Food Establishment Inspection Report

Establishment Name: FORSYTH MEDICAL CENTER CONFER	ENCE Establishment ID: 3034011901				
Location Address: 3333 SILAS CREEK PKWY					
Date 04/10/2024 Status Code: A					
Permittee: NOVANT OF THE TRIAD, INC.	Time In: <u>9:00 AM</u> Time Out: <u>11:16 AM</u>				
Telephone: (336) 718-3040	Category#: II				
⊗ Inspection () Re-Inspection () Educational Visit	FDA Establishment Type: Full-Service Restaurant				
Wastewater System:					
⊗ Municipal/Community ⊖ On-Site System	No. of Risk Factor/Intervention Violations: 1				
Water Supply:	No. of Repeat Risk Factor/Intervention Violations: 0				
⊗ Municipal/Community ○ On-Site Supply					
	-				
Foodborne Illness Risk Factors and Public Health Interventions	Good Retail Practices				
Risk factors: Contributing factors that increase the chance of developing foodborne illness.	Good Retail Practices: Preventative measures to control the addition of pathogens, chemicals,				
Public Health Interventions: Control measures to prevent foodborne illness or injury	and physical objects into foods.				
Compliance Status OUT CDI R VE	Compliance Status OUT CDI R VR				
Supervision .2652	Safe Food and Water .2653, .2655, .2658				
1 X OUT N/A PIC Present, demonstrates knowledge, & 1 0	30 IN OUT X Pasteurized eggs used where required 1 0.5 0				
2 Xout N/A Certified Food Protection Manager 1 0	31 X out Water and ice from approved source 2 1 0				
Employee Health .2652	32 IN OUT X Variance obtained for specialized processing 2 1 0				
3 Mourt Management, food & conditional employee;	Food Temperature Control .2653, .2654				
4 Xout Proper use of reporting, restriction & exclusion 3 1.5 0	33 X OUT Proper cooling methods used; adequate				
5 Wour Procedures for responding to vomiting & 1 05 0	equipment for temperature control				
Good Hygienic Practices .2652, .2653	34 IN out N/A % Plant food properly cooked for hot holding 1 0.5 0 35 IN out N/A % Approved thawing methods used 1 0.5 0				
6 Xout Proper eating, tasting, drinking or tobacco use 1 0.5 0	36 X out Thermometers provided & accurate 1 0.5 0				
7 1 0.5 0	Food Identification .2653				
Preventing Contamination by Hands .2652, .2653, .2655, .2656	37 X out Food properly labeled: original container 2 1 0				
8 X out Hands clean & properly washed 4 2 0 9 X out with a state of the state	Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657				
9 R OUT NANYO approved alternate procedure properly followed 4 2 0	38 X out Insects & rodents not present; no unauthorized 2 1 0				
10 🕅 out N/A Handwashing sinks supplied & accessible 2 1 0	animiais				
Approved Source .2653, .2655	39 M out Contamination prevented during food preparation, storage & display 2 1 0				
11 X out Food obtained from approved source 2 1 0 12 IN out X0 Food received at proper temperature 2 1 0	40 X OUT Personal cleanliness 1 0.5 0				
13 X OUT Food in good condition, safe & unadulterated 2 1 0	41 1x1 out Wiping cloths: properly used & stored 1 0.5 0 42 1x1 out Washing fruits & vegetables 1 0.5 0				
14 IN OUT KINO Required records available: shellstock tags, 2 1 0					
Protection from Contamination .2653, .2654	Proper Use of Utensils .2653, .2654 43 0 out In-use utensils: properly stored 1 0.5 0				
15 IN OUT WANG Food separated & protected 3 1.5 0					
16 IN OXT Food-contact surfaces: cleaned & sanitized 3 1X 0 X					
17 X OUT Proper disposition of returned, previously served, 2 1 0	45 x out Single-use & single-service articles: properly 1 0.5 0				
Potentially Hazardous Food Time/Temperature .2653	46 x out Gloves used properly 1 0.5 0				
18 IN OUT N/A XO Proper cooking time & temperatures 3 1.5 0	Utensils and Equipment .2653, .2654, .2663				
19 IN OUT NIANO Proper reheating procedures for hot holding 3 1.5 0 20 IN OUT NIANO Proper cooling time & temperatures 3 1.5 0	Equipment, food & non-food contact surfaces				
21 IN OUT NAME Proper tot holding temperatures 3 1.5 0	47 X out approved, cleanable, properly designed, 1 0.5 0 constructed & used				
22 X OUT N/A N/O Proper cold holding temperatures 3 1.5 0					
23 IN OUT NAME Proper date marking & disposition 3 1.5 0	48 IN Marewashing facilities: installed, maintained & 1 Marewashing facilities: installed, maintained & 1 Marewashing facilities:				
24 IN OUT N/O TIME as a Public Health Control; procedures & 3 1.5 0	49 X out Non-food contact surfaces clean 1 0.5 0				
Consumer Advisory .2653	Physical Facilities .2654, .2655, .2656				
25 IN OUT A Consumer advisory provided for raw/ 1 0.5 0	50 1x1 out N/A Hot & cold water available; adequate pressure 1 0.5 0 51 1x1 ox1 Plumbing installed; proper backflow devices 2 1 1x X				
Highly Susceptible Populations .2653	52 M Out Sewage & wastewater properly disposed 2 1 0				
26 IN OUT MA Pasteurized foods used; prohibited foods not	53 M OUT N/A Toilet facilities: properly constructed, supplied				
Chemical .2653, .2657					
27 IN OUT KA Food additives: approved & properly used 1 0.5 0	54 X 001 maintained 1 0.5 0				
28 X out N/A Toxic substances properly identified stored & used 2 1 0	55 X our Physical facilities installed, maintained & clean 1 0.5 0				
Conformance with Approved Procedures .2653, .2654, .2658	56 X out Meets ventilation & lighting requirements; 1 0.5 0				
29 IN OUT A Compliance with variance, specialized process, reduced oxygen packaging criteria or HACCP plan 2 1 0 TOTAL DEDUCTIONS: 2					



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NCRI North Carolina Public Health

Score: 98

Time In: 9:00 AM Time Category#: II	e Out: 11:16 AM
FDA Establishment Type: Full	

Comment Addendum to Food Establishment Inspection Report

Establishment Name: CON	FERENCE		Establishment ID: 3034011901		
Permittee: NOVANT OF T	pal/Community [pal/Community [THE TRIAD, I	State: <u>NC</u> Zip: <u>27103</u>] On-Site System] On-Site System	 X Inspection Re-Inspection Educational Visit Comment Addendum Attached? X Email 1:AkiaJames@lamMorrison.con Email 2: 	Status Code: <u>A</u> Category #: <u>II</u>	
Telephone: (336) 718-3040)		_ Email 3:		
Temperature Observations					
Item/Location	Temp	Item/Location	Temp Item/Location	Temp	
hot water /three compartment sink	140				

quat sanitizer /three compartment sink in

REHS Contact Phone Number: (336) 462-3735

ambient air temp/2 door refrigerator

200 37

ppm

First	1 1	\bigcap_{i}
First	Last	(KIIA) TUNA RA
Person in Charge (Print & Sign): Akiia	James	Akiia Jameo
First	Last	
Regulatory Authority (Print & Sign): Craig	Bethel	Weststark
REHS ID:1766 - Bethel, Craig	Verification Dates: Priority:	Priority Foundation: 04/20/2024 Core:

Aki'r James be received via Email: Division of Public Health
 Environmental Health Section
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 Food Establishment Inspection Report, 12/2023 North Carolina Department of Health & Human Services Food Protection Program this Page 2 of

Authorize final report to



Establishment Name: FORSYTH MEDICAL CENTER CONFERENCE

Establishment ID: 3034011901

Date: 04/10/2024 Time In: 9:00 AM Time Out: 11:16 AM

Certifications					
Name	Certificate #	Туре	Issue Date	Expiration Date	
Akiia James		Food Service	08/02/2020	08/02/2025	
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. 16 4-501.112 Mechanical Warewashing Equipment, Hot Water Sanitization Temperatures (Pf) Final rinse on the dishmachine measured 149F. In a mechanical operation, the temperature of the fresh hot water SANITIZING rinse as it enters the manifold may not be more than 90oC (194oF), or less than: Pf (1) For a stationary rack, single temperature machine, 74oC (165oF); Pf or (2) For all other machines, 82oC (180oF). Pf May use dishmachine to was and rinse and use three compartment sink to sanitize. **** This violation requires a verification visit with in the next 10 calendar days. Call Craig Bethel when repairs have been made @ 336-462-3735****					
Food particle A WAREWAS EQUIPMENT for drainboard (A) Before us recontaminat	s on the upper corners of t SHING machine; the comp , UTENSILS, or raw FOOI ds as specified under § 4-3 e;(B) Throughout the day a	partments of sinks, basins, DS, or laundering wiping cl 301.13 shall be cleaned: at a frequency necessary to	or other receptacles used oths; and drainboards or o prevent	l for washing and rinsing other EQUIPMENT used to substitute rms its intended function; and (C) If	
Drain pipe un A PLUMBING (B) Maintaine	tem Maintained in Good R der the sanitizing sink has SYSTEM shall be: d in good repair. repaired before the end of	become detached			