

Food Establishment Inspection Report

Score: 94

Establishment Name: BOJANGLES 552

Establishment ID: 3034011041

Location Address: 585 NORTHWEST BLVD

Inspection Re-Inspection

City: WINSTON SALEM

State: NC

Date: 12 / 16 / 2014 Status Code: A

Zip: 27105

County: 34 Forsyth

Time In: 09 : 15 am pm

Time Out: 02 : 00 am pm

Permittee: BOJANGLES RESTAURANTS INC

Total Time: 4 hrs 45 minutes

Telephone: (336) 722-4282

Category #: III

Wastewater System: Municipal/Community On-Site System

FDA Establishment Type: Fast Food Restaurant

Water Supply: Municipal/Community On-Site Supply

No. of Risk Factor/Intervention Violations: 2

No. of Repeat Risk Factor/Intervention Violations:

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	NO	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	<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			3	13	0	<input type="checkbox"/>
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of reporting, restriction & exclusion			3	15	0	<input type="checkbox"/>
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	<input type="checkbox"/>
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose or mouth			1	03	0	<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			4	2	0	<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			3	13	0	<input type="checkbox"/>
8	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Handwashing sinks supplied & accessible			2	<input checked="" type="checkbox"/>	0	<input checked="" type="checkbox"/>
Approved Source .2653, .2655										
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source			2	1	0	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food received at proper temperature			2	1	0	<input type="checkbox"/>
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe & unadulterated			2	1	0	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Required records available: shellstock tags, parasite destruction			2	1	0	<input type="checkbox"/>
Protection from Contamination .2653, .2654										
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated & protected			3	13	0	<input type="checkbox"/>
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized			3	13	0	<input type="checkbox"/>
15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, & unsafe food			2	1	0	<input type="checkbox"/>
Potentially Hazardous Food Time/Temperature .2653										
16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooking time & temperatures			3	13	0	<input type="checkbox"/>
17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper reheating procedures for hot holding			3	13	0	<input type="checkbox"/>
18	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooling time & temperatures			3	13	0	<input type="checkbox"/>
19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures			3	13	0	<input type="checkbox"/>
20	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures			3	<input checked="" type="checkbox"/>	0	<input checked="" type="checkbox"/>
21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking & disposition			3	13	0	<input type="checkbox"/>
22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Time as a public health control: procedures & records			2	1	0	<input type="checkbox"/>
Consumer Advisory .2653										
23	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consumer advisory provided for raw or undercooked foods			1	03	0	<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			3	15	0	<input type="checkbox"/>
Chemical .2653, .2657										
25	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food additives: approved & properly used			1	03	0	<input type="checkbox"/>
26	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified stored, & used			2	1	0	<input type="checkbox"/>
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	<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	NO	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	05	0	<input type="checkbox"/>
29	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source			2	1	0	<input type="checkbox"/>
30	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Variance obtained for specialized processing methods			1	05	0	<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			1	05	0	<input type="checkbox"/>
32	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding			1	05	0	<input type="checkbox"/>
33	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Approved thawing methods used			1	05	0	<input type="checkbox"/>
34	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided & accurate			1	05	0	<input type="checkbox"/>
Food Identification .2653										
35	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled: original container			2	1	0	<input 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			2	1	0	<input type="checkbox"/>
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display			2	1	0	<input type="checkbox"/>
38	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness			1	<input checked="" type="checkbox"/>	0	<input checked="" type="checkbox"/>
39	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used & stored			1	05	0	<input type="checkbox"/>
40	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits & vegetables			1	05	0	<input type="checkbox"/>
Proper Use of Utensils .2653, .2654										
41	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored			1	05	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
42	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils, equipment & linens: properly stored, dried & handled			1	05	0	<input type="checkbox"/>
43	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Single-use & single-service articles: properly stored & used			1	<input checked="" type="checkbox"/>	0	<input checked="" type="checkbox"/>
44	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly			1	05	0	<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			2	<input checked="" type="checkbox"/>	0	<input checked="" type="checkbox"/>
46	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained, & used; test strips			1	05	0	<input type="checkbox"/>
47	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean			1	<input checked="" type="checkbox"/>	0	<input type="checkbox"/>
Physical Facilities .2654, .2655, .2656										
48	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hot & cold water available; adequate pressure			2	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
49	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices			2	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
50	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage & waste water properly disposed			2	1	0	<input type="checkbox"/>
51	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied & cleaned			1	05	0	<input type="checkbox"/>
52	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Garbage & refuse properly disposed; facilities maintained			1	05	0	<input type="checkbox"/>
53	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained & clean			<input checked="" type="checkbox"/>	05	0	<input checked="" type="checkbox"/>
54	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Meets ventilation & lighting requirements; designated areas used			1	05	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Total Deductions:							6			



Comment Addendum to Food Establishment Inspection Report

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Establishment ID: 3034011041

Location Address: 585 NORTHWEST BLVD

Inspection Re-Inspection Date: 12/16/2014

City: WINSTON SALEM State: NC

Comment Addendum Attached? Status Code: A

County: 34 Forsyth Zip: 27105

Category #: III

Wastewater System: Municipal/Community On-Site System

Email 1: vjackson@bojangles.com

Water Supply: Municipal/Community On-Site System

Email 2:

Permittee: BOJANGLES RESTAURANTS INC

Email 3:

Telephone: (336) 722-4282

Temperature Observations

Item	Location	Temp	Item	Location	Temp	Item	Location	Temp
Grits	Steam table	161	Eggs	Final	186			
Chicken bites	Hot hold	149	Fried Steak	Hot hold	179			
Sausage	Final	205	Hot water	Three comp sink	156			
Chicken	Final	200	Hot water	Handsink	111			
Lettuce	Make-top	53	Shikela Horn	SS 10/5/17	0			
Tomatoes	Make-top	51						
Chicken	Walk-in	39						
Salads	Cooling Walk-in	50						

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.

- 8 5-205.11 Using a Hand washing Sink-Operation and Maintenance - PF- A whisk mixing utensil was being stored inside a hand wash sink . Handsinks shall only be used for washing hands. The utensil was placed at the three compartment sink drain board for cleaning.
- 20 3-501.16 (A)(2) and (B) Potentially Hazardous Food (Time/Temperature Control for Safety Food), Hot and Cold Holding - P- Lettuce (53F), tomatoes (50F), salad mix (53F), and liquid eggs (54F) stored in the make top unit read above 45F. Potentially hazardous foods such as lettuce and tomatoes shall be held at 45F or below. CDI- Lettuce, tomatoes, and liquid eggs were voluntarily discard. Lettuce and tomatoes were placed in a ice bath to maintain 45 degrees until the make-top unit is fixed. This is a temporary option. Verification is required for make top unit. Contact Chris Lott at 336-703-3132 when repaired.
- 38 2-303.11 Prohibition-Jewelry - C- One employee is wearing a bracelet and wedding ring while prepping food. Except for a plain wedding ring, jewelry may not be worn by food employees.
2-402.11 Effectiveness-Hair Restraints - C- Repeat- One food employee was observed preparing food without a hair restraint. Food employees shall wear a hair restraint when preparing food. CDI- Food employee put on a hat.



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

Regulatory Authority (Print & Sign): *First* Wendy-Chris, *Last* Grijalva-Lott

[Handwritten Signature]
Wendy Grijalva-Lott / Chris Lott

REHS ID: 2442 - Grijalva, Wendy

Verification Required Date: 12 / 18 / 2014

REHS Contact Phone Number: (336) 703 - 3157



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- 41 3-304.12 In-Use Utensils, Between-Use Storage - C- 0 pts - Whisk for mixing chicken breeder was being stored inside the ice bath for the chicken breeder. In-use utensils shall be stored on a clean portion of the preparation tables when their not used. CDI- The manager placed the utensil and the ice bath container at the three compartment sink for cleaning.
- 43 4-903.11 (A) and (C) Equipment, Utensils, Linens and Single-Service and Single-Use Articles-Storing - C-Repeat- Single service cups were added to the front service counter unprotected. Single service shall be protected from contamination by storing in dispenser, and or storing inside their plastic wrapping. CDI- Cups were placed inside a cup dispenser.
- 45 4-205.10 Food Equipment, Certification and Classification -C- Milk creates were being used as shelving for single service items in the dry store supply area. Milk creates are not approved to be used for shelving. Replace creates for approved shelving or dunnage racks. 4-501.11 Good Repair and Proper Adjustment-Equipment - C One make-top cold holding unit was not properly holding food at 45 degree or below temperature.// One prep sink by the fryer station is not properly holding water when its stopped up. Equipment shall be maintained to the manufacturer's specification' s. A verification is required on the true make-top refrigeration unit by 12/23/14. Contact Chris Lott at 336-703-3132. // Manager states that they will purchase a new make top unit and possibly other equipment. Submit all spec sheets for equipment to Nathan Ward at wardrn@forsyth.cc for approval.
- 47 4-601.11 (B) and (C) Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils - C- Cleaning is needed inside of the reach in freezer and coolers shelving, the gaskets for reach-in coolers and freezers, on shelving were all single-service items are being stored, and in between equipment at the fryer stations and grill stations.
- 48 5-103.11 Capacity-Quantity and Availability - PF- 0 pts - Hot water at the handwashing sinks was between 97-99F during inspection. Hot water at the handsinks shall be at least 100 degrees for washing hands. CDI- The hot water was adjusted at the mixing valve increase the temperature to 111 degrees.
- 49 5-205.15 System Maintained in Good Repair - P 0 pts - The three compartment sink is leaking at the piping under the wash vat, and sanitizer vat. The handwashing next to the walk-in coolers is leaking when turned on at the piping. CDI- The handwashing sink was fixed by maintenance during the inspection. // 5-203.14 Backflow Prevention Device, When Required - P - Backflow prevention device is required on coffee maker at drive through. Provide documentation that backflow is internal or install approved device on water line. Ensure that all devices with a water line connection has approved backflow prevention. Verification is required for backflow. Contact Chris Lott at 336-703-3132 or lottcd@forsyth.cc.
- 53 6-501.12 Cleaning, Frequency and Restrictions - C- Floor cleaning is need behind the oven, fryers, grill stations, the walk-in coolers and freezers, and in the floor drains under the three compartment sink. Physical facilities shall be maintained cleaned. Caulking needed at the base of the toilet in the men's restroom.



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Spell

- 54 6-303.11 Intensity-Lighting - C - 0 pts - Lighting was low at the fryer station at 37-42 ft/candles, at the grill station at 44-48 ft/candles, and 28-30 ft/candles at the dinner room drink station. Increase lighting to 50 ft/candles at the fixtures. Fix lighting.



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✓
Spell

