower shelf. 0 pts.

Lock
Text



Person in Charge (Print & Sign): Opie Kirby

Regulatory Authority (Print & Sign): Andrew Lee

[Handwritten Signature]
[Handwritten Signature]

REHS ID: 2544 - Lee, Andrew

Verification Required Date: / /

REHS Contact Phone Number: (336) 703 - 3128



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- 14 4-602.11 Equipment Food-Contact Surfaces and Utensils-Frequency - C - Repeat - 1 soda gun had visible buildup on it. Beverage dispensing equipment shall be cleaned every 24 hours, or as specified by the manufacturer. // 4-601.11 (A) Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils - P - Repeat - Approximately 15-20 food pans, plates and bowls found with visible food residue on them. Also, slicer had buildup present on blade housing. Food-contact surfaces of equipment and utensils shall be cleaned to sight and touch. CDI - Dirty dishes taken to dish machine to be rewashed.
- 26 7-102.11 Common Name-Working Containers - PF - Spray bottles of degreaser and sanitizer were not labelled. All working containers of toxic chemicals must be labelled. CDI - Bottles labelled. 0 pts.
- 41 3-304.12 In-Use Utensils, Between-Use Storage - C - Tongs were being stored in room temperature water beside grill. In-use utensils must be stored in 135F or above water, or in a clean pan/clean surface. CDI - Water emptied out of pan. 0 pts.
- 45 4-205.10 Food Equipment, Certification and Classification - C - Ice cream maker labelled for household use only. All food equipment except mixers, toasters, and microwaves must be NSF listed for commercial use. // 4-201.11 Equipment and Utensils-Durability and Strength - C - Whisk found with melted plastic handle. Discard damaged whisk. // 4-501.11 Good Repair and Proper Adjustment-Equipment - C - Shelves chipping in walk-in cooler and in dry storage area. Equipment shall be maintained in good repair. 0 pts.
- 46 4-501.14 Warewashing Equipment, Cleaning Frequency - C - Lime buildup on tops of doors of dish machine. Warewashing machines shall be cleaned at a frequency necessary to prevent recontamination of dishes or at least every 24 hours. 0 pts.
- 47 4-602.13 Nonfood Contact Surfaces - C - Microwave, sides of grill, and inside small drawer cooler all needed additional cleaning. Nonfood contact surfaces of equipment shall be cleaned at a frequency necessary to maintain them clean. 0 pts.
- 53 6-501.12 Cleaning, Frequency and Restrictions - C - Dust accumulating on ceiling vents near walk-in cooler and top of grease trap needs to be cleaned. Floors, walls and ceilings shall be cleaned at a frequency necessary to maintain them clean. // 6-501.113 Storing Maintenance Tools - C - Pliers stored in pan with food thermometer. Do not store maintenance tools where they can contaminate food equipment or utensils.



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- 54 6-501.110 Using Dressing Rooms and Lockers - C - Employee cell phone stored on prep table that customer plates go on. Employee personal items shall not be stored where food is prepared or where it can contaminate clean utensils. // 6-303.11 Intensity-Lighting - C - Lighting low in single stall bathroom at toilet (3 foot candles) and at stove top (38 foot candles). Lighting shall be at least 20 foot candles at plumbing fixtures in restrooms and at least 50 foot candles at food preparation or cooking equipment.

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Spell



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