

# Food Establishment Inspection Report

Score: 96.5

Establishment Name: GOLDEN INDIA RESTAURANT

Establishment ID: 3034011007

Location Address: 2837 FAIRLAWN DRIVE

Inspection  Re-Inspection

City: WINSTON SALEM

State: NC

Date: 08 / 14 / 2019 Status Code: A

Zip: 27106

County: 34 Forsyth

Time In: 01 : 10 <sup>am</sup>  <sub>pm</sub>  Time Out: 03 : 05 <sup>am</sup>  <sub>pm</sub>

Total Time: 1 hr 55 minutes

Permittee: GOLDEN INDIA INC

Category #: IV

Telephone: (336) 777-0004

FDA Establishment Type: Full-Service Restaurant

Wastewater System:  Municipal/Community  On-Site System

No. of Risk Factor/Intervention Violations: 0

Water Supply:  Municipal/Community  On-Site Supply

No. of Repeat Risk Factor/Intervention Violations: 0

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
<b>Supervision .2652</b>								
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PIC Present; Demonstration-Certification by accredited program and perform duties	2	0		
<b>Employee Health .2652</b>								
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, employees knowledge; responsibilities & reporting	3	13	0	
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of reporting, restriction & exclusion	3	13	0	
<b>Good Hygienic Practices .2652, .2653</b>								
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco use	2	1	0	
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose or mouth	1	03	0	
<b>Preventing Contamination by Hands .2652, .2653, .2655, .2656</b>								
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean & properly washed	4	2	0	
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	
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Handwashing sinks supplied & accessible	2	1	0	
<b>Approved Source .2653, .2655</b>								
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	2	1	0	
10	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food received at proper temperature	2	1	0	
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe & unadulterated	2	1	0	
12	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Required records available: shellstock tags, parasite destruction	2	1	0	
<b>Protection from Contamination .2653, .2654</b>								
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated & protected	3	13	0	
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized	3	13	0	
15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, & unsafe food	2	1	0	
<b>Potentially Hazardous Food Time/Temperature .2653</b>								
16	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooking time & temperatures	3	13	0	
17	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper reheating procedures for hot holding	3	13	0	
18	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling time & temperatures	3	13	0	
19	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper hot holding temperatures	3	13	0	
20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures	3	13	0	
21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking & disposition	3	13	0	
22	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Time as a public health control: procedures & records	2	1	0	
<b>Consumer Advisory .2653</b>								
23	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consumer advisory provided for raw or undercooked foods	1	03	0	
<b>Highly Susceptible Populations .2653</b>								
24	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pasteurized foods used; prohibited foods not offered	3	13	0	
<b>Chemical .2653, .2657</b>								
25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food additives: approved & properly used	1	03	0	
26	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified stored, & used	2	1	0	
<b>Conformance with Approved Procedures .2653, .2654, .2658</b>								
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	

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
<b>Safe Food and Water .2653, .2655, .2658</b>								
28	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pasteurized eggs used where required	1	03	0	
29	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source	2	1	0	
30	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Variance obtained for specialized processing methods	1	03	0	
<b>Food Temperature Control .2653, .2654</b>								
31	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control	1	03		
32	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Plant food properly cooked for hot holding	1	03	0	
33	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used	1	03	0	
34	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided & accurate	1	03	0	
<b>Food Identification .2653</b>								
35	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled: original container	2	1	0	
<b>Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657</b>								
36	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects & rodents not present; no unauthorized animals	2	1	0	
37	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display				
38	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	1	03	0	
39	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used & stored	1			
40	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits & vegetables	1	03	0	
<b>Proper Use of Utensils .2653, .2654</b>								
41	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored	1	03		
42	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils, equipment & linens: properly stored, dried & handled	1	03	0	
43	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Single-use & single-service articles: properly stored & used	1	03	0	
44	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly	1	03	0	
<b>Utensils and Equipment .2653, .2654, .2663</b>								
45	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed, & used	2	1	0	
46	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained, & used; test strips	1	03	0	
47	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean	1	03		
<b>Physical Facilities .2654, .2655, .2656</b>								
48	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot & cold water available; adequate pressure	2	1	0	
49	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices	2	1	0	
50	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage & waste water properly disposed	2	1	0	
51	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied & cleaned	1	03	0	
52	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Garbage & refuse properly disposed; facilities maintained	1	03	0	
53	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained & clean				
54	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Meets ventilation & lighting requirements; designated areas used	1	03	0	
<b>Total Deductions:</b>					<b>3.5</b>			



# Comment Addendum to Food Establishment Inspection Report

Establishment Name: GOLDEN INDIA RESTAURANT  
 Location Address: 2837 FAIRLAWN DRIVE  
 City: WINSTON SALEM State: NC  
 County: 34 Forsyth Zip: 27106  
 Wastewater System:  Municipal/Community  On-Site System  
 Water Supply:  Municipal/Community  On-Site System  
 Permittee: GOLDEN INDIA INC  
 Telephone: (336) 777-0004

Establishment ID: 3034011007  
 Inspection  Re-Inspection Date: 08/14/2019  
 Comment Addendum Attached?  Status Code: A  
 Water sample taken?  Yes  No Category #: IV  
 Email 1:  
 Email 2:  
 Email 3:

## Temperature Observations

### Cold Holding Temperature is now 41 Degrees or less

Item	Location	Temp	Item	Location	Temp	Item	Location	Temp
ServSafe	N. Kesar 4/29/24	00	lamb	walk in cooler	39			
hot water	3 comp sink	122	pakora	walk in cooler	39			
hot water	dish machine	130	potato cake	walk in cooler	38			
chl sani	ppm dish machine	50	tomato sauce	walk in cooler	38			
paneer	cooling 1:27	54	chickpeas	walk in cooler	38			
paneer	cooling 1:57	50	samosa	upright cooler	40			
chicken	upright cooler	39						
cucumber yo.	upright 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.

- 31 3-501.15 Cooling Methods - PF - Deep metal container of soaked paneer cheese cooling in upright cooler. Use one or more of the following cooling methods: smaller thin portions, shallow containers, containers that facilitate heat transfer, adding ice as an ingredient, placing the container in an ice water bath and stirring frequently, using rapid cooling equipment or refrigeration, or other effective methods. CDI - Container placed in freezer and stirred often. 0 pts.
- 37 3-305.11 Food Storage-Preventing Contamination from the Premises - C - REPEAT - Boxes of food stored on floor in walk-in freezer, hallway, and front portion of kitchen. Food uncovered in upright cooler. Spices uncovered on shelves and prep areas. Food shall be protected from contamination by storing the food in a clean, dry location, where it is not exposed to splash, dust, or other contamination, and at least 6 inches off the floor. Cover foods to protect from overhead contamination.
- 39 3-304.14 Wiping Cloths, Use Limitation - C - REPEAT - Wet wiping cloths on prep surfaces. Once wet, store wiping cloths in sanitizer solution at a concentration specified under 4-501.114, or in soiled linen container. |

Lock Text



Person in Charge (Print & Sign): Neelam *First* Kesar *Last*

Regulatory Authority (Print & Sign): Lauren *First* Pleasants *Last*

Neelam Kesar

---

Lauren Pleasants

REHS ID: 2809 - Pleasants, Lauren

Verification Required Date: \_\_\_ / \_\_\_ / \_\_\_

REHS Contact Phone Number: ( 336 ) 703 - 3144



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



# Comment Addendum to Food Establishment Inspection Report

Establishment Name: GOLDEN INDIA RESTAURANT

Establishment ID: 3034011007

## 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.

- 41 3-304.12 In-Use Utensils, Between-Use Storage - C - Ice scoop stored with handle in ice. Dish used as a scoop for flour. In between uses, store utensils with handles above food. CDI - Person in charge removed ice scoop and got scoop with handle for flour. 0 pts.
- 47 4-601.11 (B) and (C) Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils - C - Cleaning needed on fans and ceiling in walk-in cooler. Nonfood-contact surfaces shall remain free of dust, dirt, food residue, and other debris. 0 pts.
- 53 6-501.114 Maintaining Premises, Unnecessary Items and Litter - C - Remove unused or broken equipment from establishment. The establishment shall maintain a premises which is free of items that are unnecessary to the operation or maintenance of the establishment, such as litter or equipment that is nonfunctional or no longer used. // 6-501.12 Cleaning, Frequency and Restrictions - C - REPEAT - Boxes and storage in hallway. Wall cleaning needed behind spice prep area. Floor cleaning needed around perimeter of kitchen at baseboards and under equipment. Physical facilities shall be maintained clean.



# Comment Addendum to Food Establishment Inspection Report

Establishment Name: GOLDEN INDIA RESTAURANT

Establishment ID: 3034011007

## 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.

✓  
Spell



# Comment Addendum to Food Establishment Inspection Report

Establishment Name: GOLDEN INDIA RESTAURANT

Establishment ID: 3034011007

## 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.



# Comment Addendum to Food Establishment Inspection Report

Establishment Name: GOLDEN INDIA RESTAURANT

Establishment ID: 3034011007

## 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.

✓  
Spell

