## Food Establishment Inspection Report

#### Establishment Name: BISCUITVILLE #189

	L	006	atio	on /	Address: 5988 UNIVERSITY PARKWAY						
	City: WINSTON SALEM State: North Carolina										
	Zip: 27105 County: 34 Forsyth										
	Ρ	erı	nit	tte	e: BISCUITVILLE, INC.						
	Т	ele	ph	or	ne: (336) 377-7320						
		Ø	) Ir	Isp	ection O Re-Inspection						
	۷	Vas	ste	wa	ater System:						
		Ø	) M	lun	icipal/Community On-Site System						
	۷	Vat	er	Sι	ıpply:						
_		Ø	) M	lun	icipal/Community On-Site Supply						
	Fc	ood	bo	rne	e Illness Risk Factors and Public Health Ir	nte	erv	er	ntion	s	
					Contributing factors that increase the chance of developing foo				ness.		
	Pu	blic	Hea	lth	Interventions: Control measures to prevent foodborne illness	or	inju	ry			
C	ò	mp	lia	nc	e Status	OUT			CDI	R	VF
S	upe	ervis	ion		.2652						
1	X	оυт	N/A		PIC Present, demonstrates knowledge, & performs duties	1		0			
2	X	оит	N/A		Certified Food Protection Manager	1		0			
E	mp	loye	еH	ealt				_			
3	IN	oxt			Management, food & conditional employee; knowledge, responsibilities & reporting	2	1	x	x		
4	X	оит			Proper use of reporting, restriction & exclusion	3	1.5	0			
5	Ж	оит			Procedures for responding to vomiting & diarrheal events	1	0.5	0			
				nic	Practices .2652, .2653	_					
	1.	OUT OUT	<u> </u>		Proper eating, tasting, drinking or tobacco use No discharge from eyes, nose, and mouth	1 1	0.5 0.5	0			
		1	-	Cont	tamination by Hands .2652, .2653, .2655, .265	<u> </u>	0.5	0			<u> </u>
	_	оит	-		Hands clean & properly washed	4	2	0			Γ
9	X	оит	N/A	N/O	No bare hand contact with RTE foods or pre- approved alternate procedure properly followed	4	2	0			
10	M	оит	N/A		Handwashing sinks supplied & accessible	2	1	0			$\vdash$
A	ppi	rove	d S	ouro	ce .2653, .2655						
	<u>, , ,</u>	OUT			Food obtained from approved source	2	1	0			
	-	OUT OUT	<u> </u>	r}¢¢	Food received at proper temperature Food in good condition, safe & unadulterated	2	1	0			-
	<u> </u>	оит		N/O	Required records available: shellstock tags,	2	1	0			
			<u> </u>		parasite destruction Contamination .2653, .2654	[	_				
	_	OUT		_		3	1.5	0			
	1.	оит			Food-contact surfaces: cleaned & sanitized	3	1.5	0			
17	X	оит			Proper disposition of returned, previously served, reconditioned & unsafe food	2	1	0			
P	ote	ntial	ly F	laza	ardous Food Time/Temperature .2653						
		OUT OUT				3 3	1.5 1.5	-			
20	IN	OUT	N/A	NXO	Proper cooling time & temperatures	3	1.5	-			$\vdash$
21	X	ουτ	N/A	N/O	Proper hot holding temperatures	3	1.5				
	1.	OUT OUT			Proper cold holding temperatures Proper date marking & disposition	3 3	1.5 1.5	0			
_	<u> </u>	оит			Time as a Public Health Control; procedures &	3	1.5	0			
_	ľ.				records .2653						
	-	оит		_	Consumer advisory provided for raw/	1	0.5	0			Γ
					undercooked foods	ľ	5.5	Ľ			
	Ē	Iy S OUT	<u> </u>	<u> </u>	ble Populations .2653 Pasteurized foods used; prohibited foods not	2	1 -	0			
					offered	3	1.5	0			
	-	nica оит			.2653, .2657 Food additives: approved & properly used	1	0.5	0			
	h	OUT	· ·		Toxic substances properly identified stored & used	2	1	0			
С	onf	form	anc	e w	ith Approved Procedures .2653, .2654, .2658			_			
29	IN	оит	ŊXA		Compliance with variance, specialized process, reduced oxygen packaging criteria or HACCP plan	2	1	0			
L	1		-		North Carolina Department of Health 8	1					L.

Category#: II FDA Establishment Type: Fast Food Restaurant No. of Risk Factor/Intervention Violations: 1 No. of Repeat Risk Factor/Intervention Violations: 0 Good Retail Practices Good Retail Practices: Preventative measures to control the addition of pathogens, chemicals, and physical objects into foods. CDI R VR **Compliance Status** OUT Safe Food and Water .2653. .2655. .2658 Pasteurized eggs used where required 30 IN OUT NA 1 0.5 31 X OUT Water and ice from approved source 2 1 0 Variance obtained for specialized processing 32 IN OUT NA 2 1 0 methods Food Temperature Control .2653, .2654 Proper cooling methods used; adequate 33 IX OUT 1 0.5 0 equipment for temperature control 34 IX OUT N/A N/O Plant food properly cooked for hot holding 1 0.5 0 35 X OUT N/A N/O Approved thawing methods used 1 0.5 0 36 🕅 OUT Thermometers provided & accurate 1 0.5 0 Food Identification .2653 37 IX OUT Food properly labeled: original container 2 1 0 Prevention of Food Contamination .2652. .2653. .2654. .2656. .2657 Insects & rodents not present; no unauthorized 38 X OUT 2 1 0 animals Contamination prevented during food 39 X OUT 2 1 0 preparation, storage & display 40 💓 OUT Personal cleanliness 1 0.5 0 41 🕅 OUT Wiping cloths: properly used & stored 1 0.5 0 42 🕅 OUT N/A Washing fruits & vegetables 1 0.5 0 Proper Use of Utensils .2653, .2654 In-use utensils: properly stored 43 X OUT 1 0.5 0 Utensils, equipment & linens: properly stored, 44 🕅 OUT 1 0.5 0 dried & handled Single-use & single-service articles: properly 45 X OUT 1 0.5 0 stored & used 46 💓 OUT Gloves used properly 1 0.5 0 Utensils and Equipment .2653. .2654. .2663 Equipment, food & non-food contact surfaces 1 0.5 0 47 🕅 OUT approved, cleanable, properly designed, constructed & used Warewashing facilities: installed, maintained & 48 🕅 OUT 1 0.5 0 used; test strips

Establishment ID: 3034012544

Status Code: A

Time Out: 12:00 PM

Date: 08/05/2022

Time In: 9:35 AM

49 IN OXT 1 0.5 Non-food contact surfaces clean Х **Physical Facilities** .2654, .2655, .2656 Hot & cold water available; adequate pressure 50 X OUT N/A 1 0.5 0 51 🕅 OUT Plumbing installed; proper backflow devices 2 1 0 52 🕅 OUT Sewage & wastewater properly disposed 2 1 0 Toilet facilities: properly constructed, supplied 53 🕅 OUT N/A 1 0.5 0 & cleaned Garbage & refuse properly disposed; facilities 54 IN 001 X 0.5 maintained 55 🕅 OUT Physical facilities installed, maintained & clean 1 0.5 0 Meets ventilation & lighting requirements; 56 🕅 ou 0.5 0 designated areas used 0

TOTAL DEDUCTIONS:

Division of Public Health • Environmental Health Section • Food Protection



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# Comment Addendum to Food Establishment Inspection Report

Establishment Name:	BISCUITVILLE #189

Location Address: 5988 UNIVERSITY PARKWAY					
City: WINSTON SALEM	State:NC				
County: 34 Forsyth	Zip: 27105				
Wastewater System: X Municipal/Community	On-Site System				
Water Supply: X Municipal/Community					
Permittee: BISCUITVILLE, INC.					
Telephone <sup>,</sup> (336) 377-7320					

Establishment ID: 3034012544

X Inspection Re-Inspection	Date: 08/05/2022				
Comment Addendum Attached? X	Status Code: A				
Water sample taken? Yes X No	Category #: <u>II</u>				
Email 1:bv189@biscuitville.com					

Email	2.	

Email 3
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#### Temperature Observations Effective January 1, 2019 Cold Holding is now 41 degrees or less Item Location Temp Item Location Temp Item Location Temp 300 160 Hot hold line 1 Sausage Quat sanitizer 3 comp sink (ppm) 200 160 Fried chicken Hot hold line 1 Quat sanitizer Bucket (ppm) 165 100 Grilled chicken Hot hold line 1 Chlorine sanitizer dish machine(ppm) 135 Hot hold line1 Scrambled egg 176 Grits Hot hold line 1 175 Gravy Hot hold line 1 174 Steak Hot hold line 1 39 Pimento cheese Small unit 40 Small unit Cheese 40 Tomato Small unit 205 Final cook Chicken 191 Fries Final cook 200 Steak Final cook 39 Small unit 2 Sausage 40 Small unit 2 Bacon 48 Small unit 2 Ham

First Last Regulatory Authority (Print & Sign): Elizabeth Manning Nora Sykes

Moved to walk (20 min later)

Small unit 2

3 comp sink

Person in Charge (Print & Sign): Robin

Walk in

REHS ID:2664 - Sykes, Nora

Verification Required Date:

Last

Parson

REHS Contact Phone Number: (336) 703-3161

Authorize final report to be received via Email:



Ham (cooling)

Ambient

Cheese

Hot water

North Carolina Department of Health & Human Services Page 1 of

42

30.8

40

135

First

Division of Public Health 
 Environmental Health Section
DHHS is an equal opportunity employer.
 Food Establishment Inspection Report, 10/2021

Granch Maning / New Solow

Food Protection Program



Establishment Name: BISCUITVILLE #189

### Establishment ID: 3034012544

Date: 08/05/2022 Time In: 9:35 AM Time Out: 12:00 PM

Certifications					
Name	Certificate #	Туре	Issue Date	Expiration Date	
Robin Parson		Food Service		10/21/2025	
Violation		ervations and Corre		ns 8-405.11 of the food code.	

3 2-201.11 (A), B), (C), and (E) Responsibility of Permit Holder, Person in Charge and Conditional Employees (P) An updated copy of the employee health policy is needed, that includes both types of salmonella nontyphoidal and typhi. The permit holder shall require food employees and conditional employees to report to the person in charge information about their health and activities as they relate to diseases that are transmissible through food. A food employee or conditional employee shall report the information in a manner that

allows the person in charge to reduce the risk of foodborne disease transmission, including providing necessary additional information, such as the date of onset of symptoms and an illness, or of a diagnosis without symptoms. CDI: REHSI has provided PIC with an updated copy of the employee health policy, that includes both salmonella nontyphoidal and typhi.

49 4-602.13 Nonfood Contact Surfaces (C)(REPEAT) with improvment- General cleaning is needed on the bottom of the reach-in freezer by fryer station. Nonfood contact surfaces of equipment shall be cleaned at a frequency necessary to preclude accumulation of soil residues.

54 5-501.114 Using Drain Plugs (C) Drain plug is missing on tan dumpster. Drains in receptacles and waste handling units for refuse, recyclables and returnable shall have drain plugs in place.