

# Food Establishment Inspection Report

Score: 96.5

Establishment Name: WINSTON SALEM HOTEL AND SPA BISTRO

Establishment ID: 3034011665

Location Address: 3050 UNIVERSITY PARKWAY

☒ Inspection ☐ Re-Inspection

City: WINSTON SALEM

State: NC

Date: 06 / 14 / 2016 Status Code: U

Zip: 27105

County: 34 Forsyth

Time In: 08 : 50 <sup>am</sup> <sub>pm</sub> Time Out: 02 : 20 <sup>am</sup> <sub>pm</sub>

Total Time: 5 hrs 30 minutes

Permittee: HUMANTOSH, LLC

Category #: II

Telephone: (336) 723-2911

FDA Establishment Type: Full-Service Restaurant

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

No. of Risk Factor/Intervention Violations: 4

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

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	N/O	Compliance Status			OUT	CDI	R	VR
Supervision .2652										
1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIC Present; Demonstration-Certification by accredited program and perform duties			2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee Health .2652										
2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Management, employees knowledge; responsibilities & reporting			3	1.5	<input checked="" type="checkbox"/>	<input checked="" 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 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	1.5	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	1.5	0	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooking time & temperatures			3	1.5	0	<input type="checkbox"/>
17	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper reheating procedures for hot holding			3	1.5	0	<input type="checkbox"/>
18	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooling time & temperatures			3	1.5	0	<input type="checkbox"/>
19	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper date marking & disposition			3	1.5	0	<input type="checkbox"/>
22	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Time as a public health control: procedures & records			2	1	0	<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			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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food properly labeled: original container			2	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657										
36	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Insects & rodents not present; no unauthorized animals			2	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>
37	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display			2	1	<input checked="" type="checkbox"/>	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils, equipment & linens: properly stored, dried & handled			1	0.5	0	<input type="checkbox"/>
43	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Single-use & single-service articles: properly stored & used			1	0.5	0	<input 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 type="checkbox"/>
46	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained, & used; test strips			1	<input checked="" type="checkbox"/>	0	<input type="checkbox"/>
47	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean			1	0.5	0	<input type="checkbox"/>
Physical Facilities .2654, .2655, .2656										
48	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot & cold water available; adequate pressure			2	1	0	<input 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 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Garbage & refuse properly disposed; facilities maintained			1	0.5	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
53	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained & clean			1	<input checked="" type="checkbox"/>	0	<input type="checkbox"/>
54	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Meets ventilation & lighting requirements; designated areas used			1	<input checked="" type="checkbox"/>	0	<input type="checkbox"/>
Total Deductions:							3.5			

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# Comment Addendum to Food Establishment Inspection Report

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Establishment ID: 3034011665

Location Address: 3050 UNIVERSITY PARKWAY

☒ Inspection ☐ Re-Inspection Date: 06/14/2016

City: WINSTON SALEM State: NC

Comment Addendum Attached? ☐ Status Code: U

County: 34 Forsyth Zip: 27105

Category #: II

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

Email 1: fitzroygrizzle@gmail.com

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

Email 2:

Permittee: HUMANTOSH, LLC

Email 3:

Telephone: (336) 723-2911

## Temperature Observations

Item	Location	Temp	Item	Location	Temp	Item	Location	Temp
Hot water	3 compartment sink	128						
Milk	Buffet line	36						
Air	Walk in cooler	40						
Air	Beverage cooler	38						
Sanitizer	3 compartment sink	300						
Air	Reach-in cooler	37						

## 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.

- 2-102.12 Certified Food Protection Manager - C- 0 pts. Person in charge does not have food protection manager certification. PIC shall have ANSI accredited food protection manager certification and must be present during all hours of operation. Compliance with this violation must be corrected within 210 days from date permit was issued.
- 2-103.11 (M) Person in Charge-Duties - PF- 0 pts. No employee health policy in place. Food employees shall report to the person in charge information about their health and activities as they relate to diseases that are transmissible through food. Have employees understand the big 5 illnesses and symptoms as they relate to foodborne illnesses and to report to PIC when they experience any symptoms. Operator was given more information regarding employee health policy.
- 6-301.11 Handwashing Cleanser, Availability - PF- No handwashing cleanser available at handwashing sink in wait area. Handwashing sinks shall be provided with a supply of hand cleaning liquid. Replace soap at handwashing sink.//6-301.12 Hand Drying Provision - PF- No papertowels available at all three handwashing sinks. Each handwashing sink shall be provided with individual, disposable towels.

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

Baskins *Last*

Regulatory Authority (Print & Sign): Eva Robert *First*

Anthony Williams *Last*

*[Handwritten signatures: Tony Williams and Eva Robert]*

REHS ID: 1846 - Williams, Tony

Verification Required Date: 06 / 24 / 2016

REHS Contact Phone Number: ( 336 ) 703 - 3161



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- 14 4-601.11 (A) Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils - P-0 pts. Dried food and grease residue present on three plates, tong, scoop, can opener, two glasses, green cutting board, two measuring cups, one sauce container and one metal pan. Food-contact surfaces shall be clean to sight and touch. CDI- items sent to be rewashed.//4-602.11 Equipment Food-Contact Surfaces and Utensils-Frequency - C- Pink mold/mildew buildup on ice guard of ice machine. Food-contact surfaces of ice machines shall be cleaned frequently to prevent the buildup of soil or mold. Clean insides of ice machine frequently.//4-501.114 Manual and Mechanical Warewashing Equipment, Chemical Sanitization-Temperature, pH, Concentration and Hardness - P- Sanitizer bottle store on three compartment sink had zero reading on test strip. Sanitizer shall have concentration of 200-400ppm. CDI- Spray bottle poured out and replaced with new sanitizer solution of 300ppm.
- 35 3-302.12 Food Storage Containers Identified with Common Name of Food - C- Three bottles of condiments stored above grill station were not labeled. Food containers shall be labeled with common name of food.
- 36 6-501.112 Removing Dead or Trapped Birds, Insects, Rodents and other Pest - C- 0 pts. Three roaches and one dead mouse found in dry storage room and under bar cabinet. Dead insects and rodents shall be removed from the premises at a frequency that prevents their accumulation, decomposition, or the attraction of pests. Remove insects and rodents from premises.
- 37 3-305.12 Food Storage, Prohibited Areas - C- 0 pts. Condensation pipe of walk in freezer is leaking onto boxes of food underneath. Food shall not be stored under lines where water has condensed. Repair leak or move food from under leaking pipe.
- 45 4-205.10 Food Equipment, Certification and Classification - C- Farberware blender in bar area for household use only. Food equipment shall be used in accordance with the manufacturer's intended use and certified or classified for sanitation by an ANSI accredited program. CDI- blender was removed from bar area.//4-501.11 Good Repair and Proper Adjustment-Equipment - C- Repair/replacement needed on rusting shelves of WIC and broken cooler that is functioning but not cooling. No food present in the cooler at time of inspection. Equipment shall be in good repair. Complete list of items needing repair are listed on comment addendum. Operator was given comment addendum. Verification visit to ensure proper functioning of cooler must be completed by June 24, 2016.
- 46 4-501.17 Warewashing Equipment, Cleaning Agents - PF- No detergent available for dish machine. Warewashing equipment shall contain a wash solution of detergent. Verification visit required within 10 days. Discontinue use of dish machine until detergent has been refilled and proper operation of machine is verified.  
4-204.119 Warewashing Sinks and Drainboards, Self-Draining - C Repair dish machine drainboard to drain back into the dish machine on the clean side drainboard.
- 49 5-205.15 System Maintained in Good Repair - P- 0 pts. Leaking drain pipe under meat prep sink. Pipe not aligned to drain directly over floor drain. System shall be maintained in good repair.//5-203.14 Backflow Prevention Device, When Required - P- Ice machine water line needs a vacuum breaker that meets ASSE 1024 or 1022 standards. Backflow prevention device shall be installed to prevent the backflow of water into the main drinking water supply. Install proper backflow. Review comment addendum for complete list of backflow repairs.



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- 52 5-501.113 Covering Receptacles - C- 0 pts. Cardboard dumpster door was open. Receptacles shall be kept covered with tight fitting doors. CDI- Door was closed.
- 53 6-201.11 Floors, Walls and Ceilings-Cleanability - C- 0 pts. Seal/recaulk toilets to floor in womens restroom, electrical conduit into ceiling wall, holes on wall of dry storage room. Floors shall be easily cleanable. Review comment addendum for complete list of repairs.
- 54 6-303.11 Intensity-Lighting - C- 0 pts. Low lighting at alcohol/utensil storage room (2-11 ft cd), can wash (4-8 ft cd), cook line (36-50 ft cd), womens toilet (7-14 ft cd). Lighting shall be at least 50 foot candles at food prep surfaces and 20 foot candles in equipment and utensil storage and in toilet rooms and 10 foot candles in can wash rooms. Increase lighting.



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