

Food Establishment Inspection Report

Score: 90

Establishment Name: BURGER KING 108 CARROLS 757

Establishment ID: 3034012182

Location Address: 2100 PETERS CREEK PARKWAY

Inspection Re-Inspection

City: WINSTON SALEM

State: NC

Date: 01 / 20 / 2015 Status Code: A

Zip: 27107

County: 34 Forsyth

Time In: 12 : 55 ^{am} _{pm} Time Out: 05 : 35 ^{am} _{pm}

Permittee: CARROLS LLC BK

Total Time: 4 hrs 40 minutes

Telephone: (336) 723-6065

Category #: II

Wastewater System: Municipal/Community On-Site System

FDA Establishment Type: _____

Water Supply: Municipal/Community On-Site Supply

No. of Risk Factor/Intervention Violations: 4

No. of Repeat Risk Factor/Intervention Violations: 2

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			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	1.5	0	<input type="checkbox"/>
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of reporting, restriction & exclusion			3	1.5	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	0.5	0	<input type="checkbox"/>
Preventing Contamination by Hands .2652, .2653, .2655, .2656										
6	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hands clean & properly washed			<input checked="" type="checkbox"/>	2	0	<input checked="" type="checkbox"/>
7	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No bare hand contact with RTE foods or pre-approved alternate procedure properly followed			3	<input checked="" type="checkbox"/>	0	<input checked="" type="checkbox"/>
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Handwashing sinks supplied & accessible			2	1	0	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food separated & protected			3	1.5	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
14	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized			3	1.5	<input checked="" type="checkbox"/>	<input checked="" 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	1.5	0	<input type="checkbox"/>
17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper reheating procedures for hot holding			3	1.5	0	<input type="checkbox"/>
18	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling time & temperatures			3	1.5	0	<input type="checkbox"/>
19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures			3	1.5	0	<input type="checkbox"/>
20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures			3	1.5	0	<input type="checkbox"/>
21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking & disposition			3	1.5	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	0.5	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	1.5	0	<input type="checkbox"/>
Chemical .2653, .2657										
25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food additives: approved & properly used			1	0.5	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	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			1	0.5	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	0.5	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	0.5	0	<input type="checkbox"/>
32	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Plant food properly cooked for hot holding			1	0.5	0	<input type="checkbox"/>
33	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used			1	0.5	0	<input type="checkbox"/>
34	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided & accurate			1	0.5	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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness			1	0.5	0	<input type="checkbox"/>
39	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used & stored			1	0.5	0	<input type="checkbox"/>
40	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits & vegetables			1	0.5	0	<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			1	0.5	0	<input type="checkbox"/>
42	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Utensils, equipment & linens: properly stored, dried & handled			<input checked="" type="checkbox"/>	0.5	0	<input checked="" 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	0.5	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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained, & used; test strips			1	0.5	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
47	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean			<input checked="" type="checkbox"/>	0.5	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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices			2	1	0	<input 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	0.5	0	<input type="checkbox"/>
52	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Garbage & refuse properly disposed; facilities maintained			1	0.5	0	<input type="checkbox"/>
53	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained & clean			<input checked="" type="checkbox"/>	0.5	0	<input checked="" type="checkbox"/>
54	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Meets ventilation & lighting requirements; designated areas used			1	0.5	0	<input type="checkbox"/>
Total Deductions:							10			



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Inspection Re-Inspection Date: 01/20/2015

City: WINSTON SALEM State: NC

Comment Addendum Attached? Status Code: A

County: 34 Forsyth Zip: 27107

Category #: II

Wastewater System: Municipal/Community On-Site System

Email 1: dchaplin@carrols.com

Water Supply: Municipal/Community On-Site System

Email 2:

Permittee: CARROLS LLC BK

Email 3:

Telephone: (336) 723-6065

Temperature Observations

Item	Location	Temp	Item	Location	Temp	Item	Location	Temp
Lettuce	Walk-in	42	Sanitizer	3 comp sink	100			
Beef	Hot hold	168	Sanitizer	Buckets	100			
Chicken	Hot hold	159	Hot water	3 comp sink	130			
Onion Rings	Hot hold	149	Tiffany	9/7/16	0			
Lettuce	Cold Hold	58						
Tomatoes	Cold Hold	56						
Chicken	Walkin	39						
Pic0	Wal-in	40						

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.

- 6 2-301.14 When to Wash - P-Repeat-One food employee cut off the faucet with their bare hands after hand washing.// One food employee changed tasks by touching a hot holding container of beef after washing utensils at the three compartment sink. Food employees shall turn off the faucet by using paper towel or another barrier form to prevent re-contamination of hands. CDI- The employees re-washed hands.
- 7 3-301.11 Preventing Contamination from Hands - P,PF-Repeat- Employee spotted dipping a single- service cup inside the ice dispenser at the ice coffee station with bare hands. Food employees may not contact exposed ready-to-eat- food with their bare hands. Suitable utensils such as ice scoops shall be used to fill cups with ice.
- 13 } 3-302.11 Packaged and Unpackaged Food-Separation, Packaging, and Segregation - P-0pts- Two opened bags of breaded chicken were stored in the walk-in freezer uncovered. Food shall be protected cross contamination by storing food where it is not exposed inside its wrappings. CDI- The bags were closed and placed inside boxes across from the condenser unit.



Person in Charge (Print & Sign): Tiffany ^{First} Williams ^{Last}

Regulatory Authority (Print & Sign): Christopher Lott ^{First} Doris Hogan ^{Last}

[Handwritten signatures: J. Williams, Chris Lott, Doris Hogan]

REHS ID: 1808 - Hogan, Doris

Verification Required Date: / /

REHS Contact Phone Number: () -



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- 14 4. -601.11 (A) Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils - P-0pts- The onion chopper has visible food residue in between its blades. Three lexan containers had visible food debris on their surfaces. Equipment and utensils shall be cleaned to sight and touch.
- 42 4-901.11 Equipment and Utensils, Air-Drying Required - C- Repeat-A stack of lexan containers were stored wet after washing. After washing utensils, allow utensils to air dry before stacking. CDI- The containers were spaced on clean shelving for air-drying.
- 43 4-903.11 (A) and (C) Equipment, Utensils, Linens and Single-Service and Single-Use Articles-Storing - C- One box of single service boxes of wrappers, and children's to-go trays were stored on the floor of the dry storage area in the kitchen. Single-service items shall be stored in a manner to prevent contamination and at least 6 inches above the floor.
- 45 4-501.11 Good Repair and Proper Adjustment-Equipment - C-Repeat- The condenser line in the walk-in freezer is leaking. Repair and seal this condensation line with vinyl covering.// The Floor panels in the walk-in cooler has began to show signs of separation from it's gasket needs repairing.// The prep sink stopper does not fully close the drain and hold water . Repair.// Dry storage racks in the kitchen have started to oxidize and rust in between their surfaces. Replace shelving. Equipment shall be maintained to manufacturer's conditions.
- 46 4-501.14 Warewashing Equipment, Cleaning Frequency - C-0pts- The sanitizer vat for the three compartment sink had a greasy build-up on its surface when food employees were actively sanitizing dishes. // Food debris was observed inside of the sanitizer vat when utensils were actively sanitizing. Compartments of sink used to wash, rinse, and sanitize utensils shall be cleaning throughout the day at a frequency necessary to prevent recontamination of utensils. CDI- The sanitizer was removed in the sink and the vat was cleaned. The utensils were re-washed.
- 47 4-601.11 (B) and (C) Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils - C-Repeat- Cleaning needed on equipment at the iced coffee station, shelving throughout the facility, inside condiment holding trays at the dry through window and front line, legs of equipment, inside reach-ins, and on tops of equipment in the kitchen.
- 48 5-103.11 Capacity-Quantity and Availability-PF-0pts- The hot water at the three compartment sink wash was (105F-106F), (99F) at the hand wash sink in the kitchen, and (107F) at the prep sink in the kitchen. Hot water generation and distribution shall be sufficient to meet the peak hot water demands throughout the establishment. CDI- The hot water was adjusted at the hot water heater and re-checked at the three compartment sink at (138F), (104F) at the hand wash sink, and (118F) at the prep sink.



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- 53 6-501.12 Cleaning, Frequency and Restrictions - C-Repeat- Floor cleaning is needed throughout the kitchen behind and under equipment, make-top units, and prep tables at the iced coffee station, and under the dry storage shelving racks in the kitchen.//6-201.11 Floors, Walls and Ceilings-Cleanability - C-Ceiling damage in Ladies restroom. Repair// Wall damage is present on tiles in facility by the hot water heater. Repair.



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✓
Spell



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✓
Spell

