

# Food Establishment Inspection Report

Score: 95

Establishment Name: TGI FRIDAY #1543

Establishment ID: 3034011264

Location Address: 3320 SILAS CREEK PKWY

☐ Inspection ☒ Re-Inspection

City: WINSTON SALEM

State: NC

Date: 11 / 22 / 2016 Status Code: A

Zip: 27103

County: 34 Forsyth

Time In: 09 : 30 <sup>am</sup> Time Out: 01 : 00 <sup>pm</sup>

Permittee: UNITED RESTAURANT GROUP LLP

Total Time: 3 hrs 30 minutes

Telephone: (336) 765-5595

Category #: IV

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

FDA Establishment Type: Full-Service Restaurant

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	15	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	05	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	15	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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe & unadulterated			2	1	<input checked="" type="checkbox"/>	<input checked="" 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	<input checked="" type="checkbox"/>	0	<input checked="" type="checkbox"/>
14	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized			3	<input checked="" type="checkbox"/>	0	<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	15	0	<input type="checkbox"/>
17	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper reheating procedures for hot holding			3	15	0	<input type="checkbox"/>
18	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling time & temperatures			3	15	0	<input type="checkbox"/>
19	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper hot holding temperatures			3	15	0	<input type="checkbox"/>
20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures			3	15	0	<input type="checkbox"/>
21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking & disposition			3	15	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	05	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	05	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	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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Plant food properly cooked for hot holding			1	05	0	<input type="checkbox"/>
33	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness			1	05	0	<input type="checkbox"/>
39	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used & stored			1	05	<input checked="" type="checkbox"/>	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored			1	05	0	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Single-use & single-service articles: properly stored & used			1	05	0	<input 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	1	<input checked="" type="checkbox"/>	<input 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	05	<input checked="" type="checkbox"/>	<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 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied & cleaned			1	<input checked="" type="checkbox"/>	0	<input checked="" 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			1	<input checked="" type="checkbox"/>	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 checked="" type="checkbox"/>
Total Deductions:							5			



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# Comment Addendum to Food Establishment Inspection Report

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City: WINSTON SALEM State: NC

County: 34 Forsyth Zip: 27103

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

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

Permittee: UNITED RESTAURANT GROUP LLP

Telephone: (336) 765-5595

Establishment ID: 3034011264

☐ Inspection ☒ Re-Inspection Date: 11/22/2016

Comment Addendum Attached? ☐ Status Code: A

Category #: IV

Email 1: 1543@crww.com

Email 2:

Email 3:

## Temperature Observations

Item	Location	Temp	Item	Location	Temp	Item	Location	Temp
hot water	three comp sink	135	tomatoes	cooling drawers	40	bacon	final cook	179
quat sanitizer	three comp sink	200	rice	cooling for 40 minutes	63	french fries	final cook	195
quat sanitizer	bar sink	200	sauce	walk in cooler	45	chicken	final cook	178
quat sanitizer	wiping cloth bucket	150	raw	upright	38	servsafe	Matthew Finley 7-9-19	00
hot water	bar utensil sink	145	cheese	pretzel holding	45	ambient	dessert cooler	22
hot water	for in-use utensils	178	shredded	cold hold	44	ambient	beer cooler	40
tomatoes	cooling drawers	43	noodles	cooling 30 mins	58	final rinse	dishmachine	175
noodles	cooling drawers	38	fish	cold hold	43	ambient	bar cooler	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.

- 8 5-205.11 Using a Handwashing Sink-Operation and Maintenance - PF: One handsink blocked by trashcan. One handsink with tea strainer sitting in front of it. Handsinks shall be maintained available for handwashing at all times. CDI: Trashcan moved and tea strainer sent to be washed, rinsed, and sanitized.
- 11 3-202.15 Package Integrity - PF: 0 pts. One can of oranges dented on seam. Packages shall protect the food inside from potential adulteration. CDI: Can segregated for return to vendor.
- 13 3-302.11 Packaged and Unpackaged Food-Separation, Packaging, and Segregation - P: REPEAT: On speed rack in walk in cooler, raw fish and shrimp stored above vegetable burgers and raw turkey stored above raw beef. Foods shall be stored to prevent cross contamination. CDI: Vegetable burgers moved to top, followed by raw fish/shrimp, then raw beef, and finally raw turkey/chicken.

Person in Charge (Print & Sign): Matthew <sup>First</sup> Finley <sup>Last</sup>

Regulatory Authority (Print & Sign): Michelle <sup>First</sup> Bell <sup>Last</sup> REHS

*Matthew Finley*

*Michelle Bell REHS*

REHS ID: 2464 - Bell, Michelle

Verification Required Date:     /     /    

REHS Contact Phone Number: ( 336 ) 703 - 3141



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- 14 4-601.11 (A) Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils - P: REPEAT: Approximately 20 % of dishes soiled. Food contact surfaces of equipment and utensils shall be clean to sight and touch. CDI: All sent to be rewashed during inspection.
- 39 3-304.14 Wiping Cloths, Use Limitation - C: 0 pts. In bar, sanitizer bucket for wet wiping cloths placed on top of inverted bucket. Sanitizer buckets shall be stored on approved shelving to minimize potential contamination of cleaned equipment and placed off the floor.
- 45 4-501.11 Good Repair and Proper Adjustment-Equipment - C: 0 pts. In vegetable cooler, one blue shelf rusting (replacement on order). Hot hold steam unit has panel missing with exposed wiring underneath. Crack present between left counter of broil station and upright fridge (stationary)- caulk. Fryer door is bent (on order). One rusted shelf present in walk in cooler (replacement on order). Small condensate leak into walk in cooler from freezer near door. Sweeper to walk in freezer access door is missing. Repair leaking rubber stoppers at three comp sink (wash/rinse). Caulk trim at front of saute station. Can storage shelving has rusted casters. Equipment shall be maintained in good repair.
- 47 4-601.11 (B) and (C) Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils - C: 0 pts. Side panel to right of underneath shelving for steam unit and panel at back of fry hold station are soiled. Nonfood contact surfaces of equipment shall be maintained clean to sight and touch.
- 51 6-501.18 Cleaning of Plumbing Fixtures - C: REPEAT: Handsink on cookline soiled. Handsinks shall be maintained clean.
- 53 6-201.11 Floors, Walls and Ceilings-Cleanability - C: REPEAT: Seal base of FRP panels where crack is present between panel and baseboard (seen in a few areas throughout). Repair/seal floor of beer walk in cooler. Remove adhesive on wall above three comp sink where dispenser was removed. Repair paint of ceiling framing above dishmachine chipping paint. Seal all pipe penetrations throughout the kitchen into the ceiling. Continue filling holes in walls. One cracked tile present at mopsink. In mall storage room, repair/replace damaged ceiling tiles, rusted vent and wall damage. Wood panel wall is loose from wall in bar and bent (properly attach and caulk crevices at base, if needed). Grout between floor tile behind cookline is thinning. Floors, walls, and ceilings shall be easily cleanable.
- 54 6. -303.11 Intensity-Lighting - C: REPEAT: 0 pts. Lighting low in women's restroom at end toilet stalls at 8 and 10 fctd. Increase lighting at plumbing fixtures in restrooms to 20 fctd.



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✓  
Spell



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✓  
Spell

