<u> </u>	JU	<u>u</u>	ᆫ	<u>S</u>	<u>labiishment inspection</u>	Re	וטט	l					SC	ore: <u>9</u>	<u>0.0</u>	<u> </u>
Establishment Name: MR. BARBECUE						Establishment ID: 3034010275										
Location Address: 1381 PETERS CREEK PKWY									Stabilishment iD ⊠Inspection □ Re-Inspection							
City: WINSTON-SALEM State: NC							;	Date: Ø 1 / 1 6 / 2 Ø 1 9 Status Code: A								
·								Time In: $01:20\%$ pm Time Out: $04:10\%$ pm								
MD DADDEOUE OF WINOTON OALEMING									Total Time: 2 hrs 50 minutes							
									Category #: IV							
Telephone: (336) 725-7827													stablishment Type: Full-Service Restaurant			
Wastewater System: ⊠Municipal/Community □ On-Site Sys								tem No. of Risk Factor/Intervention Violations: 2								
Water Supply: ⊠Municipal/Community ☐ On-Site Supply								No. of Repeat Risk Factor/Intervention Violations:								
E												0 10 10 1				
Foodborne Illness Risk Factors and Public Health Interventions 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,									
P	ublic	He	alth I	nter	ventions: Control measures to prevent foodborne illness or	injury.			and physical objects into foods.							
		_	N/A	N/O	Compliance Status	OUT	CDI R	VR				N/O	Compliance Status	OUT	CDI R	R VR
$\overline{}$	upei	visi			.2652 PIC Present; Demonstration-Certification by				Safe	$\overline{}$		$\overline{}$, ,			一
	X mal			al+h	accredited program and perform duties .2652	2 0		Щ	28 🗆	Ш	X		Pasteurized eggs used where required	1 0.5 0		#
$\overline{}$	X	луе	e He	ailli	Management, employees knowledge; responsibilities & reporting	3 1.5 0	ılıı		29 🔀				Water and ice from approved source	210	쁘	111
\rightarrow	X				responsibilities & reporting Proper use of reporting, restriction & exclusion	3 1.5 0			30		X		Variance obtained for specialized processing methods	1 0.5 0		<u> </u>
		Hve	neir	ic P	ractices .2652, .2653			الا		$\overline{}$	npei		e Control .2653, .2654 Proper cooling methods used; adequate			
\neg	×		giciii		Proper eating, tasting, drinking, or tobacco use	2 1 0			31	Ш			equipment for temperature control	1 0.5 0	뽀	#
\rightarrow	X	П			No discharge from eyes, nose or mouth	1 0.5 0		$d = \frac{1}{2}$	32 🗆			×	Plant food properly cooked for hot holding	1 0.5 0	므므	卫
_		ntin	g Co	onta	mination by Hands .2652, .2653, .2655, .2656		71-1-		33				Approved thawing methods used	1 0.5 0		10
6	X				Hands clean & properly washed	420			34				Thermometers provided & accurate	1 0.5 0		
7	X				No bare hand contact with RTE foods or pre- approved alternate procedure properly followed	3 1.5 0			Food	$\overline{}$	ntifi	catio				
\rightarrow	×	П			Handwashing sinks supplied & accessible	210		ı	35				Food properly labeled: original container	210		<u> </u>
		vec	d So	urce				70		entio	n o	FOC	nd Contamination .2652, .2653, .2654, .2656, .2653 Insects & rodents not present; no unauthorized			
9	X				Food obtained from approved source	210			36	_			animals Contamination prevented during food	211		
10				X	Food received at proper temperature	210			37	-			preparation, storage & display	210	쁘	44
11	×				Food in good condition, safe & unadulterated	210			38				Personal cleanliness	1 0.5 0		10
12	П	П	×	П	Required records available: shellstock tags,	210	inir	il	39 🔀				Wiping cloths: properly used & stored	1 0.5 0		
	rote	ctio	\Box	m (parasite destruction Contamination .2653, .2654				40				Washing fruits & vegetables	1 0.5 0		
13	X				Food separated & protected	3 1.5 0			Prop	$\overline{}$	se o	f Ute				
14	X				Food-contact surfaces: cleaned & sanitized	3 1.5 0			41 🔀	_			In-use utensils: properly stored	1 0.5 0	_	+
15	×				Proper disposition of returned, previously served, reconditioned, & unsafe food	210			42 🗆	×			Utensils, equipment & linens: properly stored, dried & handled	1 0.5		
		tiall	ly Ha	ızar	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 0			44 🔀				Gloves used properly	1 0.5 0		迊
17				X	Proper reheating procedures for hot holding	3 1.5 0			Utens	sils a	and	Equi	pment .2653, .2654, .2663		中	
18	X				Proper cooling time & temperatures	3 1.5 0			45 🗆	×			Equipment, food & non-food contact surfaces approved, classified, properly designed,	2 🗙 0		3
19		×			Proper hot holding temperatures	3 1.5	X		46 🗵	П			constructed, & used Warewashing facilities: installed, maintained, &	1 0.5 0	\exists	丗
20	_	X	П	$\overline{\Box}$	Proper cold holding temperatures	3 1.5			47 🔀				used; test strips Non-food contact surfaces clean	1 0.5 0		\pm
_	\mathbf{x}			$\frac{\square}{\square}$	Proper date marking & disposition	3 1.5 0			Phys	ical	Fac	ilitie				#
_				_	Time as a public health control: procedures &				48 🔀				Hot & cold water available; adequate pressure	210		75
22 C	ons	ıme	er Ac	lvis	records	2 1 0		ШШ	49 🗆	×			Plumbing installed; proper backflow devices	211	ПF	朩
23			×	1713	Consumer advisory provided for raw or	1 0.5 0	Inir		50 🗵				Sewage & waste water properly disposed	210		.
	ighl	y Sı	-	ptib	undercooked foods le Populations .2653								Toilet facilities: properly constructed, supplied		井	#
24			X		Pasteurized foods used; prohibited foods not offered	3 1.5 0			51 🗵		Ш		& cleaned Garbage & refuse properly disposed; facilities		쁘	#
С	hem	ical			.2653, .2657				52 🔀				maintained	1 0.5 0	45	#
25			X		Food additives: approved & properly used	1 0.5 0			53 🗆	×			Physical facilities installed, maintained & clean	1 🗷 0		+
	×				Toxic substances properly identified stored, & used	210			54 🗆	X			Meets ventilation & lighting requirements; designated areas used	1 0.5		< □
\neg	onfo	rma		wit	h Approved Procedures .2653, .2654, .2658						_		Total Deductions:	1.5		
27	Ш	Ш	X		Compliance with variance, specialized process, reduced oxygen packing criteria or HACCP plan	2 1 0		ЦШ					Total Dedactions.			





	Comm	ent Adde	endum to	Food Es	stablish	ment I	nspection	n Report				
Establisł	nment Name: MR. BAF	RBECUE		Establishment ID: 3034010275								
	on Address: 1381 PETE VINSTON-SALEM	RS CREEK P		✓ Inspection ☐ Re-Inspection Date: 01/16/2019 Comment Addendum Attached? ☐ Status Code: A								
City: WINSTON-SALEM State: NC County: 34 Forsyth Zip: 27127						Water sample taken? Yes No Category #: IV						
Wastewater System: ☑ Municipal/Community ☐ On-Site System						,						
Water Supply: ✓ Municipal/Community ☐ On-Site System Permittee: MR BARBECUE OF WINSTON SALEM INC					Email 1: Email 2:							
Teleph	one: (336) 725-7827				Email 3:							
			Temp	erature Ol	oservatio	ns						
	Effec	tive Janua	ary 1, 201	9 Cold Ho	olding w	ill chan	ige to 41 d	legrees	-			
Item 9-28-20	Location Tammy Johnson	Temp 0		Location ice bath		Temp 40	_	Location hot hold 120-128	Temp 120			
water	3 comp	136	slaw	ice bath		38	gravy	hot hold	161			
quat-ppm	3 comp	200	red slaw	reach in		39	bbq chix	hot hold	150			
pork bbq	hot cabinet 136-152	145	beef bbq	reach in 46	-47	44	beans	hot hold	148			
green bea	ins cooling at 1:32	57	chicken	walk in		40	milk	2 door cooler	38			
green bea	ins cooling at 2:19	48	walk in		38	hot dogs	make unit	36				
Pot salad	cooling at 1:33	65	chicken	final cook		202	tomato	make unit	37			
pot salad	cooling at 2:19	56	bbq	hot hold		158	chili	make unit	159			
gre	eater at all parts of the f	ood. CDI-Fi	aced in over	to neat to ab	ove roor. C	ριδ.						
pai	501.16 (A)(2) and (B) P n of beef bbq in small re s at all parts of hte food	each in unde	r ice table me									
ope wir pro	202.15 Outer Openings enings of a food establi ndows, and solid, self c otected by 16 mesh to 2 aintain door closed. Opts	shment shall losing tight fit 25.4mm scree	be protected ting doors. It	l from entry of f doors are k	f insects ar ept open fo	id rodents ventilatio	by: filling hole on or other pur	es and gaps, closed rposes, the openings	, tight fitting s shall be			
\bigcup		Fii	rst	1 :	ast							
Person in	Charge (Print & Sign):	Tony	-•	Perkins			24	Mi-	_			
	y Authority (Print & Sign	Fii N ^{.Nora}	rst	La Sykes	ast		1, 5	Z				
regulatol	y Authorny (Fillit & Sign	·/·					V \(\(\) \(\))				
	REHS II	2664 - S	ykes, Nora			Verifica	ntion Required D	Date://				

REHS Contact Phone Number: (336) 703 - 3161

North Carolina Department of Health & Human Services • Division of Public Health • Environmental Health Section • Food Protection Program DHHS is an equal opportunity employer.

Page 2 of _____ Food Establishment Inspection Report, 3/2013



Establishment Name: Name: Name	MR. BARBECUE	Establishment ID:	3034010275

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.



- 42 4-901.11 Equipment and Utensils, Air-Drying Required C- REPEAT- A few dishes found to be stacked while wet. Air drying is required before stacking. 0pts.
- 4-501.11 Good Repair and Proper Adjustment-Equipment C//4-101.19 Nonfood-Contact Surfaces C//-REPEAT-Drain pipes in walk in cooler and walk in freezer need to be wrapped in flexible pipe wrap to intercept any drips. Replace gaskets in 2 of the 3 doors on the cook line reach in unit. (on order, per PIC) Replace/resurface ice machine chute and metal parts where rusting. Ice and frost accumulating in walk in freezer around door and at pipes around condenser unit. Stove is placed on top of a rolling unit and its wheels are not in contact with the floor. Nonfood contact surfaces shall be smooth and easily cleanable. Equipment shall be maintained in a state of repair and condition that meets the requirements in 4-1 and 4-2 of the food code. Some improvements in this area.
- 5-205.15 (B) System maintained in good repair C- Hand sink will not provide hot water when hot water is running at 3 compartment sink. Repair so that hot water is always available at hand sink. Maintain plumbing in good repair. Opts.
- 6-201.11 Floors, Walls and Ceilings-Cleanability C- REPEAT- Some ceiling tiles are peeling/bubbling/in poor repair. Replace. Some cracked tiles on floor throughout. Low grout in places. Base tiles need to be reattached and any crevices filled at back of cook line. Caulk around toilet in ladies room. Repair leak in roof above office. Physical facilities shall be smooth and easily cleanable and in good repair.
 - **Fungus growing at back wall in unused/unpermitted area of personal storage and spreading to office/dry storage areas. Remove and monitor.**
- 6-303.11 Intensity-Lighting C-REPEAT-Lighting low: 40 foot candles @ small make unit; 35-42 foot candles @ fryer side of line; 37-44 foot candles under hood at chicken fryer; 37-52 foot candles at long prep table. Increase lighting to 50 foot candles in areas of food prep.





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