

Food Establishment Inspection Report

Score: 95

Establishment Name: BOJANGLES 552

Establishment ID: 3034011041

Location Address: 585 NORTHWEST BLVD

☒ Inspection ☐ Re-Inspection

City: WINSTON SALEM

State: NC

Date: 02 / 13 / 2018 Status Code: A

Zip: 27104 County: 34 Forsyth

Time In: 02 : 25 ☐ am ☒ pm Time Out: 04 : 50 ☐ am ☒ pm

Permittee: BOJANGLES RESTAURANTS INC

Total Time: 2 hrs 25 minutes

Telephone: (336) 722-4282

Category #: III

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

FDA Establishment Type: Fast Food Restaurant

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

No. of Risk Factor/Intervention Violations: 1

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 |
| 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 | | |
| Employee Health .2652 | | | | | | | | | | |
| 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 | |
| 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 | |
| 5 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | No discharge from eyes, nose or mouth | | | 1 | 03 | 0 | |
| 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 | |
| 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 | |
| Approved Source .2653, .2655 | | | | | | | | | | |
| 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 | |
| Protection from Contamination .2653, .2654 | | | | | | | | | | |
| 13 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Food separated & protected | | | 3 | 13 | 0 | |
| 14 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Food-contact surfaces: cleaned & sanitized | | | 3 | X | 0 | |
| 15 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Proper disposition of returned, previously served, reconditioned, & unsafe food | | | 2 | 1 | 0 | |
| Potentially Hazardous Food Time/Temperature .2653 | | | | | | | | | | |
| 16 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Proper cooking time & temperatures | | | 3 | 13 | 0 | |
| 17 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Proper reheating procedures for hot holding | | | 3 | 13 | 0 | |
| 18 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Proper cooling time & temperatures | | | 3 | 13 | 0 | |
| 19 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Time as a public health control: procedures & records | | | 2 | 1 | 0 | |
| Consumer Advisory .2653 | | | | | | | | | | |
| 23 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Consumer advisory provided for raw or undercooked foods | | | 1 | 03 | 0 | |
| Highly Susceptible Populations .2653 | | | | | | | | | | |
| 24 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Pasteurized foods used; prohibited foods not offered | | | 3 | 13 | 0 | |
| Chemical .2653, .2657 | | | | | | | | | | |
| 25 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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 | |
| 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 | |

| 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 | 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 | |
| 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 | 03 | 0 | |
| 32 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input 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 type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Thermometers provided & accurate | | | 1 | X | 0 | |
| Food Identification .2653 | | | | | | | | | | |
| 35 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Food properly labeled: original container | | | 2 | 1 | 0 | |
| 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 | |
| 37 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Contamination prevented during food preparation, storage & display | | | 2 | 1 | 0 | |
| 38 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Personal cleanliness | | | 1 | 03 | 0 | |
| 39 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Wiping cloths: properly used & stored | | | 1 | 03 | 0 | |
| 40 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Washing fruits & vegetables | | | 1 | 03 | 0 | |
| Proper Use of Utensils .2653, .2654 | | | | | | | | | | |
| 41 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | In-use utensils: properly stored | | | 1 | X | 0 | |
| 42 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Utensils, equipment & linens: properly stored, dried & handled | | | 1 | X | 0 | |
| 43 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Single-use & single-service articles: properly stored & used | | | 1 | 03 | X | |
| 44 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Gloves used properly | | | 1 | 03 | 0 | |
| 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 | X | |
| 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 | | | X | 03 | 0 | |
| 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 | |
| 49 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Plumbing installed; proper backflow devices | | | 2 | 1 | X | |
| 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 type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Garbage & refuse properly disposed; facilities maintained | | | 1 | 03 | X | |
| 53 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Physical facilities installed, maintained & clean | | | X | 03 | 0 | |
| 54 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Meets ventilation & lighting requirements; designated areas used | | | 1 | 03 | 0 | |
| Total Deductions: <u>5</u> | | | | | | | | | | |



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Comment Addendum to Food Establishment Inspection Report

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Location Address: 585 NORTHWEST BLVD

City: WINSTON SALEM State: NC

County: 34 Forsyth Zip: 27104

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

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

Permittee: BOJANGLES RESTAURANTS INC

Telephone: (336) 722-4282

Establishment ID: 3034011041

☒ Inspection ☐ Re-Inspection Date: 02/13/2018

Comment Addendum Attached? ☐ Status Code: A

Category #: III

Email 1: vjackson@bojangles.com

Email 2: _____

Email 3: _____

Temperature Observations

Effective January 1, 2019 Cold Holding will change to 41 degrees

| Item ServSafe | Location Travis Squire 12-18-20 | Temp 00 | Item Flsh | Location Final | Temp 200 | Item Mac | Location Hot hold | Temp 157 |
|------------------|------------------------------------|------------|--------------|---------------------|-------------|-------------|----------------------|-------------|
| Hot water | 3 comp sink | 140 | Egg | Final | 175 | Beans | Hot hold | 181 |
| Quat sani | 3 comp sink | 400 | Slaw | Reach-in drive thru | 41 | Ckn bites | Hot hold | 148 |
| Chicken | Chicken walk-in cooler | 36 | Rice | Reheat | 195 | Ckn tend | Hot hold | 151 |
| Lettuce | Produce walk-in cooler | 45 | Sausage | Final | 162 | | | |
| Sliced | Make unit | 38 | Ham | Final | 181 | | | |
| Shredded | Make unit | 42 | Chicken | Final | 205 | | | |
| Lettuce | Make unit | 40 | Chicken tend | Final | 190 | | | |

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.

- 14 4-602.11 Equipment Food-Contact Surfaces and Utensils-Frequency - P Several beverage nozzles at drive thru beverage station observed with severe build up. Ensure employees are separating two pieces of beverages nozzles during cleaning and sanitizing. Food-contact surfaces in EQUIPMENT such as ice bins and BEVERAGE dispensing nozzles and enclosed components of EQUIPMENT such as ice makers, etc - shall be cleaned (a) At a frequency specified by the manufacturer OR (b) Absent manufacturer specifications, at a frequency necessary to preclude accumulation of soil or mold. CDI: Person-in-charge replaced all nozzles during inspection with extra set. // Utensils (tongs, knives, etc) cleaned each shift change, approximately 8-10 hours between. If used with potentially hazardous food, equipment food-contact surfaces and utensils shall be cleaned throughout the day at least every 4 hours. CDI: Person-in-charge sent all utensils to be cleaned and sanitized during inspection.
- 34 4-502.11 (B) Good Repair and Calibration - PF One of two thermometers not functioning during inspection, potentially due to dead batteries. Replace batters or thermometer if necessary. FOOD TEMPERATURE MEASURING DEVICES shall be calibrated in accordance with manufacturer's specifications as necessary to ensure their accuracy. CDI: Person-in-charge removed thermometer from rotation during inspection.
- 41 3-304.12 In-Use Utensils, Between-Use Storage - C Whisk being stored in water with ice in front of flat top grill. During pauses in FOOD preparation or dispensing, utensils shall be stored: 1) in the FOOD with their handles above the top of the FOOD and the container; 2) in a FOOD that is not POTENTIALLY HAZARDOUS (TIME/TEMPERATURE CONTROL FOR SAFETY FOOD) with their handles above the top of the FOOD within containers or EQUIPMENT that can be closed, such as bins of sugar, flour, etc, (3) On a clean portion of the FOOD preparation table or cooking; 4) In running water of sufficient velocity to flush particulates to the drain, if used with moist FOOD such as ice cream or mashed potatoes; 5) In a clean, protected location if the UTENSILS, such as ice scoops 6) In a container of water if the water is maintained at a temperature of at least 135F.

Person in Charge (Print & Sign): Travis Squire

Regulatory Authority (Print & Sign): Christy Whitley

[Signature]
Christy Whitley 2/13/18

REHS ID: 2610 - Whitley Christy

Verification Required Date: / /

REHS Contact Phone Number: (336) 703 - 3157



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- 42 4-901.11 Equipment and Utensils, Air-Drying Required - C Stacks of metal containers on clean drainboard at 3 compartment sink, stacked wet. After cleaning and sanitizing, equipment and utensils shall be air-dried. Do not towel dry.
- 43 4-903.11 (A) and (C) Equipment, Utensils, Linens and Single-Service and Single-Use Articles-Storing - C Box of to-go containers, being stored on floor at front line. Single-service and single-use articles shall be kept in a clean, protected location until used, and at least 6 inches above the floor. 0 pts
- 45 4-501.11 Good Repair and Proper Adjustment-Equipment - C REPEAT: Replace torn gasket at reach-in freezer. Replace missing handle to front of fryer cabinet. Paper towel dispenser across from flat top grill damaged. Filter system beside beverage boxes is leaking. Equipment shall be maintained cleanable and in good repair. 0 pts
- 47 4-601.11 (B) and (C) Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils - C REPEAT: Detail and thorough cleaning needed on the following nonfood-contact surfaces: interior and exterior of make unit; interior of fryer cabinets to remove build up of grease; shelving along front line; inside cabinets in dining area; behind beverage station at drive thru; inside, doors, and gaskets of reach-ins; shelving throughout, including inside walk-ins and dry storage; doors, gaskets and fanguards inside of walk-ins; along flat top grill line; and underside and legs of all prep tables. Nonfood-contact surfaces of equipment shall be kept free of an accumulation of dust, dirt, food residue, and other debris.
- 49 5-205.15 (B) System maintained in good repair - C Add pipe extension to plumbing pipe under chicken prep sink, so that water drains directly into floor sink. A plumbing system shall be maintained in good repair. 0 pts
- 52 5-501.114 Using Drain Plugs - C Drain plug to cardboard dumpster is damaged. Replace. Drains in receptacles and waste handling units for REFUSE, recyclables, and returnables shall have drain plugs in place. 0 pts
- 53 6-501.11 Repairing-Premises, Structures, Attachments, and Fixtures-Methods - C REPEAT: Replace damaged and missing floor tiles at can wash and inside walk-in freezer. Re-grout floors throughout in areas where food and water is standing between tiles. Repair wall and ceiling inside chemical closet in dining. If access is needed to piping, add removable panel. Physical facilities shall be maintained in good repair. // 6-501.12 Cleaning, Frequency and Restrictions - C REPEAT: Floor cleaning needed around ice machine. Wall cleaning needed in men's restroom and by back door. Physical facilities shall be cleaned as often as necessary to be maintained clean.



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