<u> </u>	<u>)(</u>	d	Ŀ	SI	tablishment Inspection	<u> </u>	pc	<u>rt</u>						Sco	ore: <u>9</u>	4.5	<u> </u>	_
Establishment Name: GOODYS RESTAURANT Establishment ID: 3034011154									ablishment ID: 3034011154									
					ess: 599 BETHESDA RD						_			X Inspection ☐ Re-Inspection				
Cit	y:	WI	NS1	TON	N SALEM	State	e: N	VC			Da	ate	: 0	07/17/2017 Status Code: A				
Zip: 27103 County: 34 Forsyth									Time In: $09:50 \stackrel{\otimes}{\circ} pm$ Time Out: $12:15 \stackrel{\otimes}{\otimes} pm$									
			ee:		AUSTINS INC									ime: 2 hrs 25 minutes	~ P			
				-						Category #: IV								
	-				(336) 765-3100	70::	O:1	- 0-			F	DΑ	Es	stablishment Type: Full-Service Restaurant				
					System: Municipal/Community			-	stei	m	N	0. 0	of F	Risk Factor/Intervention Violations: 🔇				_
Wa	Nater Supply: ⊠Municipal/Community ☐ On-Site Supply											0. 0	of F	Repeat Risk Factor/Intervention Viola	tions:	1		_
Foodborne Illness Risk Factors and Public Health Interventions								3						Good Retail Practices				
Risk factors: Contributing factors that increase the chance of developing foodborne illness.									Good Retail Practices: Preventative measures to control the addition of pathogens, chemicals,									
P		_	alth I		ventions: Control measures to prevent foodborne illness or	injury.	CDI	R VF	_ _	INI	OUT	N/A	NIO	and physical objects into foods.	OUT	ر اری	D 1,	/P
S	uper			IV/U	Compliance Status .2652	001	CDI	K VI		_	Food	$\overline{}$		F	001	CDI	K V	K
					PIC Present; Demonstration-Certification by accredited program and perform duties	2 0			_					Pasteurized eggs used where required	1 0.5 0			
E	mpl	yee	e He	alth	.2652				29					Water and ice from approved source	210	_		_
2	×				Management, employees knowledge; responsibilities & reporting	3 1.5			30	+		×		Variance obtained for specialized processing	1 0.5 0	_		_
3	×				Proper use of reporting, restriction & exclusion	3 1.5 0			ı⊩		\perp	ш	atur	methods e Control .2653, .2654				_
$\overline{}$	$\overline{}$		gieni	ic Pı	ractices .2652, .2653			_	31	$\overline{}$	×			Proper cooling methods used; adequate equipment for temperature control	1 🗷 0	X	T	
\rightarrow					Proper eating, tasting, drinking, or tobacco use	210			32		_			Plant food properly cooked for hot holding	1 0.5 0	_		5
_	×				No discharge from eyes, nose or mouth	1 0.5 0			11 ├─					Approved thawing methods used	1 0.5 0	-	-	í J
\neg	$\overline{}$	ntin	g Co	onta	mination by Hands .2652, .2653, .2655, .2656				34	+	×	H	_	Thermometers provided & accurate		_	+	_
\rightarrow	X				Hands clean & properly washed No bare hand contact with RTE foods or pre-	420	==		╢┕		Ider	ntific	catio	·			_ 6	اد_
\rightarrow	X		Ш	Ш	approved alternate procedure properly followed	3 1.5 (<u> </u>	-	X				Food properly labeled: original container	210			
			1.0		Handwashing sinks supplied & accessible	210			P	reve	entio	n of	Foo	od Contamination .2652, .2653, .2654, .2656, .2657	1			
$\overline{}$	\neg	vec	l Sou	urce					36	×				Insects & rodents not present; no unauthorized animals	210			
\dashv	-			X	Food obtained from approved source				37	×				Contamination prevented during food preparation, storage & display	210			
-	-				Food received at proper temperature				38		×			Personal cleanliness	1 0.5	X		
\rightarrow	×				Food in good condition, safe & unadulterated Required records available: shellstock tags.	210	+		39	×				Wiping cloths: properly used & stored	1 0.5 0			
12 D	roto	ction	X fro	m C	parasite destruction	210			40					Washing fruits & vegetables	1 0.5 0			_
13			ion from Contamination .2653, .2654									f Ute	ensils .2653, .2654					
\rightarrow	X				Food-contact surfaces: cleaned & sanitized	3 1.5 (+		41	X				In-use utensils: properly stored	1 0.5 0			
\rightarrow	×				Proper disposition of returned, previously served,	210	-1-1		42		X			Utensils, equipment & linens: properly stored, dried & handled	1 🗷 0			
		ப tiall	ly Ha	azar	reconditioned, & unsafe food dous Food TIme/Temperature .2653	الاالكالك	4 L 		43	×				Single-use & single-service articles: properly stored & used	1 0.5 0			Ī
$\overline{}$	×				Proper cooking time & temperatures	3 1.5 0			44	×				Gloves used properly	1 0.5 0			_
17	-	X			Proper reheating procedures for hot holding	3 🗶 (and l	Equ	ipment .2653, .2654, .2663				
-	<u> </u>				Proper cooling time & temperatures	3 1.5 (45		×			Equipment, food & non-food contact surfaces approved, cleanable, properly designed,	211			
\rightarrow	X		\exists		Proper hot holding temperatures	3 1.5 (1 14					constructed, & used Warewashing facilities: installed, maintained, &	1 0.5 0		╬	_
\rightarrow	×				Proper cold holding temperatures	3 1.5 (=		∄—		-			used; test strips			<u> </u>	_ _
21	-	×			Proper date marking & disposition	3 🗙 (⊣⊢		ical I	Faci	litie	Non-food contact surfaces clean s .2654, .2655, .2656	1 0.5 0			
\dashv	귀] [Time as a public health control: procedures &	210				IIys K				Hot & cold water available; adequate pressure	210			
22 C	u onsi	ume	er Ad	lviso	records	اللالكا	الاال		╢┝	×				Plumbing installed; proper backflow devices	210			_ _
23	$\overline{}$	X			Consumer advisory provided for raw or undercooked foods	X 0.5 (XX	∃—					Sewage & waste water properly disposed	210		_ -	_
Н	ighl	/ Su	isce	ptib	le Populations .2653				H					Toilet facilities: properly constructed, supplied	1 0.5 0			Ī
24			×		Pasteurized foods used; prohibited foods not offered	3 1.5 (IJ ├		1-			& cleaned Garbage & refuse properly disposed; facilities	1 0.5 0		7 -	_ _
\neg	hem	ical			.2653, .2657				4	+	-			maintained			#	_
25			X		Food additives: approved & properly used	1 0.5 (⊣⊢					Physical facilities installed, maintained & clean Meets ventilation & lighting requirements;	1 0.5 0		<u> </u>	_
_	X onfo	rm	anco	\A/i+	h Approved Procedures .2653, .2654, .2658	210	베니		54	X				designated areas used	1 0.5 0	니니	_ _	_
27			ance X	vvit	Compliance with variance, specialized process,	210]					Total Deductions:	5.5			
	_1		-		reduced oxygen packing criteria or HACCP plan				╛┕									





Establishment Name:	GOODYS RESTAURA	NT		Establishment ID: 3034011154								
Location Address: 5	99 BETHESDA RD											
City: WINSTON SALEN	ate: NC	Comment Addendum Attached? Status Code: A										
County: 34 Forsyth					Category #: _	IV						
Wastewater System: ☑ Water Supply: ☑ Permittee: AUSTINS		Email 1: ginanikitas@yahoo.com Email 2:										
Telephone: (336) 765				Email 3:								
		Tempe	erature Ob	oservations								
Item Location hot water utensil sin	Temp 150	Item chili	Location hot holding		emp Iten 3	ı	Location	Temp				
hamburger cook to	161	meat sauce	hot holding	20								
eggs cook to	160	meat sauce	reheated	19	5							
potato salad walk in cod	oler 41											
slaw cooling-wa	lk in cooler 50											
cooked walk in coo	oler 41											
gravy walk in co	oler 40											
tenderloin hot holding	154											
Violations cite 17 3-403.11 Reheati Meat sauce was i	ed in this report must be	corrected within	the time fram		ated in sec							

3-501.17 Ready-To-Eat Potentially Hazardous Food (Time/Temperature Control for Safety Food), Date Marking - PF Many items in the walk in cooler without date markings: hot dogs, cooked meatballs, potato salad, cooked potatoes, gravy, chili.

Refrigerated, RTE, PHF's shall be properly marked with date opened or date prepared. These foods may be held for no more than

7 days. CDI- foods were marked with dates.

3-603.11 Consumption of Animal Foods that are Raw, Undercooked, or Not Otherwise Processed to Eliminate Pathogens - PF*REPEAT* The TV screen menu boards and drive thru menu board do not include a consumer advisory for eggs, hamburger
steak or hamburgers. If animal-derived foods are offered raw or undercooked, the consumer shall be informed with a consumer
advisory. A consumer advisory shall include a disclosure and a reminder. Disclosure must include a description of the animal
derived foods or identification of the foods by asterisking them to a footnote. A reminder shall include asterisking the foods

requiring disclosure to a footnote. VR Verification required 7/27/2017

Person in Charge (Print & Sign): First Last

Nikitas

First Last Pinyan

Regulatory Authority (Print & Sign): Angie

Verification Required Date: Ø 7 / 27 / 2017

REHS Contact Phone Number: (336)703-2618

REHS ID: 1690 - Pinyan, Angie





Establishment Name: GOODYS RESTAURANT Establishment ID: 3034011154

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.



31 3-501.15 Cooling Methods - PF-

Cooked onions, cole slaw both made this morning were placed in the prep cooler prior to allowing to cool below 45F. Cooked broccoli in the walk in cooler with tight plastic covering. Baked potatoes from previous day were still wrapped in aluminum foil and stacked in a pan. Use the walk in cooler or freezer, ice baths, loose covers and breaking foods down to smaller pieces are ways to cool foods within the time and temperature parameters. CDI- slaw and onions moved to the walk in cooler, plastic coverings were removed from broccoli and potatoes were discarded.

34 4-302.12 Food Temperature Measuring Devices - PF-

Only a metal stem thermometer is available to check food temperatures. A food thermometer capable of measuring foods of thin masses shall be available and used. VR-Verification required 7/27/17.

38 2-302.11 Maintenance-Fingernails - PF-

Front counter employee has artificial nails and nail polish on hands. These employees are responsible for making to-go beverages (scooping ice) and scooping ice cream. Food employees shall not prepare foods with artificial nails and/or nail polish on hands unless gloves are worn. CDI- another staff person without artificial nails/nail polish will be responsible for drinks and ice cream

- 4-903.11 (A), (B) and (D) Equipment, Utensils, Linens and Single-Service and Single-Use Articles-Storing C The ice scoop and holster for the drink machine for the drive thru are stored on the sneeze guard at the hand wash sink. It is stored on the sink side of the sneeze guard. Utensils shall be stored so they are not exposed to splash, dust or other contamination.
- 45 4-502.11 (A) and (C) Good Repair and Calibration-Utensils and Temperature and Pressure Measuring Devices C-Several dry storage containers and lids were cracked or had broken corners. Utensils shall be maintained in good repair.





Establishment Name: GOODYS RESTAURANT Establishment ID: 3034011154

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: GOODYS RESTAURANT Establishment ID: 3034011154

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: GOODYS RESTAURANT Establishment ID: 3034011154

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.



