

# Food Establishment Inspection Report

Score: 96Establishment Name: LIGHTHOUSE GRILLEstablishment ID: 3034010228Location Address: 905 BURKE STREET☒ Inspection ☐ Re-InspectionCity: WINSTON-SALEMState: NCDate: 10 / 19 / 2016 Status Code: AZip: 27101County: 34 ForsythTime In: 11 : 45 <sup>am</sup><sub>pm</sub> Time Out: 01 : 50 <sup>am</sup><sub>pm</sub>Permittee: LUIS & NICK DUMASTotal Time: 2 hrs 5 minutesTelephone: (336) 724-9619Category #: IVWastewater System: ☒ Municipal/Community ☐ On-Site SystemFDA Establishment Type: Full-Service RestaurantWater Supply: ☒ Municipal/Community ☐ On-Site SupplyNo. of Risk Factor/Intervention Violations: 2No. 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				<u>2</u>	<u>0</u>	<input type="checkbox"/>	<input type="checkbox"/>
Employee Health .2652											
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, employees knowledge; responsibilities & reporting				<u>3</u>	<u>15</u>	<u>0</u>	<input type="checkbox"/>
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of reporting, restriction & exclusion				<u>3</u>	<u>15</u>	<u>0</u>	<input type="checkbox"/>
Good Hygienic Practices .2652, .2653											
4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco use				<u>2</u>	<u>1</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose or mouth				<u>1</u>	<u>05</u>	<u>0</u>	<input type="checkbox"/>
Preventing Contamination by Hands .2652, .2653, .2655, .2656											
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean & properly washed				<u>4</u>	<u>2</u>	<u>0</u>	<input type="checkbox"/>
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				<u>3</u>	<u>15</u>	<u>0</u>	<input type="checkbox"/>
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Handwashing sinks supplied & accessible				<u>2</u>	<u>1</u>	<u>0</u>	<input type="checkbox"/>
Approved Source .2653, .2655											
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source				<u>2</u>	<u>1</u>	<u>0</u>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food received at proper temperature				<u>2</u>	<u>1</u>	<u>0</u>	<input type="checkbox"/>
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe & unadulterated				<u>2</u>	<u>1</u>	<u>0</u>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Required records available: shellstock tags, parasite destruction				<u>2</u>	<u>1</u>	<u>0</u>	<input type="checkbox"/>
Protection from Contamination .2653, .2654											
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated & protected				<u>3</u>	<u>15</u>	<u>0</u>	<input type="checkbox"/>
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized				<u>3</u>	<u>15</u>	<u>0</u>	<input type="checkbox"/>
15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, & unsafe food				<u>2</u>	<u>1</u>	<u>0</u>	<input type="checkbox"/>
Potentially Hazardous Food Time/Temperature .2653											
16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooking time & temperatures				<u>3</u>	<u>15</u>	<u>0</u>	<input type="checkbox"/>
17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper reheating procedures for hot holding				<u>3</u>	<u>15</u>	<u>0</u>	<input type="checkbox"/>
18	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling time & temperatures				<u>3</u>	<u>15</u>	<u>0</u>	<input type="checkbox"/>
19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures				<u>3</u>	<u>15</u>	<u>0</u>	<input type="checkbox"/>
20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures				<u>3</u>	<u>15</u>	<u>0</u>	<input type="checkbox"/>
21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking & disposition				<u>3</u>	<u>15</u>	<u>0</u>	<input type="checkbox"/>
22	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Time as a public health control: procedures & records				<u>2</u>	<u>1</u>	<u>0</u>	<input type="checkbox"/>
Consumer Advisory .2653											
23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consumer advisory provided for raw or undercooked foods				<u>1</u>	<u>05</u>	<u>0</u>	<input type="checkbox"/>
Highly Susceptible Populations .2653											
24	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pasteurized foods used; prohibited foods not offered				<u>3</u>	<u>15</u>	<u>0</u>	<input type="checkbox"/>
Chemical .2653, .2657											
25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food additives: approved & properly used				<u>1</u>	<u>05</u>	<u>0</u>	<input type="checkbox"/>
26	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified stored, & used				<u>2</u>	<u>1</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Conformance with Approved Procedures .2653, .2654, .2658											
27	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Compliance with variance, specialized process, reduced oxygen packing criteria or HACCP plan				<u>2</u>	<u>1</u>	<u>0</u>	<input type="checkbox"/>

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				<u>1</u>	<u>05</u>	<u>0</u>	<input type="checkbox"/>
29	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source				<u>2</u>	<u>1</u>	<u>0</u>	<input type="checkbox"/>
30	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Variance obtained for specialized processing methods				<u>1</u>	<u>05</u>	<u>0</u>	<input type="checkbox"/>
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				<u>1</u>	<u>05</u>	<u>0</u>	<input type="checkbox"/>
32	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding				<u>1</u>	<u>05</u>	<u>0</u>	<input type="checkbox"/>
33	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used				<u>1</u>	<u>05</u>	<u>0</u>	<input type="checkbox"/>
34	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided & accurate				<u>1</u>	<u>05</u>	<u>0</u>	<input type="checkbox"/>
Food Identification .2653											
35	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food properly labeled: original container				<u>2</u>	<u>1</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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				<u>2</u>	<u>1</u>	<u>0</u>	<input type="checkbox"/>
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display				<u>2</u>	<u>1</u>	<u>0</u>	<input type="checkbox"/>
38	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness				<u>1</u>	<u>05</u>	<u>0</u>	<input type="checkbox"/>
39	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used & stored				<u>1</u>	<u>05</u>	<u>0</u>	<input type="checkbox"/>
40	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits & vegetables				<u>1</u>	<u>05</u>	<u>0</u>	<input type="checkbox"/>
Proper Use of Utensils .2653, .2654											
41	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored				<u>1</u>	<u>05</u>	<u>0</u>	<input type="checkbox"/>
42	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils, equipment & linens: properly stored, dried & handled				<u>1</u>	<u>05</u>	<u>0</u>	<input type="checkbox"/>
43	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Single-use & single-service articles: properly stored & used				<u>1</u>	<u>05</u>	<u>0</u>	<input type="checkbox"/>
44	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly				<u>1</u>	<u>05</u>	<u>0</u>	<input type="checkbox"/>
Utensils and Equipment .2653, .2654, .2663											
45	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed, & used				<u>2</u>	<input checked="" type="checkbox"/>	<u>0</u>	<input type="checkbox"/>
46	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained, & used; test strips				<u>1</u>	<u>05</u>	<u>0</u>	<input type="checkbox"/>
47	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean				<input checked="" type="checkbox"/>	<u>05</u>	<u>0</u>	<input checked="" type="checkbox"/>
Physical Facilities .2654, .2655, .2656											
48	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot & cold water available; adequate pressure				<u>2</u>	<u>1</u>	<u>0</u>	<input type="checkbox"/>
49	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices				<u>2</u>	<u>1</u>	<u>0</u>	<input type="checkbox"/>
50	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage & waste water properly disposed				<u>2</u>	<u>1</u>	<u>0</u>	<input type="checkbox"/>
51	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied & cleaned				<u>1</u>	<u>05</u>	<u>0</u>	<input type="checkbox"/>
52	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Garbage & refuse properly disposed; facilities maintained				<u>1</u>	<u>05</u>	<u>0</u>	<input type="checkbox"/>
53	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained & clean				<input checked="" type="checkbox"/>	<u>05</u>	<u>0</u>	<input checked="" type="checkbox"/>
54	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Meets ventilation & lighting requirements; designated areas used				<input checked="" type="checkbox"/>	<u>05</u>	<u>0</u>	<input checked="" type="checkbox"/>
Total Deductions:										<u>4</u>	

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# Comment Addendum to Food Establishment Inspection Report

Establishment Name: LIGHTHOUSE GRILL

Establishment ID: 3034010228

Location Address: 905 BURKE STREET

☒ Inspection ☐ Re-Inspection Date: 10/19/2016

City: WINSTON-SALEM State: NC

Comment Addendum Attached? ☐ Status Code: A

County: 34 Forsyth Zip: 27101

Category #: IV

Wastewater System: ☒ Municipal/Community ☐ On-Site System

Email 1: lighthousegrill@gmail.com

Water Supply: ☒ Municipal/Community ☐ On-Site System

Email 2:

Permittee: LUIS & NICK DUMAS

Email 3:

Telephone: (336) 724-9619

## Temperature Observations

Item	Location	Temp	Item	Location	Temp	Item	Location	Temp
Harold	10/27/19	0	collard greens	steam table	167			
Hot water	three comp sink	152	mashed	steam table	172			
sanitizer	spray bottle (ppm)	50	meat sauce	steam table	172			
hot plate temp	dish machine	170	hamburger	meat cooler	40			
tomato	make unit 1	44	flounder	cooler	38			
lettuce	make unit 1	45	beef	walk in	39			
eggs	make unit 2	39	cooked	walk in	39			
ham	make unit 2	40	hamburger	final cook	189			

## 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.

- 4 2-401.11 Eating, Drinking, or Using Tobacco - C One employee beverage stored in top shelf of upright freezer. Employee beverages must be kept in areas that prevent potential contamination to clean utensils, food, and equipment. CDI: PIC moved drink to low shelving unit. All other employee beverages stored properly. 0 pts
- 26 7-102.11 Common Name-Working Containers - PF One spray bottle of sanitizer with no label. All containers of potentially hazardous materials must have a label with the common name of the material stored inside. CDI: Employee labelled sanitizer during inspection. 0 pts
- 35 3-302.12 Food Storage Containers Identified with Common Name of Food - C One large bin of sugar had no label. All ingredients that are not easily identifiable must be labelled with the common name of the stored food. CDI: Employee labelled sugar during inspection. Other ingredients were labelled properly. 0 pts



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

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

REHS ID: 2450 - Chrobak, Joseph

Verification Required Date:      /      /     

REHS Contact Phone Number: ( 336 ) 703 - 3164



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- 45 4-501.11 Good Repair and Proper Adjustment-Equipment - C Wire shelving throughout kitchen and basement have rust accumulation. Support bar of dicers has rust build up. Bottom galvanized shelves of prep tables are rusted and oxidized. Equipment shall be kept in good repair. Replace or repair rusted equipment.
- 47 4-601.11 (B) and (C) Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils - C Repeat: Cleaning needed throughout kitchen area on cooking equipment to remove grease build up. Cleaning needed inside coolers and freezers to remove food debris accumulation from the bottoms of the units. Non food contact surfaces shall be kept clean to sight and touch.
- 53 Repeat: 6-201.13 Floor and Wall Junctures, Coved, and Enclosed or Sealed - C Wall to floor connections in dry storage areas, restrooms, and kitchen are not coved. Provide a coved base in these areas to allow for easy cleaning and to prevent 90 degree joints that allow for soil accumulation. // 6-201.11 Floors, Walls and Ceilings-Cleanability - C: Recaulk shelving above three comp sink to the wall where a gap is present. // 6-501.12 Cleaning, Frequency and Restrictions - C Cleaning needed on floors and walls around cooking equipment to remove grease and food debris. Cleaning needed along walls and floors around ware washing equipment to remove staining and mildew build up. Physical facilities shall be kept in good repair and clean.
- 54 6-303.11 Intensity-Lighting - C Repeat: Lights low in following areas: Bar 6 - 30 foot candles. / Food prep areas through kitchen 20 -45 foot candles. Lighting in food prep areas must be at 50 foot candles or higher. Increase lighting in these areas. Lighting low in employee restroom must be at 20 foot candles at the fixtures.



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✓  
Spell



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✓  
Spell



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✓  
Spell

