

Food Establishment Inspection Report

Score: 98

Establishment Name: BERNARDIN'S
Location Address: 901 W FOURTH STREET
City: WINSTON SALEM **State:** NC
Zip: 27101 **County:** 34 Forsyth
Permittee: BERNARDINS INC.
Telephone: (336) 725-6666
Wastewater System: Municipal/Community On-Site System
Water Supply: Municipal/Community On-Site Supply

Establishment ID: 3034012016
 Inspection Re-Inspection
Date: 10 / 11 / 2016 **Status Code:** A
Time In: 01 : 00 am **Time Out:** 03 : 25 am
Total Time: 2 hrs 25 minutes
Category #: IV
FDA Establishment Type: Full-Service Restaurant
No. of Risk Factor/Intervention Violations: 0
No. of Repeat Risk Factor/Intervention Violations: 0

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		
Employee Health .2652										
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, employees knowledge; responsibilities & reporting			3	1.5	0	
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of reporting, restriction & exclusion			3	1.5	0	
Good Hygienic Practices .2652, .2653										
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco use			2	1	0	
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose or mouth			1	0.5	0	
Preventing Contamination by Hands .2652, .2653, .2655, .2656										
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean & properly washed			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			3	1.5	0	
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Handwashing sinks supplied & accessible			2	1	0	
Approved Source .2653, .2655										
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source			2	1	0	
10	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food received at proper temperature			2	1	0	
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe & unadulterated			2	1	0	
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required records available: shellstock tags, parasite destruction			2	1	0	
Protection from Contamination .2653, .2654										
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated & protected			3	1.5	0	
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized			3	1.5	0	
15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, & unsafe food			2	1	0	
Potentially Hazardous Food Time/Temperature .2653										
16	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooking time & temperatures			3	1.5	0	
17	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper reheating procedures for hot holding			3	1.5	0	
18	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling time & temperatures			3	1.5	0	
19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures			3	1.5	0	
20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures			3	1.5	0	
21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking & disposition			3	1.5	0	
22	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Time as a public health control: procedures & records			2	1	0	
Consumer Advisory .2653										
23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consumer advisory provided for raw or undercooked foods			1	0.5	0	
Highly Susceptible Populations .2653										
24	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pasteurized foods used; prohibited foods not offered			3	1.5	0	
Chemical .2653, .2657										
25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food additives: approved & properly used			1	0.5	0	
26	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified stored, & used			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			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			1	0.5	0	
29	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source			2	1	0	
30	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Variance obtained for specialized processing methods			1	0.5	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			1	0.5	0	
32	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Plant food properly cooked for hot holding			1	0.5	0	
33	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Approved thawing methods used			1	0.5	0	
34	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided & accurate			1	0.5	0	
Food Identification .2653										
35	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled: original container			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			2	1	0	
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display			2	1	0	
38	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness			1	0.5	0	
39	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used & stored			1	0.5	0	
40	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits & vegetables			1	0.5	0	
Proper Use of Utensils .2653, .2654										
41	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored			1	<input checked="" type="checkbox"/>	0	<input checked="" type="checkbox"/>
42	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils, equipment & linens: properly stored, dried & handled			1	0.5	0	
43	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Single-use & single-service articles: properly stored & used			1	0.5	0	
44	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly			1	0.5	0	
Utensils and Equipment .2653, .2654, .2663										
45	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed, & used			2	1	0	
46	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained, & used; test strips			1	<input checked="" type="checkbox"/>	0	
47	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean			1	<input checked="" type="checkbox"/>	0	
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	
49	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices			2	1	<input checked="" type="checkbox"/>	
50	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage & waste water properly disposed			2	1	0	
51	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied & cleaned			1	0.5	0	
52	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Garbage & refuse properly disposed; facilities maintained			1	0.5	0	
53	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained & clean			1	<input checked="" type="checkbox"/>	0	
54	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Meets ventilation & lighting requirements; designated areas used			1	0.5	0	
Total Deductions:							2			



Comment Addendum to Food Establishment Inspection Report

Establishment Name: BERNARDIN'S
Location Address: 901 W FOURTH STREET
City: WINSTON SALEM **State:** NC
County: 34 Forsyth **Zip:** 27101
Wastewater System: Municipal/Community On-Site System
Water Supply: Municipal/Community On-Site System
Permittee: BERNARDINS INC.
Telephone: (336) 725-6666

Establishment ID: 3034012016
 Inspection Re-Inspection **Date:** 10/11/2016
Comment Addendum Attached? **Status Code:** A
Category #: IV
Email 1: info@bernardinsfinedining.com
Email 2:
Email 3:

Temperature Observations

Item	Location	Temp	Item	Location	Temp	Item	Location	Temp
Terence Lee	1-30-19	0	shrimp	make unit 2	37			
Ma-3257-55	Mussels PE3E	0	lobster	make unit 2	37			
Sanitizer	spray bottle (ppm)	100	kimchi	make unit 3	40			
sanitizer	dish machine (ppm)	100	fish	make unit 3	41			
tomato	make unit 1	40	kangaroo	make unit	41			
mushrooms	make unit 1	38	beef	make unit	39			
carrots	make unit 1	40	walk in	ambient air	40			
scallops	make unit 2	38	hot water	three comp sink	133			

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.

- 41 3-304.12 In-Use Utensils, Between-Use Storage - C Two plastic cups stored in flour. One ice scoop in ice. Only scoops with handles shall be kept in food for dispensing and scoops must have handles out of the product. CDI: PIC moved scoop into holder on inside of ice machine and disposed of the two plastic cups.
- 46 4-501.14 Warewashing Equipment, Cleaning Frequency - C Inside walls and top of dish machine have grey grease accumulation. Dish machine must be cleaned at least once every 24 hours. Clean the dish machine to remove the accumulation. Have employees clean the machine daily to prevent further build up.
- 47 4-601.11 (B) and (C) Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils - C One mandolin slicer had dried food debris on its surface. Cleaning needed in cabinet of deep fryer to remove grease accumulation. Two bins of ramekins had small amounts of food debris on them. Clean ramekins and wrap bins with plastic wrap to prevent further debris from falling on the utensils.



Person in Charge (Print & Sign): *First* *Last* 

Regulatory Authority (Print & Sign): *Joseph* *Chrobak* *First* *Last* 

REHS ID: 2450 - Chrobak, Joseph **Verification Required Date:** ___ / ___ / ___

REHS Contact Phone Number: (336) 703 - 3164



Comment Addendum to Food Establishment Inspection Report

Establishment Name: BERNARDIN'S

Establishment ID: 3034012016

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.



- 49 Leaks present on handles of three compartment sink and two compartment prep sink. Repair the handles to stop leaking. 0 pts
- 53 6-201.11 Floors, Walls and Ceilings-Cleanability - C Grout is damaged between tiles in high water activity areas such as near the dish machine. Repair grout to be flush with floor tiles. / The spray arm for the scrap sink needs to be reattached to the wall as it has pulled away and is attached with plastic wrap. Repair the spray arm. / Stainless steel panels behind grill equipment are pulling away from the wall and need to be reattached and sealed. / Some floor tiles damaged in waitress station. Replace damaged tiles. / Hand sink in mens restroom needs to be recaulked to the wall. / Physical facilities shall be kept in good repair.



Comment Addendum to Food Establishment Inspection Report

Establishment Name: BERNARDIN'S

Establishment ID: 3034012016

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.

✓
Spell



Comment Addendum to Food Establishment Inspection Report

Establishment Name: BERNARDIN'S

Establishment ID: 3034012016

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.

✓
Spell



Comment Addendum to Food Establishment Inspection Report

Establishment Name: BERNARDIN'S

Establishment ID: 3034012016

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.

✓
Spell

