F	00	)d	E	S	tablishment Inspection	R	e	pc	r	t							Sco	re:	9	8_	
Es	tal	olis	hn	ner	nt Name: MEDICAL GROUNDS CAFE									E	st	tablishment ID: 3034011759					
					ess: 475 VINE STREET																
City:_WINSTON SALEM								State: NC Date: Ø 5 / 24 / 2 Ø 1 7 Status Code:									Α				
Zip: 27101 County: 34 Forsyth								Time In: <u>1 ∅</u> : <u>4 5 ⊗ am</u> Time Out: <u>1 8</u>									: 45	5 8 8	an	า า	
	Permittee: WAKE FOREST BAPTIST HEALTH								Total Time: 2 hrs 0 minutes												
Telephone: (336) 713-1998														Category #: II							
													FI	DΑ	E	stablishment Type: Fast Food Restaura	ant				
					<b>System:</b> ⊠Municipal/Community [					-	ter	n				Risk Factor/Intervention Violation					
W	ate	r S	up	ply	y: ⊠Municipal/Community □ On-	Site	e S	Sup	ply	/						Repeat Risk Factor/Intervention		ion	_ s:_		
	Enc	dha	orna	ااا د	ness Disk Factors and Public Health Int	orv.	Δn	tion								Good Retail Practices					
Foodborne Illness Risk Factors and Public Health In Risk factors: Contributing factors that increase the chance of developing food													Good Retail Practices: Preventative measures to control the addition of							nicals	,
_ '	_	_		_	ventions: Control measures to prevent foodborne illness or	inju	у.			$\square$						and physical objects into foods.					
		OUT		N/O	Compliance Status .2652	0	UT	CDI	R	VR	C	IN of a l				p		OUT		CDI R	R VR
1	upe	rvis			PIC Present; Demonstration-Certification by accredited program and perform duties	X	Ir		ПП		28				a w	Vater .2653, .2655, .2658  Pasteurized eggs used where required	1	1 0.5		TE	
·		loye		alth	accredited program and perform duties .2652						$\vdash$					Water and ice from approved source		2 1		-  -	
_	X				Management, employees knowledge; responsibilities & reporting	3 1	1.5							-		Variance obtained for specialized processing				_  _	
-	×				Proper use of reporting, restriction & exclusion	3 1	.5 (		П	П	30			X		methods		0.5	ᆜ	<u> </u>	
_			gien	ic P	ractices .2652, .2653		71-					)   	lem	iper	atu	re Control .2653, .2654 Proper cooling methods used; adequate	[3	1 0.5		TE	
-	×				Proper eating, tasting, drinking, or tobacco use	2	1 (				_		_	_		equipment for temperature control			ا ك	4	
5	X				No discharge from eyes, nose or mouth	10	).5 (	ם ב			$\vdash$					Plant food properly cooked for hot holding		1 0.5	7	4	4
_		entin	g C	onta	mination by Hands .2652, .2653, .2655, .2656						33				X	Approved thawing methods used		0.5	0		][
6		X			Hands clean & properly washed	4	2 2	X				X				Thermometers provided & accurate	1	0.5	0		
7	×				No bare hand contact with RTE foods or pre- approved alternate procedure properly followed	3 1	1.5					boc		tific	catio		le le	-	<u></u>	JE	
8	×				Handwashing sinks supplied & accessible	2	1 (					X		4	F-	Food properly labeled: original container	2/57		믜	ᅶ	
_		ove	d So	urce	9 11					1			ntio	n oi	FO	ood Contamination .2652, .2653, .2654, .2656 Insects & rodents not present; no unauthorize			ГОТ	TE	1
9	X				Food obtained from approved source	2	1 (				$\vdash$					animals  Contamination prevented during food				4	
10				X	Food received at proper temperature	2	1 [				_	X				preparation, storage & display		2 1		ᆚᄂ	4
11	×				Food in good condition, safe & unadulterated	2	1 (				$\vdash$	X				Personal cleanliness		1 0.5	0	ᆜ┖	1
12	П	П	X	П	Required records available: shellstock tags, parasite destruction	2	1 (	П	П	П	39		X			Wiping cloths: properly used & stored	1	1 0.5	X	X	
_		ectio		om (	Contamination .2653, .2654							X				Washing fruits & vegetables	1	0.5	0		
13	X				Food separated & protected	3 1	.5 (							e o	f Ut	tensils .2653, .2654		10		JE	
14	X				Food-contact surfaces: cleaned & sanitized	3 1	.5 (				$\vdash$		Ш			In-use utensils: properly stored		1 0.5	0	4	4
15	×				Proper disposition of returned, previously served, reconditioned, & unsafe food	2	1 (				42	X				Utensils, equipment & linens: properly stored, dried & handled	1	0.5	0		
_		ntial	ly Ha	azar	dous Food Time/Temperature .2653						43		X			Single-use & single-service articles: properly stored & used	1	0.5	X [	$\mathbf{z} $	
16			X		Proper cooking time & temperatures	3 1	.5 (				44	X				Gloves used properly	[1	1 0.5	0		
17				X	Proper reheating procedures for hot holding	3 1	.5 (				U	tens	ils a	nd	Εqι	uipment .2653, .2654, .2663					
18				X	Proper cooling time & temperatures	3 1	.5 (				45	X				Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed. & used		2 1	0		
19	×				Proper hot holding temperatures	3 1	.5 (				46	X				Warewashing facilities: installed, maintained,	& <sub>1</sub>	1 0.5	0	7	丗
20		П			Proper cold holding temperatures	3 1	.5 C				-	X				used; test strips  Non-food contact surfaces clean		1 0.5			
⊢	X		_	Ε		3 1	.5 (				_	hysi	∟ cal l	aci	litic		L		بالت		
H	_				Proper date marking & disposition  Time as a public health control: procedures &		#	1-	Н						IIII	Hot & cold water available; adequate pressure	e 2	2 1		TE	$\overline{\Box}$
22		ume	X r A	dvic.	records	2	1 (	灲니		Щ	$\vdash$	×		_		Plumbing installed; proper backflow devices	2	71			
23			×	10120	Consumer advisory provided for raw or	110	0.5		П	П	-	X						2 1			#
_		ly Sı		ptib	undercooked foods le Populations .2653	اتر		-, -						_		Sewage & waste water properly disposed  Toilet facilities: properly constructed, supplied		$\exists \exists$	ᆈ	#	
			×		Pasteurized foods used; prohibited foods not offered	3 1	.5 (				-	X	Ш			& cleaned		0.5	0	4	44
(	her	nica			.2653, .2657		<u> </u>				52	X				Garbage & refuse properly disposed; facilities maintained	1	1 0.5	0 [	<u> </u>	10
25			X		Food additives: approved & properly used	1	).5 C				53	×				Physical facilities installed, maintained & clea	n [1	0.5	0 [		
26	X				Toxic substances properly identified stored, & used	2	1 (				54	X				Meets ventilation & lighting requirements; designated areas used	1	1 0.5	0 [		



Conformance with Approved Procedures .2653, .2654, .2658

Compliance with variance, specialized process, reduced oxygen packing criteria or HACCP plan



Total Deductions: 2

Establishme	nt Name: MEDICAL G				Establishment ID: 3034011759							
Location A	ddress: 475 VINE STR	EET			☑Inspection ☐Re-Inspection Date: 05/24/2017							
City: WINS			Sta	te: NC	•		n Attached?	Status Code: A				
County: 34			_ Zip: 27101					Category #:				
	System: 🛛 Municipal/Com				Email <sup>2</sup>	1. ravery@w	akehealth.edu					
Water Supply	y: ⊠ Municipal/Com WAKE FOREST BAPT				Email 2							
	(336) 713-1998	TOT TIEFRE			Email 3:							
Тогорполо	•		Temne	Observations								
Item	Location	Temp	Item	Location		Temp	Item	Location	Temp			
final rinse hot water	dishmachine three comp sink	164 124	quat sanitizer	three con	np sink	300						
ambient	reach in	38										
ambient	upright	39										
ambient	retail	37										
ambient	retail	44										
soup	hot hold	177										
quat sanitizer	wiping cloth bucket	200										
			Observation	s and C	Correctiv	e Actions	 S					
faucets. H barrier to t	When to Wash - P: 0 plands shall be washed turn off faucets.	l when co	ntaminated. CI	OI: Employ	ee washe	d hands pro	operly and then u	sed paper towel a	s a			
scoops on	Wiping Cloths, Use Lin n counter. Quat saniti . CDI: Bucket moved o	zer bucke	ts shall be stor	ed to prev								
Person in Char	rge (Print & Sign): <sup>R</sup>	<i>Fi</i> oderick	rst	Avery	Last	_0	Intile	ange (Ballica				
Regulatory Au	thority (Print & Sign):		rst	Bell	Last	4	Viehelle	Bellace	15			
	REHS ID:	2464 - B	ell, Michelle			Verific	ation Required Date	e: / /				
REHS C	ontact Phone Number:	(336)	703-314	L 1			,					

6



Establishment Name: MEDICAL GROUNDS CAFE Establishment ID: 3034011759

#### **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.



43 4-903.11 (A) and (C) Equipment, Utensils, Linens and Single-Service and Single-Use Articles-Storing - C: 0 pts. Cups stored with mouth rims exposed by dispenser by register. Single service articles shall be stored to prevent contamination from consumers (sneeze, etc). Maintain mouth rims protected by enclosed dispenser, in plastic packaging, or other effective means. CDI: Cups placed in plastic.





Establishment Name: MEDICAL GROUNDS CAFE Establishment ID: 3034011759

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.





Establishment Name: MEDICAL GROUNDS CAFE Establishment ID: 3034011759

## **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.





Establishment Name: MEDICAL GROUNDS CAFE Establishment ID: 3034011759

## **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.



