

Food Establishment Inspection Report

Score: 99Establishment Name: FORSYTH MEDICAL CENTER CONFERENCEEstablishment ID: 3034011901Location Address: 3333 SILAS CREEK PKWY☒ Inspection ☐ Re-InspectionCity: WINSTON SALEMState: NCDate: 05 / 18 / 2016 Status Code: AZip: 27103County: 34 ForsythTime In: 01 : 15 ^{am}_{pm} Time Out: 3 : 45 ^{am}_{pm}Permittee: NOVANT OF THE TRIAD, INC.Total Time: 2 hrs 30 minutesTelephone: (336) 718-3040Category #: IIWastewater System: ☒ Municipal/Community ☐ On-Site System

FDA Establishment Type: _____

Water Supply: ☒ Municipal/Community ☐ On-Site SupplyNo. of Risk Factor/Intervention Violations: 3

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 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 type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Proper eating, tasting, drinking, or tobacco use | | | | 2 | 1 | <input checked="" type="checkbox"/> | <input checked="" 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 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Food separated & protected | | | | 3 | 15 | 0 | <input type="checkbox"/> |
| 14 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Food-contact surfaces: cleaned & sanitized | | | | 3 | 15 | <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 | 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 type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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 type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Proper cold holding temperatures | | | | 3 | 15 | 0 | <input type="checkbox"/> |
| 21 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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 type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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 type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Toxic substances properly identified stored, & used | | | | 2 | 1 | <input checked="" type="checkbox"/> | <input checked="" 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 type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Wiping cloths: properly used & stored | | | | 1 | 05 | 0 | <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 type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | In-use utensils: properly stored | | | | 1 | 05 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 42 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Utensils, equipment & linens: properly stored, dried & handled | | | | 1 | <input checked="" type="checkbox"/> | 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 type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Gloves used properly | | | | 1 | 05 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Utensils and Equipment .2653, .2654, .2663 | | | | | | | | | | | |
| 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 | <input type="checkbox"/> |
| 46 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Warewashing facilities: installed, maintained, & used; test strips | | | | 1 | 05 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 47 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Non-food contact surfaces clean | | | | 1 | 05 | 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 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 | 05 | 0 | <input type="checkbox"/> |
| 52 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Garbage & refuse properly disposed; facilities maintained | | | | 1 | <input checked="" type="checkbox"/> | 0 | <input type="checkbox"/> |
| 53 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Physical facilities installed, maintained & clean | | | | 1 | 05 | 0 | <input 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 type="checkbox"/> |
| Total Deductions: | | | | | | | | | | 1 | |

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Off

Comment Addendum to Food Establishment Inspection Report

Establishment Name: FORSYTH MEDICAL CENTER CONFERENCE

Establishment ID: 3034011901

Location Address: 3333 SILAS CREEK PKWY

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: NOVANT OF THE TRIAD, INC.

Telephone: (336) 718-3040

☒ Inspection ☐ Re-Inspection Date: 05/18/2016

Comment Addendum Attached? ☐ Status Code: A

Category #: II

Email 1: timzuk@iammorrison.com

Email 2:

Email 3:

Temperature Observations

| Item | Location | Temp | Item | Location | Temp | Item | Location | Temp |
|-------------|----------------------|------|------|----------|------|------|----------|------|
| air temp. | reach-in cooler | 40 | | | | | | |
| air temp. | reach-in cooler | 42 | | | | | | |
| plate temp. | dish machine | 168 | | | | | | |
| hot water | dish machine sprayer | 139 | | | | | | |
| ServSafe | Kristi Myers Exp. | 0 | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

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.

- 4 2-401.11 Eating, Drinking, or Using Tobacco - C Water bottles stored covered on a table above tea and coffee packages. Store employee drinks in an approved container such as cup with a lid and straw and in a location to prevent the contamination of food and equipment.
- 14 4-601.11 (A) Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils - P Five dressing servers, three ladles, one mug, and five plates/bowls required cleaning. Utensils must be clean to sight and touch.
- 26 7-102.11 Common Name-Working Containers - PF Sanitizer stored in container labeled as detergent. Chemicals in working containers must be labeled correctly. Sanitizer emptied from container as corrective action.

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Person in Charge (Print & Sign): Tim *First* Zuk *Last*

Regulatory Authority (Print & Sign): Anthony *First* Williams *Last*

REHS ID: 1846 - Williams, Tony

Verification Required Date: / /

REHS Contact Phone Number: (336) 703 - 3161



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- 41 3-304.12 In-Use Utensils, Between-Use Storage - C Ice paddle stored unprotected. Store ice paddle protected between uses.
- 42 4-903.11 (A), (B) and (D) Equipment, Utensils, Linens and Single-Service and Single-Use Articles-Storing - C Catering equipment and dessert plates stored unprotected in hallways. Store catering equipment covered or inverted to prevent contamination.
- 44 3-304.15 (B)-(D) Gloves, Use Limitations - C Food employee cutting lemons was using an absorbent slash resistant glove without covering with a disposable glove. Use a disposable glove to cover absorbent slash resistant gloves. Disposable glove donned during inspection.
- 46 4-301.12 Manual Warewashing, Sink Compartment Requirements - PF A three compartment sink is not available for use. A sink with at least 3 compartments shall be provided for manually washing, rinsing, and sanitizing equipment and utensils.
- 48 5-103.11 Capacity-Quantity and Availability - PF Cold water was not operating at the chemical tower. Restore cold water in this area.
- 49 5-203.14 Backflow Prevention Device, When Required - P Install ASSE 1024 backflow prevention on the ice machine and ASSE 1022 backflow prevention on the tea and coffee machines. Documentation of internal backflow prevention by manufacturer is also acceptable. Repair within 10 days and contact Tony Williams at 703-3161 for verification visit.
- 52 5-501.115 Maintaining Refuse Areas and Enclosures - C Clean area around dumpsters.



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- 54 6-303.11 Intensity-Lighting - C Lighting low at 13Ft/c at the handwashing sink next to the coffee and tea urns. Lighting 12-50Ft/c along storage cooridor for utensils. Provide 20 Ft/c in this area.



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