<u> </u>	<u>) (1</u>	E	<u>.S</u>	<u>tabiisnment inspection</u>	<u> </u>	9 pe	<u>or</u>	Ţ						Sci	ore	<u>: _</u> ધ)Z.;	<u>5</u>	_
Establishment Name: FINNIGANS WAKE								Establishment ID: 3034014041											
Location Address: 620 TRADE STREET									☐ ☐ Re-Inspection										
City: WINSTON SALEM						State: NC Date: 12 / 06 / 2019 Status Code: A													
Zip: <u>27101</u> County: <u>34 Forsyth</u>						Time In: $\underline{10} : \underline{45} \overset{\otimes \text{ am}}{\bigcirc \text{ pm}}$ Time Out: $\underline{01} : \underline{10} \overset{\odot \text{ am}}{\otimes \text{ pm}}$													
•				FINNIGANS WAKE INC					Total Time: 2 hrs 25 minutes										
Perm									Category #: IV										
_				(336) 723-0322						FDA Fotoblishment Type, Full-Service Restaurant									
Wast	ew	ate	er	System: 🛛 Municipal/Community [Or	n-Si	te :	Sys	ter	n				Risk Factor/Intervention Violations:	3				-
Wate	r S	up	pl	y: ⊠Municipal/Community ☐On-	Site	Sup	pl	y						Repeat Risk Factor/Intervention Violations		ns:	3	_	_
Foo	dbo	orne	e II	lness Risk Factors and Public Health Int	erver	ntior	ıs							Good Retail Practices					
				ributing factors that increase the chance of developing foodle rventions: Control measures to prevent foodborne illness o						Goo	d Re	tail F	Prac	ctices: Preventative measures to control the addition of patho and physical objects into foods.	gens	che	mical	S,	
		N/A	_	Compliance Status	OUT		N R	VR		IN	OUT	N/A	N/O	,	OL	IT.	CDI	R V	/R
Supe			1110	.2652	001	102	7 K	Į vik	S					/ater .2653, .2655, .2658	1 00		OD!	ı. ı	
1 🗵				PIC Present; Demonstration-Certification by accredited program and perform duties	2	0			28			X		Pasteurized eggs used where required	10	.5 0		T.	Ī
Empl	oye	e He	alth	.2652					29	×				Water and ice from approved source	2 1				$\overline{\Box}$
2 🗷				Management, employees knowledge; responsibilities & reporting	3 1.5				30	<u> </u>	П	X		Variance obtained for specialized processing	10	.5 0		\pm	_
3				Proper use of reporting, restriction & exclusion	3 1.5	0							atu	methods re Control .2653, .2654					
Good	Ну	gien	ic P	ractices .2652, .2653					31	Т	×	ipoi		Proper cooling methods used; adequate equipment for temperature control	1	(0	X	×	_
4				Proper eating, tasting, drinking, or tobacco use	21	0			32		П	П	X	<u> </u>	++	.5 0			_ _
5				No discharge from eyes, nose or mouth	1 0.5	0			33			_	X			.5 0		#	=
	ntin	g Co	onta	mination by Hands .2652, .2653, .2655, .2656										<u> </u>	H	+		#	_
6				Hands clean & properly washed	42	_	+			ood	ldor	tific	atio	Thermometers provided & accurate on .2653	10	.5 0	Щ		
7 🗵				No bare hand contact with RTE foods or pre- approved alternate procedure properly followed	3 1.5	0				×	nuei	шпс	Jan	Food properly labeled: original container	2 1				_
8 🗵				Handwashing sinks supplied & accessible	21						ntio	n of	Fo	od Contamination .2652, .2653, .2654, .2656, .265					
Appr		l So	urc	e .2653, .2655					36	×				Insects & rodents not present; no unauthorized animals	2 1	0		T	Ī
9 🗵				Food obtained from approved source	21	_			37	П	×			Contamination prevented during food	7	K 0	X		_
10 🗆			×	Food received at proper temperature	21	0								preparation, storage & display Personal cleanliness	-	.5 0	\vdash		<u> </u>
11 🛮				Food in good condition, safe & unadulterated	21				-	-						+		#	_
12 🗆		X		Required records available: shellstock tags, parasite destruction	21					×		_		Wiping cloths: properly used & stored	10	+		#	_
	ctio	n fro	om (Contamination .2653, .2654						×	- 11		E 1 14	Washing fruits & vegetables	10	50	الك	ᅶ	_
13 🛚				Food separated & protected	3 1.5	0				rope		se o	Ut	ensils .2653, .2654 In-use utensils: properly stored	10	50			_
14 🗆	X			Food-contact surfaces: cleaned & sanitized	3 1.5	XX								Utensils, equipment & linens: properly stored,	10	.5 ()		#	_
15 🗵				Proper disposition of returned, previously served, reconditioned, & unsafe food	21				-	-				dried & handled Single-use & single-service articles: properly				ᆜ	_
	ntial	ly Ha	azaı	dous Food Time/Temperature .2653					_	×				stored & used	1 0	.5 0	Щ	4	_
16				Proper cooking time & temperatures	3 1.5				44					Gloves used properly	10	.5 0		<u> </u>	_
17 🛮				Proper reheating procedures for hot holding	3 1.5	0			U	tens		ind	Equ	ipment .2653, .2654, .2663		-	$\overline{}$	7	
18 🗆	X			Proper cooling time & temperatures	X 1.5				45		X			Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed, & used	2 1			미	
19 🛭				Proper hot holding temperatures	3 1.5	0 [46	×				Warewashing facilities: installed, maintained, & used; test strips	1 0	.5 0		٦Ē	$\bar{\exists}$
20 🗷				Proper cold holding temperatures	3 1.5	0	ılc		47	-	×			Non-food contact surfaces clean	10	.5 🗶		寸	$\overline{}$
21 🗆	×	П	П	Proper date marking & disposition	X 1.5	0 ×		I		hysi		Faci	litie						
22 🗆	$\overline{\Box}$	×		Time as a public health control: procedures &	21	0			48	X				Hot & cold water available; adequate pressure	2 [1	0		J	J
Cons	ume		dvis	records orv .2653			1	, I L	49	X				Plumbing installed; proper backflow devices	2	1 0		٥Ē	$\overline{\ \ }$
23 🗷				Consumer advisory provided for raw or undercooked foods	1 0.5	0 [50	×	П			Sewage & waste water properly disposed	2 1	1 0		寸	7
	y Sı	isce	ptik	le Populations .2653					\vdash		F			Toilet facilities: properly constructed, supplied		.5 0			Ī
24 🗆		×		Pasteurized foods used; prohibited foods not offered	3 1.5						H			& cleaned Garbage & refuse properly disposed; facilities			긤	#	_
Chen	nical			.2653, .2657					52		<u> </u>			maintained	1 0	.5 0		4	_
25 🗆		X		Food additives: approved & properly used	1 0.5				53	X				Physical facilities installed, maintained & clean	+	.5 0	믜	_	
26				Toxic substances properly identified stored, & used	2 1	0			54		X			Meets ventilation & lighting requirements; designated areas used	10	.5 🗶		X	_
	orma		e wi	th Approved Procedures .2653, .2654, .2658 Compliance with variance, specialized process,										Total Deductions:	7.5	; ;			
27 🗀	Ш	X		reduced oxygen packing criteria or HACCP plan	2 1									Total Deddellolls.					





	<u>Commen</u>	<u>t Adde</u>	<u>endum to l</u>	Food Es	<u>stablishr</u>	nent l	<u>nspection</u>	n Report				
Establishme	nt Name: FINNIGANS	WAKE			Establish	ment ID	: 3034014041					
Location A	ddress: 620 TRADE ST	REET		NC	☑Inspection ☐Re-Inspection Date: 12/06/2019							
City: WINST		te: <u>NC</u>	Comment Addendum Attached? Status Code: A									
County: 34	System: ⊠ Municipal/Comm	nunity 🖂 (Zip: 27101		Water sample taken? ☐ Yes ☒ No Category #: _IV Email 1: imopie@gmail.com							
Wastewater S Water Supply												
Permittee:	FINNIGANS WAKE IN	C			Email 2: Gabe.fwpub@gmail.com							
Telephone	(336) 723-0322				Email 3:							
			Tempe	rature Ob	oservation	ıs						
	Co	old Hol	ding Temp	erature i	is now 41	Degr	ees or less	5				
Item pork	Location walk-in cooler	Temp 40	Item egg	Location salad coole	r	Temp 39	Item hamburger	Location final cook	Temp 168			
vegan joe	walk-in cooler	38	spinach dip	salad coole	r	40	roast beef	make-unit	39			
chicken salad	walk-in cooler	40	Guiness stew	hot hold		160	corned beef	make-unit	39			
chili	cooling (last night)	66	posole	reheat		180 hot water		3-compartment sink	142			
tomato soup	cooling (last night)	44	gravy	hot hold		155	quat (ppm)	3-compartment sink	300			
chicken wing	cooling (last night)	44	cabbage	reheat		180	hot plate temp	dish machine	171			
goat cheese	salad cooler	40	grilled chicken	final cook		198	ServSafe	Philip Kirby 6-6-24	0			
feta cheese	salad cooler	39	pork	hot hold		155	-1					
residue shall be	11 (A) Equipment, Foo e on them. Plates are lo e cleaned to sight and 4 Cooling - P - Repea e and tomato soup in d ed from 135F to 70F v	ocated on touch. CE t - Chili in eep conta	prep table and DI - Plates take I deep containe siner also meas	d had food s n to dish ma er measured sured 44F a	splatter on th achine area. d 66F. Chili h and were coo	em. Foo 0 pts. nad beer oling sind	od-contact surfa n cooling since ce last night. Po	aces of equipment ar last night. Chicken w otentially hazardous f	nd utensils			
burgers hazarde date we Lock Text Person in Chai	8 Ready-To-Eat Poters prepared on 11-29, so sous ready-to-eat foods ere discarded. Trige (Print & Sign): Or thority (Print & Sign): Ar	tew prepa s shall be Final Spie	ared on 11-27, discarded 7 da rst	and meat longs from pre	oaf prepared	on 11-2 :h day 1	the had all not you being the date	et been discarded. Po	otentially			
. -			o Andrew									
			ee, Andrew			_ Verifica	ation Required D	ate://				
REHS C	ontact Phone Number:	(336)	703-312	8								

North Carolina Department of Health & Human Services • Division of Public Health • Environmental Health Section

DHHS is an equal opportunity employer.

Page 2 of _____ Food Establishment Inspection Report, 3/2013



Establishment Name: FINNIGANS WAKE Establishment ID: 3034014041

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 Repeat Chicken wings, tomato soup, and chili were cooling in walk-in cooler from last night. Chicken wings were cooled in bus tub with lid, and the soup and chili were cooling in deep containers with lids. PH foods shall be cooled using methods that can achieve the cooling parameters. PH foods shall be cooled using ice wands, ice baths, small portions, shallow pans, while loosely covered/uncovered..etc. CDI Chili discarded and manager educated on proper cooling methods.
- 3-307.11 Miscellaneous Sources of Contamination C Repeat Employee cell phone stored inside bowl. Do not store employee personal items on utensils or food equipment. CDI Cell phone removed and bowl taken to dish machine.
- 45 4-501.11 Good Repair and Proper Adjustment-Equipment C Cracks present on rims of prep sinks. Equipment shall be maintained in good repair. Weld cracks shut and polish them smooth. 0 pts.
- 4-602.13 Nonfood Contact Surfaces C Fan guards have accumulated dust in walk-in cooler. Nonfood contact surfaces of equipment shall be cleaned at a frequency necessary to maintain them clean. 0 pts.
- 6-303.11 Intensity-Lighting C Repeat Lighting low in women's far stall (11 foot candles) and in single restroom at toilet (11 foot candles). Lighting shall be at least 20 foot candles at plumbing fixtures in restrooms. 0 pts.





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Observations and Corrective Actions
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	Establishment Name: FINNIGANS WAKE	Establishment ID: 3034014041
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