and Establishment Inspection Depart

F (C)U	E	SI	abiisnment inspection	Ke	oor	ι					So	ore: <u>9</u>	<u>8.5</u>	<u> </u>		
Establishment Name: EZEKIEL AME ZION CHURCH CATERING									Establishment ID: 3034011668									
Location Address: 2351 FELICITY CIRCLE									Inspection ☐ Re-Inspection									
City: WINSTON SALEM State: NC							,	Date: Ø 8 / 15 / 2Ø 1 6 Status Code: A										
	•									Time In: \emptyset 9 : 4 5 $\stackrel{\otimes}{\circ}$ pm Time Out: 1 1 : 3 \emptyset $\stackrel{\otimes}{\circ}$ pm								
Zip: 27101 County: 34 Forsyth								Total Time: 1 hr 45 minutes										
	Permittee: EZEKIEL AME ZION CHURCH								Category #: III									
Те	Telephone: (336) 428-4383																	
Wa	Vastewater System: ⊠Municipal/Community □On-Site Sy									FDA Establishment Type: No. of Risk Factor/Intervention Violations: 3								
Wa	ate	r S	up	ylq	៸ : ⊠Municipal/Community □On-	Site S	upply	y					Risk Factor/Intervention Violations Repeat Risk Factor/Intervention Viol		0			
					· · · · · · · · · · · · · · · · · · ·						0. 0	,, ,		40000	_	_		
Foodborne Illness Risk Factors and Public Health Interventions Risk factors: Contributing factors that increase the chance of developing foodborne illness.									Good Retail Practices: Preventative measures to control the addition of pathogens, chemicals,									
	Public Health Interventions: Control measures to prevent foodborne illness of						and physical objects into foods.											
	IN	OUT	N/A	N/O	Compliance Status	OUT	CDI R	VR	IN	OUT	N/A	N/O	Compliance Status	OUT	CDI F	R VR		
\neg	_	rvisi			.2652 PIC Present; Demonstration-Certification by				Safe			d Wa	ater .2653, .2655, .2658		—			
		×			accredited program and perform duties	2 🗶			28 🗆		X		Pasteurized eggs used where required	1 0.5 0		<u> </u>		
		oye	e He	alth	.2652				29 🔀				Water and ice from approved source	2 1 0				
-	X				Management, employees knowledge; responsibilities & reporting	3 1.5 0			30 🗆		$ \mathbf{x} $		Variance obtained for specialized processing methods	1 0.5 0				
	X	Ш			Proper use of reporting, restriction & exclusion	3 1.5 0		Ш	Food	Ten	pera	atur	e Control .2653, .2654					
$\overline{}$	000	П	gien	IC PI	Proper eating testing disking or tobacco use	2 1 0			31				Proper cooling methods used; adequate equipment for temperature control	1 0.5 0				
_	-	\equiv			Proper eating, tasting, drinking, or tobacco use				32				Plant food properly cooked for hot holding	1 0.5 0				
_	X	ntin	~ C	nto	No discharge from eyes, nose or mouth	1 0.5 0			33 🗆			X	Approved thawing methods used	1 0.5 0				
$\overline{}$	X		y Ct	лна	mination by Hands .2652, .2653, .2655, .2656 Hands clean & properly washed	4 2 0			34 🔀				Thermometers provided & accurate	1 0.5 0				
_	X			П	No bare hand contact with RTE foods or pre-	3 1.5 0			Food	lder	ntific	atio	n .2653					
\dashv	-	×	Ш	Ш	approved alternate procedure properly followed				35				Food properly labeled: original container	2 1 0				
-			d So	urco	Handwashing sinks supplied & accessible .2653, .2655					ntio	n of	Foo	od Contamination .2652, .2653, .2654, .2656, .265	7	_			
$\overline{}$	X		J 30	uice	Food obtained from approved source	2 1 0	ППП		36				Insects & rodents not present; no unauthorized animals	2 1 0		10		
\dashv				\boxtimes	Food received at proper temperature	210			37				Contamination prevented during food preparation, storage & display	2 1 0				
-	×	_			Food in good condition, safe & unadulterated	210			38				Personal cleanliness	1 0.5 0				
\dashv]	Required records available: shellstock tags,				39 🔀				Wiping cloths: properly used & stored	1 0.5 0				
12 D	roto	ctio	X fro	ш m (parasite destruction Contamination .2653, .2654	2 1 0			40 🗆		×		Washing fruits & vegetables	1 0.5 0		10		
_	X				Food separated & protected	3 1.5 0			Prope			Ute	ensils .2653, .2654					
\dashv		\mathbf{X}	_]	Food-contact surfaces: cleaned & sanitized	3 X 0	X		41 🔀				In-use utensils: properly stored	1 0.5 0				
\dashv					Proper disposition of returned, previously served,	210			42 🔀				Utensils, equipment & linens: properly stored, dried & handled	1 0.5 0				
	X oter	 ntial	lv Ha	72r	reconditioned, & unsafe food dous Food TIme/Temperature .2653				43 🔀				Single-use & single-service articles: properly stored & used	1 0.5 0		一		
\neg	×				Proper cooking time & temperatures	3 1.5 0		П	44 🔀	П			Gloves used properly	1 0.5 0	Пr	朩		
17	П	$\overline{\overline{}}$		\boxtimes	Proper reheating procedures for hot holding	3 1.5 0				ils a	and E	Egui	pment .2653, .2654, .2663					
\dashv				×		3 1.5 0			45 🔀	П			Equipment, food & non-food contact surfaces approved, cleanable, properly designed,	2 1 0		$\overline{1}$		
\dashv				<u> </u>	Proper cooling time & temperatures								constructed, & used Warewashing facilities: installed, maintained, &		_	#		
\dashv	\mathbf{X}				Proper hot holding temperatures	3 1.5 0			46				used; test strips	1 0.5 0	믜	<u> </u>		
20	×	Ш	Ш	Ш	Proper cold holding temperatures	3 1.5 0		Ш	47				Non-food contact surfaces clean	1 0.5 0				
21			X		Proper date marking & disposition	3 1.5 0			Physi	ical	Facil	lities						
22			X		Time as a public health control: procedures & records	2 1 0			48		닏		Hot & cold water available; adequate pressure	2 1 0	<u> </u>	44		
$\overline{}$	$\overline{}$	ume	er Ac	lviso	ory .2653 Consumer advisory provided for raw or				49 🔀	Ш			Plumbing installed; proper backflow devices	2 1 0	뽀	뿌		
			X	(9.1	undercooked foods ·	1 0.5 0		Ш	50 🔀				Sewage & waste water properly disposed	2 1 0		10		
\neg	igni	y St □	isce	ptib	le Populations .2653 Pasteurized foods used; prohibited foods not	3 1.5 0		П	51 🔀				Toilet facilities: properly constructed, supplied & cleaned	1 0.5 0				
_		nical			offered .2653, .2657	ال السال			52 🗆	×			Garbage & refuse properly disposed; facilities maintained	1 0.5				
\neg			×		Food additives: approved & properly used	1 0.5 0			53 🔀				Physical facilities installed, maintained & clean	1 0.5 0		10		
\dashv	×				Toxic substances properly identified stored, & used	2 1 0			54 🔀				Meets ventilation & lighting requirements;	1 0.5 0		듀		
_		orma		wit	h Approved Procedures .2653, .2654, .2658				63		Ш		designated areas used					





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

Total Deductions: 1.5

Establishme	nt Name: EZEKIEL AM	E ZION C	HURCH CATERING	Establ	Establishment ID: 3034011668									
Location A	ddress: 2351 FELICITY	CIRCLE		⊠Insp	ection	Re-Inspection	Date: 08/15/2016							
City: WINST			State: NC_	Comme	nt Addendum	Attached?	Status Code: A							
County: 34	Forsyth		_ Zip:_ ²⁷¹⁰¹				Category #: _III							
	System: Municipal/Comm			Email	Email 1: rstimpson@yadtel.net									
Water Supply			On-Site System		Email 2:									
	(336) 428-4383			Email 3:										
Тегерпопе	. (***)		Tamananatura											
Item	Location	Temp	Temperature Item Location			Item L	ocation	Temp						
	Oven - final cook	179	item Locatio	лі	Temp	item L	Cocation	Temp						
Mixed	Counter	150												
Air temp	Reach in cooler	37												
Hot water	Three compartment sink	129												
Hot water	Restrooms	100												
Chlorine	Bottle in ppm	100												
			Observations and				611 6 1 1							
	iolations cited in this repor 02.12 Certified Food P							etion						
	d Code, manager mus													
safety cert	ified 210 days from da	te of per	mit issuance											
0 pts - 5-2	05.11 Using a Handwa	shing Si	nk-Operation and Mair	itenance - P	F - Men's re	stroom ran out of	paper towels - en	nployee						
0 pts - 5-205.11 Using a Handwashing Sink-Operation and Maintenance - PF - Men's restroom ran out of paper towels - restrooms must be stocked when open for business - CDI - manager restocked paper towel dispenesr 0 pts - 6-301.14 Handwashing Signage - C - Missing employee handwash sign in women's restroom - employee handwash														
	บา.14 Handwasning Si osted at all handsinks เ						npioyee nandwash	sign						
·		·	. ,											
	Manual and Mechanic													
	 P - Chlorine sanitizer peration - CDI - remade 						correct strength a	uring						
	•		•											
		Fi	rst	Last	179	•								
Person in Char	ge (Print & Sign): Ro	semary	Stimpso		K	0000	At	\rightarrow						
					<u> </u>	server of	compres							
	/p Kei		<i>rst</i> Michaud	Last	-12	Man	1 25							
Regulatory Aut	hority (Print & Sign): ^{Ke}				/	enett NV	12 /2							
	REHS ID: 2	2259 - M	lichaud, Kenneth		Verifica	ntion Required Date	e: / /							
REHS Co	ontact Phone Number: (336)	703-3131			•								

alls



Establishment Name: EZEKIEL AME ZION CHURCH CATERING Establishment ID: 3034011668

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.

√ Spel

0 pts - 5-501.15 Outside Receptacles - C - Dumpster lid opened - ensure dumpster lid is shut when not in use as to help prevent against pest and rodent harborage



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