Food Establishment Inspection Report

Establishment Name: TWIN CITY CATERING
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	E	st	ab	lis	hment Name: TWIN CITY CATERING								
	Location Address: 1510 WEST FIRST STREET												
	City: WINSTON SALEM State: North Carolina												
	Zip: 27101 County: 34 Forsyth												
Permittee: TWIN CITY CATERING LLC													
Telephone: (336) 978-2301													
⊗ Inspection ⊖ Re-Inspection													
Wastewater System:													
Municipal/Community ○ On-Site System													
Water Supply:													
	•				icipal/Community On-Site Supply								
		Ø	/ 10	iui									
	Fo	ood	bc	orne	e Illness Risk Factors and Public Health I	nte	erv	er	ntion	s			
	Ris	sk fa	cto	rs: (Contributing factors that increase the chance of developing for	db	orne	e illr	ness.				
	Pu	blic	Hea	alth	Interventions: Control measures to prevent foodborne illness	or	inju	ry					
С	ю	mp	lia	nc	(OUT	r	CDI	R	VR			
Compliance Status OUT CDI R VR Supervision .2652													
1	Ė	оυт	<u> </u>		PIC Present, demonstrates knowledge, &	1		0					
•	ľ.		<u> </u>		performs duties			0		├──	<u> </u>		
2	-	o)Xt	<u> </u>		Certified Food Protection Manager	X		0		X			
E	mp	loye	еH	ealt	h .2652 Management, food & conditional employee;	Т	_	Γ.					
3	Ņ	ουτ			knowledge, responsibilities & reporting	2	1	0					
4	X	ουτ			Proper use of reporting, restriction & exclusion	3	1.5	0					
5	X	оυт			Procedures for responding to vomiting & diarrheal events	1	0.5	0					
G	00	d Hy	gie	nic	Practices .2652, .2653								
6	1.	OUT	<u> </u>		Proper eating, tasting, drinking or tobacco use	1	0.5	-		<u> </u>			
7		OUT	-	2.0.00	No discharge from eyes, nose, and mouth	1	0.5	0		L			
8	_	OUT	-	Lon	tamination by Hands .2652, .2653, .2655, .265 Hands clean & properly washed	ю 4	2	0	· · · ·		T		
-	<u> </u>	оит		N/O	No bare hand contact with RTE foods or pre-	+							
				4	2	0		<u> </u>	<u> </u>				
10 ▶ out №/A Handwashing sinks supplied & accessible 2 1 0 Approved Source .2653, .2655													
		OUT		oure	ce .2653, .2655 Food obtained from approved source	2	1	0					
	<u> </u>	оит	<u> </u>	Ň		2	1	0					
13	X	ουτ			Food in good condition, safe & unadulterated	2	1	0					
14	IN	I OUT ₩N/O Required records available: shellstock tags, parasite destruction											
P	rote	ectio	n f	rom	Contamination .2653, .2654	1	-						
15	X	оυт	N/A	N/O	Food separated & protected	3	1.5	0					
16	IN	¢X1			Food-contact surfaces: cleaned & sanitized	3	1.5	X	Х				
17	X	оυт			Proper disposition of returned, previously served, reconditioned & unsafe food	2	1	0					
P	ote	ntia	ly ł	laza	ardous Food Time/Temperature .2653	-							
		OUT				3	-	-					
		OUT OUT				3	1.5 1.5				<u> </u>		
	-	OUT	<u> </u>	1		3	1.5				-		
_		оит				3	1.5	0					
23	ŕ	оυт			Proper date marking & disposition Time as a Public Health Control; procedures &	3	1.5	0			-		
24	IN	ουτ	NX4	N/O	records	3	1.5	0					
C	on	sum	er A	dvi	sory .2653	_							
25	IN	оυт	NX		Consumer advisory provided for raw/ undercooked foods	1	0.5	0					
Н	igh	ly S	usc	epti	ble Populations .2653	1	-						
	Ē	оит			Pasteurized foods used; prohibited foods not	3	1.5	0					
					offered			Ŭ		L			
-		nica OUT			.2653, .2657 Food additives: approved & properly used	1	0.5	0					
	h	OUT		-	Toxic substances properly identified stored & used	2	1	0					
С	Conformance with Approved Procedures .2653, .2654, .2658												
29	IN	оит	ŊX		Compliance with variance, specialized process, reduced oxygen packaging criteria or HACCP plan	2	1	0					
		L	L		North Carolina Department of Health 8	L H	uma	۱ n ۶	Service	es•Γ)ivisi		
					data								

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NCPH North Carolina Public Health

Establishment ID: 3034020866

Date: <u>03/16/2023</u> Time In: 10:00 AM	_Status Code: <u>A</u> Time Out: 11:05 AM
Category#: <u>IV</u> FDA Establishment Type	: Fast Food Restaurant
No. of Risk Factor/Interv No. of Repeat Risk Factor	

					Good Retail Practices						
	G	ood	Reta	ail Pı	ractices: Preventative measures to control the addition of pa	tho	gens	, cł	nemica	als,	
					and physical objects into foods.						_
Compliance				nce	e Status				CDI	R	١
Sa	afe	Foo	d an	d Wa	ater .2653, .2655, .2658						
30	IN	OUT	¢¥(A		Pasteurized eggs used where required	1	0.5	0			
31	X	ουτ			Water and ice from approved source	2	1	0			
32	IN	оυт	¢¥^		Variance obtained for specialized processing methods	2	1	0			
F	ood	Ten	nper	ratur	e Control .2653, .2654						
33	X	оит			Proper cooling methods used; adequate equipment for temperature control	1	0.5	0			
34	Ņ	оυт	N/A	N/O	Plant food properly cooked for hot holding	1	0.5	0			
35	IN	оυт	N/A	Ň	Approved thawing methods used	1	0.5	0			
36	X	ουτ			Thermometers provided & accurate	1	0.5	0			
F	ood	Ide	ntifie	catio	n .2653						
37	Ņ	OUT			Food properly labeled: original container	2	1	0			Γ
P	reve	entic	on o	f Foc	d Contamination .2652, .2653, .2654, .2656, .26	57					
38	M	оит			Insects & rodents not present; no unauthorized animals	2	1	0			Γ
39	×	оит			2	1	0				
40	M	оυт			Personal cleanliness	1	0.5	0			
41	M	оυт			Wiping cloths: properly used & stored	1	0.5	0			
42	M	оυт	N/A		Washing fruits & vegetables	1	0.5	0			
Р	rop	er U:	se o	f Ute	nsils .2653, .2654						
43	M	оυт		П	In-use utensils: properly stored	1	0.5	0	<u> </u>		Γ
44	M	оит			Utensils, equipment & linens: properly stored, dried & handled	1	0.5				
45	×	оυт			Single-use & single-service articles: properly stored & used	1	0.5	0			
46	M	оυт			Gloves used properly	1	0.5	0			
U	ten	sils a	and	Equi	ipment .2653, .2654, .2663						
47	IN	% ™			Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed & used	1	3%	0		x	
48	M	оит			Warewashing facilities: installed, maintained & used; test strips	1	0.5	0			
49	IN	о х (т		\vdash	Non-food contact surfaces clean	1	0\$5	0		x	-
-			Faci	ilities	s .2654, .2655, .2656						
50	M	оит	N/A		Hot & cold water available; adequate pressure	1	0.5	0			Γ
51		оX(т		\vdash	Plumbing installed; proper backflow devices	2	1	x			
52		OUT			Sewage & wastewater properly disposed	2	1	0			
53		оит	N/A		Toilet facilities: properly constructed, supplied & cleaned	1	0.5	0			
54	X	оит			Garbage & refuse properly disposed; facilities maintained	1	0.5	0			
	IN	0){(т			Physical facilities installed, maintained & clean	1	ð‰	0		Х	
55						1	1	1	1	1	
55 56	X	оит			Meets ventilation & lighting requirements; designated areas used	1	0.5	0			

	Comme	ent Addendu	im to Food E	stablishmer	nt Inspection	n Report			
Establishme	ent Name: TWIN C	CITY CATERING		Establishment ID: 3034020866					
Location A City: <u>WINS</u> County: <u>34</u> Wastewater Water Suppl	Address: <u>1510 WEs</u> STON SALEM 4 Forsyth System: 🛛 Municipal/0	ST FIRST STREE	State: <u>NC</u> : 27101 9 System	Comment Adden	en? Yes X N	Status Code: A			
	e: (336) 978-2301			Email 3:					
	<u>-</u>		Temperature O						
	Effect		I, 2019 Cold H		v 41 degrees	or less			
Item green beans	Location hot hold	Temp Item 168	Location		mp Item	Location	Temp		
gyro	hot hold	172							
chicken	upright	36							
sauce	upright	41							
water	3 comp	138							
DDBSA sanitizer	272-700	500							
potatoes	cook for hot hold	180							
potatoes	front cooler	33							
ambient	front cooler	37							
Person in Cl	harge (Print & Sign):	First Chris First	<i>Last</i> Karahalios <i>Last</i>	_	Ch. K.	end			
Regulatory Aut	hority (Print & Sign)	Nora	Sykes		Mron	ł			
REHS ID:2664	- Sykes, Nora		Verification Requ	ired Date:					

REHS Contact Phone Number: (336) 703-3161

Verification Required Date: Authorize final repo

Authorize final report to be received via Email:



North Carolina Department of Health & Human Services D Page 1 of _____

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Food Protection Program

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Establishment ID: 3034020866

Date: 03/16/2023 Time In: 10:00 AM Time Out: 11:05 AM

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 2-102.12 (A) Certified Food Protection Manager-C-REPEAT- At time of inspection PIC did not have food protection manager certification. At least 1 employee with active ANSI food protection manager certification shall be present during all hours of operation.
- 16 4-601.11 (A) Equipment, Food-Contact Surfaces, Nonfood Contact Surfaces, and Utensils-P- A few containers checked had soil present. Equipment food contact surfaces and utensils shall be clean to sight and touch. CDI- Items moved to dish area for cleaning. Recommend going through dishes and pulling any for cleaning as needed.
- 47 4-205.10 Food Equipment, Certification and Classification (C)- REPEAT- The following items are not for commercial use: instant pot, food processor. Except for toasters, mixers, microwave ovens, water heaters, and hoods, food equipment shall be used in accordance with the manufacturer's intended use and certified or classified for sanitation by an ANSI-accredited certification program. This may not be a comprehensive list of items that are not certified. Remove items that are not certified. 4-501.11 Good Repair and Proper Adjustment Equipment (C)- Small gap present at top area of hot box between case and door.
- 49 4-601.11 (B) and (C) Equipment, Food-Contact Surfaces, Nonfood Contact Surfaces, and Utensils (C)-REPEAT- Clean the following: shelves under prep tables, shelf above prep table that holds spices, gaskets and inside bottom of upright freezer in kitchen, defrost white freezer.
- 51 5-205.15 (B) Leak pipe etc. not imminent threat- Small drip at faucet at 3 comp sink when secondary valve is opened.

55 6-501.12 Cleaning, Frequency and Restrictions-C-REPEAT- Floor cleaning is needed under equipment, and in general. All physical facilities shall be maintained in good repair and shall be cleaned as often as necessary to keep them clean and by methods that prevent contamination of food products.
6-501.114 Maintaining Premises, Unnecessary Items and Litter (C)- Items that are broken or not used need to be removed from facility. The establishment shall maintain a premises which is free of items that are unnecessary to the operation or maintenance of the establishment, such as litter or equipment that is nonfunctional or no longer used.