

# Food Establishment Inspection Report

Score: 92

Establishment Name: GREAT WRAPS

Establishment ID: 3034022810

Location Address: 3320 SILAS CREEK PARKWAY

☒ Inspection ☐ Re-Inspection

City: WINSTON SALEM

State: NC

Date: 05 / 19 / 2017 Status Code: A

Zip: 27103

County: 34 Forsyth

Time In: 02 : 00 <sup>am</sup><sub>pm</sub> Time Out: 04 : 20 <sup>am</sup><sub>pm</sub>

Permittee: DEVAS FOOD LLC

Total Time: 2 hrs 20 minutes

Telephone: (336) 659-9740

Category #: IV

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: 2

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	15	0	<input type="checkbox"/>
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of reporting, restriction & exclusion				3	15	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	05	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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No bare hand contact with RTE foods or pre-approved alternate procedure properly followed				3	15	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 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food separated & protected				3	15	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized				3	15	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	15	0	<input type="checkbox"/>
17	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper reheating procedures for hot holding				3	15	0	<input type="checkbox"/>
18	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooling time & temperatures				3	15	0	<input type="checkbox"/>
19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures				3	15	0	<input type="checkbox"/>
20	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures				<input checked="" type="checkbox"/>	15	0	<input checked="" type="checkbox"/>
21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking & disposition				3	15	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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consumer advisory provided for raw or undercooked foods				1	05	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	15	0	<input type="checkbox"/>
Chemical .2653, .2657											
25	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food additives: approved & properly used				1	05	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	05	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	05	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	05	0	<input type="checkbox"/>
32	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Plant food properly cooked for hot holding				1	05	0	<input type="checkbox"/>
33	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used				1	05	0	<input type="checkbox"/>
34	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided & accurate				1	05	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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Insects & rodents not present; no unauthorized animals				2	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>
37	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display				2	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
38	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness				1	05	<input checked="" type="checkbox"/>	<input type="checkbox"/>
39	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used & stored				1	05	0	<input type="checkbox"/>
40	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits & vegetables				1	05	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				<input checked="" type="checkbox"/>	05	0	<input checked="" type="checkbox"/>
42	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils, equipment & linens: properly stored, dried & handled				1	05	0	<input type="checkbox"/>
43	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Single-use & single-service articles: properly stored & used				1	05	0	<input type="checkbox"/>
44	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly				1	05	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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained, & used; test strips				1	05	0	<input type="checkbox"/>
47	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean				1	05	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	05	0	<input type="checkbox"/>
52	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Garbage & refuse properly disposed; facilities maintained				1	05	0	<input type="checkbox"/>
53	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained & clean				1	05	<input checked="" type="checkbox"/>	<input type="checkbox"/>
54	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Meets ventilation & lighting requirements; designated areas used				1	05	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Total Deductions:										8	

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Off

# Comment Addendum to Food Establishment Inspection Report

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Establishment ID: 3034022810

Location Address: 3320 SILAS CREEK PARKWAY

☒ Inspection ☐ Re-Inspection Date: 05/19/2017

City: WINSTON SALEM State: NC

Comment Addendum Attached? ☐ Status Code: A

County: 34 Forsyth Zip: 27103

Category #: IV

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

Email 1: rjalns@yahoo.com

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

Email 2:

Permittee: DEVAS FOOD LLC

Email 3:

Telephone: (336) 659-9740

## Temperature Observations

Item	Location	Temp	Item	Location	Temp	Item	Location	Temp
french fries	final cook	204	gyro	make unit	50			
steak	final cook	200	salsa	make unit	41			
nacho cheese	dispenser	135	salsa	walk in cooler	41			
tomatoes	ice bath	41	chicken	reach in	41			
tomatoes	make unit	44	servsafe	Narayan Rijal 4-5-21	00			
lettuce	make unit	44	hot water	three comp sink	145			
lettuce	ice bath	48	quat sanitizer	three comp sink	200			
gyro	reach in	41	french fries	bag on counter	32			

## 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 bottles of water sitting on cans of ketchup and cheese. Employee drinks shall be stored in a cup with a lid and a straw to prevent contaminating hands when drinking and shall be stored to be contamination of food and cleaned equipment (ex. lower prep shelf with nothing beneath it). CDI: Manager educated.
- 6 2-301.14 When to Wash - P: Three employees washed hands and did not use a barrier to turn off the faucets. One employee sat ice bucket on floor, then emptied ice bucket into beverage station while holding bottom of bucket (contaminated from floor). Employees shall wash hands when contaminated. CDI: All employees re-washed properly using paper towel to turn off faucets and ice bucket washed.
- 13 3-302.11 Packaged and Unpackaged Food-Separation, Packaging, and Segregation - P: 0 pts. In freezer, raw steak (opened) stored over bags of french fries. Foods shall be stored to prevent cross contamination. In freezers, storage order counts when commercial package is opened. CDI: Fries re-arranged above steak.

Person in Charge (Print & Sign): *Narayan* *Rijal*

Regulatory Authority (Print & Sign): *Michelle* *Bell REHS*

REHS ID: 2464 - Bell, Michelle

Verification Required Date: 05 / 29 / 2017

REHS Contact Phone Number: ( 336 ) 703 - 3141



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- 20 3-501.16 (A)(2) and (B) Potentially Hazardous Food (Time/Temperature Control for Safety Food), Hot and Cold Holding - P: REPEAT: Gyro meat in fridge and top of make unit holding at 48-54F. Lettuce (on ice bath) 41-48F. Potentially hazardous foods shall be maintained at 45F and below. CDI: Meat discarded. Lettuce sent to cool in walk in cooler.
- 26 7-204.11 Sanitizers, Criteria-Chemicals - P: 0 pts. Sanitizer in spray bottle above 400 ppm quat. Quat sanitizer shall range from 200-400 ppm for use as determined by manufacturer. CDI: Bottle emptied.
- 36 6-501.111 Controlling Pests - C: 0 pts. One live roach under beverage station. Pests shall be controlled to eliminate their presence in the facility. Facility already has a pest control routine inspection.
- 37 3-305.11 Food Storage-Preventing Contamination from the Premises - C: 0 pts. Employee sat ice bin on floor while filling. Food shall be stored to prevent contamination from premises and at least 6 inches above the floor. CDI: Employee's hands washed and ice bucket washed, rinsed, and sanitized.
- 38 2-303.11 Prohibition-Jewelry - C: 0 pts. Two employees wearing bracelets. Employees are only allowed a single, solid band ring when working with food.
- 41 3-304.12 In-Use Utensils, Between-Use Storage - C: REPEAT: Bowl used to scoop sugar laying on ingredient. Rice scoop being stored in container of ice water. Store in-use utensils on a clean prep surface, in ingredients with handles positioned upwards, or in hot water of 135F and greater. CDI: Bowl removed and rice container replaced.
- 45 4-501.11 Good Repair and Proper Adjustment-Equipment - C: 0 pts. A few broken hood filters. Duct tape present on ice scoop holder. Repair leak in walk in cooler from condenser fan (repair man already called). Equipment shall be maintained in good repair.



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- 49 5-203.14 Backflow Prevention Device, When Required - P: Shut-off valve has been added at mopsink, but not backflow preventer has been added to system between shut-off and hose connection. When a system can be placed under continuous pressure, currently installed backflow preventer can fail leaving the system susceptible to possible contaminated water. Add atmospheric backflow preventer and maintain hose without pistol grip. Verification is required to Michelle Bell at 336-703-3141 or bellmi@forsyth.cc. by 5-29-2017.
- 53 6-201.11 Floors, Walls and Ceilings-Cleanability - C: 0 pts. Seal loose FRP panel at canwash to maintain cleanability of wall. Walls shall be smooth and easily cleanable.
- 54 6-303.11 Intensity-Lighting - C: 0 pts. Lighting low across front counter beverage station line/make unit at 34-41 ftcd. Increase lighting to 50 ftcd in food prep areas.



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Spell



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