

Food Establishment Inspection Report

Score: 94

Establishment Name: CHARS #2
Location Address: 636 WAUGHTOWN ST.
City: WINSTON-SALEM **State:** NC
Zip: 27107 **County:** 34 Forsyth
Permittee: CHAR'S INC.
Telephone: (336) 784-5418
Wastewater System: Municipal/Community On-Site System
Water Supply: Municipal/Community On-Site Supply

Establishment ID: 3034010065
 Inspection Re-Inspection
Date: 07 / 28 / 2021 **Status Code:** A
Time In: 02 : 15 am pm **Time Out:** 04 : 50 am pm
Total Time: 2 hrs 35 minutes
Category #: III
FDA Establishment Type: Full-Service Restaurant
No. of Risk Factor/Intervention Violations: 2
No. of Repeat Risk Factor/Intervention Violations: _____

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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIC Present; Demonstration-Certification by accredited program and perform duties	<input checked="" type="checkbox"/>	0		
Employee Health .2652								
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, employees knowledge; responsibilities & reporting	<input checked="" type="checkbox"/>	13	0	
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of reporting, restriction & exclusion	<input checked="" type="checkbox"/>	13	0	
Good Hygienic Practices .2652, .2653								
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco use	<input checked="" type="checkbox"/>	2	1	0
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose or mouth	<input checked="" type="checkbox"/>	1	03	0
Preventing Contamination by Hands .2652, .2653, .2655, .2656								
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean & properly washed	<input checked="" type="checkbox"/>	4	2	0
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	<input checked="" type="checkbox"/>	3	13	0
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Handwashing sinks supplied & accessible	<input checked="" type="checkbox"/>	2	1	0
Approved Source .2653, .2655								
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	<input checked="" type="checkbox"/>	2	1	0
10	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food received at proper temperature	<input checked="" type="checkbox"/>	2	1	0
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe & unadulterated	<input checked="" type="checkbox"/>	2	1	0
12	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Required records available: shellstock tags, parasite destruction	<input checked="" type="checkbox"/>	2	1	0
Protection from Contamination .2653, .2654								
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated & protected	<input checked="" type="checkbox"/>	3	13	0
14	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized	<input checked="" type="checkbox"/>	3	13	0
15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, & unsafe food	<input checked="" type="checkbox"/>	2	1	0
Potentially Hazardous Food Time/Temperature .2653								
16	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooking time & temperatures	<input checked="" type="checkbox"/>	3	13	0
17	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper reheating procedures for hot holding	<input checked="" type="checkbox"/>	3	13	0
18	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooling time & temperatures	<input checked="" type="checkbox"/>	3	13	0
19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures	<input checked="" type="checkbox"/>	3	13	0
20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures	<input checked="" type="checkbox"/>	3	13	0
21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking & disposition	<input checked="" type="checkbox"/>	3	13	0
22	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Time as a public health control: procedures & records	<input checked="" type="checkbox"/>	2	1	0
Consumer Advisory .2653								
23	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consumer advisory provided for raw or undercooked foods	<input checked="" type="checkbox"/>	1	03	0
Highly Susceptible Populations .2653								
24	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pasteurized foods used; prohibited foods not offered	<input checked="" type="checkbox"/>	3	13	0
Chemical .2653, .2657								
25	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food additives: approved & properly used	<input checked="" type="checkbox"/>	1	03	0
26	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified stored, & used	<input checked="" type="checkbox"/>	2	1	0
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	<input checked="" type="checkbox"/>	2	1	0

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	<input checked="" type="checkbox"/>	1	03	0
29	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source	<input checked="" type="checkbox"/>	2	1	0
30	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Variance obtained for specialized processing methods	<input checked="" type="checkbox"/>	1	03	0
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	<input checked="" type="checkbox"/>	1	03	0
32	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Plant food properly cooked for hot holding	<input checked="" type="checkbox"/>	1	03	0
33	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Approved thawing methods used	<input checked="" type="checkbox"/>	1	03	0
34	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided & accurate	<input checked="" type="checkbox"/>	1	03	0
Food Identification .2653								
35	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled: original container	<input checked="" type="checkbox"/>	2	1	0
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	<input checked="" type="checkbox"/>	2	1	0
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display	<input checked="" type="checkbox"/>	2	1	0
38	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	<input checked="" type="checkbox"/>	1	03	0
39	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used & stored	<input checked="" type="checkbox"/>	1	03	0
40	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits & vegetables	<input checked="" type="checkbox"/>	1	03	0
Proper Use of Utensils .2653, .2654								
41	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored	<input checked="" type="checkbox"/>	1	03	0
42	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils, equipment & linens: properly stored, dried & handled	<input checked="" type="checkbox"/>	1	03	0
43	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Single-use & single-service articles: properly stored & used	<input checked="" type="checkbox"/>	1	03	0
44	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly	<input checked="" type="checkbox"/>	1	03	0
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	03	0
46	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained, & used; test strips	<input checked="" type="checkbox"/>	1	03	0
47	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean	<input checked="" type="checkbox"/>	1	03	0
Physical Facilities .2654, .2655, .2656								
48	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot & cold water available; adequate pressure	<input checked="" type="checkbox"/>	2	1	0
49	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices	<input checked="" type="checkbox"/>	2	1	0
50	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage & waste water properly disposed	<input checked="" type="checkbox"/>	2	1	0
51	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied & cleaned	<input checked="" type="checkbox"/>	1	03	0
52	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Garbage & refuse properly disposed; facilities maintained	<input checked="" type="checkbox"/>	1	03	0
53	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained & clean	<input checked="" type="checkbox"/>	03	0	0
54	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Meets ventilation & lighting requirements; designated areas used	<input checked="" type="checkbox"/>	1	03	0
Total Deductions:							6	



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 Water Supply: Municipal/Community On-Site System
 Permittee: CHAR'S INC.
 Telephone: (336) 784-5418

Establishment ID: 3034010065
 Inspection Re-Inspection Date: 07/28/2021
 Comment Addendum Attached? Status Code: A
 Water sample taken? Yes No Category #: III
 Email 1:
 Email 2:
 Email 3:

Temperature Observations

Cold Holding Temperature is now 41 Degrees or less

Item	Location	Temp	Item	Location	Temp	Item	Location	Temp
Hot water	three comp sink	126	hot dogs	hot well 2	171			
sanitizer (cl)	buckets (ppm)	50	slaw	walk in	41			
chili	hot well	148	hot dogs	walk in	40			
hot dogs	hot well	152	tomato	walk in	41			
tomato	make unit	41						
slaw	make unit	39						
lettuce	make unit	40						
burgers	hot well	172						

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.

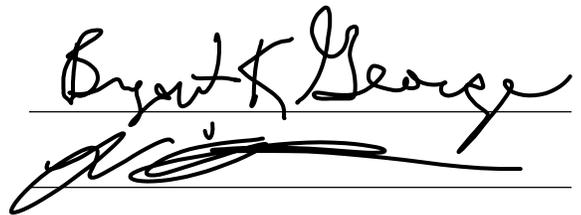
- 1 2-102.12 Certified Food Protection Manager - C- REPEAT- There is no certified food protection manager present in the establishment. A certified protection manager that has passed an ANSI accredited exam shall be present during all hours of foodservice and during the inspection.

- 14 4-602.11 Equipment Food-Contact Surfaces and Utensils-Frequency - P Four soda nozzles had dark build up on insides of the nozzle. Food contact surfaces shall be kept clean to sight and touch. CDI: Employees cleaned and sanitized nozzles. 0 pts

- 45 4-501.11 Good Repair and Proper Adjustment-Equipment - C Repeat: Dry storage grey shelving unit badly rusted and needs to be replaced. Shelving in walk in cooler rusted and needs to be replaced where damaged. Major leak present in walk in freezer causing ice to build up on floor, have freezer repaired to stop leak. Both walk in cooler and freezer need pvc jacketing on drain lines from condensers to divert leaks and maintain a cleanable surface. Ice machine stored on top of unsealed cinderblocks. Remove cinderblocks and replace with sealed cleanable legs. Equipment shall be kept in good repair. Make noted repairs. ,

Lock Text

Person in Charge (Print & Sign): Bryant *First* George *Last*
 Regulatory Authority (Print & Sign): Joseph *First* Chrobak *Last*



REHS ID: 2450 - Chrobak, Joseph

Verification Required Date: 08 / 06 / 2021

REHS Contact Phone Number: (336) 703 - 3164



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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- 46 4-301.12 Manual Warewashing, Sink Compartment Requirements - PF- Establishment has a 2 compartment sink with a variance approval. Part of the variance approval requires maintaining documentation of batch washing on log sheet. Log has not been kept up since 6/9/2021 and the filled in dates did not have documentation of sanitizer concentrations. A sink with at least 3 compartments shall be provided for manually washing, rinsing and sanitizing equipment and utensils or adhere to the approved variance. VR-Verification required for compliance by 8/6/21.
- 47 4-601.11 (B) and (C) Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils - C Cleaning needed on shelving holding fryers and grill to remove excess grease. Cleaning needed on shelving in walk in cooler to remove debris. Non food contact surfaces shall be kept clean.
- 53 6-201.11 Floors, Walls and Ceilings-Cleanability - C Repeat: Seal pipe penetration into ceiling tiles from soda line in back of kitchen. FRP Peeling off wall by fryer hot holding unit, reattach peeling FRP. Physical facilities shall be kept in good repair. // 6-201.13 Floor and Wall Junctures, Coved, and Enclosed or Sealed - C REPEAT-There is no cove base along the walls in the restrooms. Floor and wall junctures shall be coved. // 6-501.12 Cleaning, Frequency and Restrictions - C Cleaning needed on wall under prep sink to remove splash staining. Physical facilities shall be kept clean.



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✓
Spell



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