Γ(Score: 97																			
Establishment Name: HAMPTON INN AND SUITES										Establishment ID: 3034012091										
	Location Address: 309 SUMMIT SQUARE CT										Inspection ☐ Re-Inspection									
Cit	City: WINSTON SALEM State: NC									Date: 12/02/2016 Status Code: A										
	Zip: 27105 County: 34 Forsyth									Time In: $08:000$ am 000 am Time Out: $09:450$ am										
	Permittee: APPLE REIT TEN									Total Time: 1 hr 45 minutes										
										Category #: II										
	Telephone: (336) 377-3000										EDA Establishment Type: Fast Food Restaurant									
	Wastewater System: ⊠Municipal/Community □ On-Site Sy										No. of Risk Factor/Intervention Violations: 0									
Wa	ite	r S	Sup	ply	y: ⊠Municipal/Community □On-	-Sit	e S	Sup	ply	•	No. of Repeat Risk Factor/Intervention Violations:									
-	Foodborne Illness Risk Factors and Public Health Interventions										Cood Potail Practices									
Risk factors: Contributing factors that increase the chance of developing foodborne illness.								Good Retail Practices Good Retail Practices: Preventative measures to control the addition of pathogens, chemicals,												
Public Health Interventions: Control measures to prevent foodborne illness or injury.							and physical objects into foods.									\blacksquare				
_	in Jpei		N/A ion	N/O	Compliance Status .2652		DUT	CD	I R	VR	IN	_		N/O	Compliance Status ater .2653, .2655, .2658		OUT	C	DI I	R VR
$\overline{}$					PIC Present; Demonstration-Certification by	2	Г	חור	ПП	П	28 🗆				Pasteurized eggs used where required	1	0.5	ПГ	Tr	司
			e He	alth	accredited program and perform duties .2652						29 🔀	=			Water and ice from approved source	2	111	0		ਜ
2	×				Management, employees knowledge; responsibilities & reporting	3	1.5				30 🗆		X		Variance obtained for specialized processing	1	\blacksquare	0 [#	\pm
3	X				Proper use of reporting, restriction & exclusion	3	1.5	ם ב				Ton	_		methods e Control .2653, .2654		. 0.3			
G	ood	Ну	gieni	ic Pr	ractices .2652, .2653						31		ipe	latui	Proper cooling methods used; adequate	1	0.5	ПГ	Tr	ௗ
4	X				Proper eating, tasting, drinking, or tobacco use	2	1				32 🗆			×	equipment for temperature control Plant food properly cooked for hot holding	1	Ή	0 [7	\pm
5	X				No discharge from eyes, nose or mouth	1	0.5	0			33 🗆			+	Approved thawing methods used	1	\perp	0 [#	
$\overline{}$	$\overline{}$	ntin	ıg Co	onta	mination by Hands .2652, .2653, .2655, .2656								Н				\vdash			
6	X				Hands clean & properly washed	4	2	0 🗆			34 🗆	×	- 1;¢:	4:-	Thermometers provided & accurate	×	0.5	0	X	X 🖂
7	X				No bare hand contact with RTE foods or pre- approved alternate procedure properly followed	3	1.5	0 🗆			35		TUITI	catio	n .2653 Food properly labeled: original container	2			7	ௗ
8	X				Handwashing sinks supplied & accessible	2	1				\perp		n o	f Foo	d Contamination .2652, .2653, .2654, .2656, .26	ᆂ				
$\overline{}$	_	ove	d So	urce	.2653, .2655						36	$\overline{}$			Insects & rodents not present; no unauthorized	2		ОГ	Tr	П
9	X				Food obtained from approved source	2	1 (37 🔀	-			animals Contamination prevented during food	2	\vdash	0		
10	X				Food received at proper temperature	2	1	0 🗆				 			preparation, storage & display Personal cleanliness	×	\perp		_	
11	X				Food in good condition, safe & unadulterated	2	1	0 [38 🗆	_				+	+		_	
12			×		Required records available: shellstock tags, parasite destruction	2	1	0 🗆			39 🔀	-	_		Wiping cloths: properly used & stored	1	-		<u> </u>	
Р	ote	ctio	n fro	m C	Contamination .2653, .2654						40				Washing fruits & vegetables	1	0.5	0	<u> </u>	业
13	X				Food separated & protected	3	1.5				_	er Us	se o	of Ute	In use utensile: preparly stored	1	165		Tr	
14	X				Food-contact surfaces: cleaned & sanitized	3	1.5 (_			In-use utensils: properly stored Utensils, equipment & linens: properly stored,	+	+	\vdash	_	
15	X				Proper disposition of returned, previously served reconditioned, & unsafe food	, 2	1 (0 [42 🔀				dried & handled	1	0.5	0	4	끧
Р	oter	itial	ly Ha	izar	dous Food Time/Temperature .2653						43				Single-use & single-service articles: properly stored & used	1	0.5	0][]
16	X				Proper cooking time & temperatures	3	1.5 (44				Gloves used properly	1	0.5	0		
17				X	Proper reheating procedures for hot holding	3	1.5				Uten	sils a	and	Equi	pment .2653, .2654, .2663 Equipment, food & non-food contact surfaces			_	4	
18			X		Proper cooling time & temperatures	3	1.5 (45 🗷				approved, cleanable, properly designed, constructed, & used	2	1	0		
19				X	Proper hot holding temperatures	3	1.5 (46 🗵				Warewashing facilities: installed, maintained, &	1	0.5	0	╗	丗
20	×				Proper cold holding temperatures	3	1.5 (П		47 🗆	×			used; test strips Non-food contact surfaces clean	1	0.5	X		ਜ
-		П		×	Proper date marking & disposition	3	1.5	חות	H	П	Phys		Fac	ilities						
\dashv			☒		Time as a public health control: procedures &				H		48 🔀	_			Hot & cold water available; adequate pressure	2	1	0 [JI	攌
22								49 🗆	X			Plumbing installed; proper backflow devices	2	X	0 [1				
23					Consumer advisory provided for raw or undercooked foods	1	0.5				50	П			Sewage & waste water properly disposed	2	H	0 [7	ਜੀ
	ighl	y Sı		ptib	le Populations .2653						51 🔀				Toilet facilities: properly constructed, supplied	1	\vdash	0	7	卌
24			X		Pasteurized foods used; prohibited foods not offered	3	1.5						╚		& cleaned Garbage & refuse properly disposed; facilities	_	Н	Ħ	#	- -
$\overline{}$	hem	ica			.2653, .2657						52 🔀	-			maintained	1	Н	0	4	끧
-	X				Food additives: approved & properly used	1	0.5				53 🔀				Physical facilities installed, maintained & clean	1	0.5	0	4	70
_	×				Toxic substances properly identified stored, & used	2	1				54				Meets ventilation & lighting requirements; designated areas used	1	0.5	0		
Conformance with Approved Procedures .2653, .2654, .2658											1									



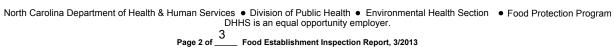
Compliance with variance, specialized process, reduced oxygen packing criteria or HACCP plan



Total Deductions: 3

Location Address: 309 SUMMIT SOUARE CT		ent Name: HAMPTON I	NN AND S	SUITES		Establ	ishment II): 3034012091		
City: WINSTON SALEM County: 34 Forsyth Zip: 27105 Zip: 27105 Zip: 27105 Email 1: John.d. sorrell@hilton.com Email 1: John.d. sorrell@hilton.com Email 2: Telephone: (336) 377-3000 Email 3: 「 Temperature Observations Item Location Temperature Observations Item Location Milk Milk cooler 44 Gravy Hot hold 143 Omelette Hot hold 147 Quat ppm 3-compartment sink 133 Omelette Final cook 182 Ham Hot hold 147 Quat ppm 3-compartment sink 200 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. 4-502.11 (B) Good Repair and Calibration - PF - Repeat: The food thermometer for the establishment measured 25F in ice water Food temperature measuring device shall be calibrated in accordance with manufacturer's specifications as a necessary to ensure their accuracy. CDI - Thermometer calibrated to read 32F in ice water. 2-402.11 Effectiveness-Hair Restraints - C - Repeat: Food employee was not wearing a hair restraint during the inspection. All for employees shall wear an effective hair restraint, such as a hat or hair net, while working with food. Person in Charge (Print & Sign): Gloria First Last Last Last Last Last Last Last Last Last	Location A	Address: 309 SUMMIT S	QUARE C	т		⊠Insp	ection [Re-Inspection	Date: 12/02/2010	6
Water Supply:					State: NC_	Commer	nt Addendum	Attached?	Status Code:	١
Water Supply: Remail 2: Telephone: (336) 377-3000 Email 2: Telephone: (336) 377-3000 Email 3: f Temperature Observations Item	County: 3	34 Forsyth		_ Zip: <u>27105</u>	<u> </u>					
Person lin Charge (Print & Sign): Consideration Considera						Email 1	i: john.d.sor	rell@hilton.com		
Telephone: (336) 377-3000 Temperature Observations Item Location Wendy L Barber Exp. 00 Milk Milk cooler 44 Gravy Hot hold 143 Omelete Hot hold 137 Hot water 3-compartment sink 133 Omelete Final cook 182 Ham Hot hold 147 Quat ppm 3-compartment sink 200 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. 4-502.11 (B) Good Repair and Calibration - PF - Repeat: The food thermometer for the establishment measured 25F in ice water Food temperature measuring device shall be calibrated in accordance with manufacturer's specifications as necessary to ensure their accuracy. CDI - Thermometer calibrated to read 32F in ice water. 2-402.11 Effectiveness-Hair Restraints - C - Repeat: Food employee was not wearing a hair restraint during the inspection. All for employees shall wear an effective hair restraint, such as a hat or hair net, while working with food. 3-304.12 In-Use Utensils, Between-Use Storage - C - 0 pts - 3 single-service cups stored on food inside of dry good containers. Scoops with handles shall be stored inside of food with the handles upright out of the food. Replace cups with scoops.			nunity 📙	On-Site System						
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Person in Charge (Print & Sign): Gloria Prevette First Last									ring the inspectior	ı. All food
Regulatory Authority (Print & Sign): First Last Hodge Hodge	employe 3-304.12	es shall wear an effectiv	ve hair re	straint, such	as a hat or I	hair net, wh	nile working	g with food. ed on food inside	of dry good conta	
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REHS Contact Phone Number: (336)703 - 3383





Establishment Name: HAMPTON INN AND SUITES Establishment ID: 3034012091

Observations and Corrective Actions

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4-602.13 Nonfood Contact Surfaces - C - 0 pts - Light cleaning needed inside of cabinets around the hot hold station, around the outside of the milk cooler, and inside of the walk-in cooler and freezer on the bottom shelves. Nonfood contact surfaces shall be kept clean.

5-202.13 Backflow Prevention, Air Gap - P - The drain pipe underneath the 3-compartment sink extends below the flood rim of the floor sink. An air gap of 2 inches is required between the end of the drain pipe and the floor sink. Cut the pipe at a 45 degree angle so that an air gap is provided.//5-203.14 Backflow Prevention Device, When Required - P - No backflow preventer is visible on the hose beside of the outside dumpster. A backflow preventer rated for continuous pressure is required if the sprayer remains attached. Detach the sprayer after each use or install a backflow preventer **rated for continuous pressure**, or provide documentation of backflow preventer. Verification of backflow preventer and air gap is required by 12-12-16, contact Grayson Hodge at 336-703-3383 or hodgega@forsyth.cc





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Observations and Corrective Actions
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