r C	0	a	E	SI	labiisnment inspectior	) K	Эþ	or	Ţ						So	ore:	9	8.	<u>5</u>	_
Establishment Name: CHARLEY'S PHILLY STEAKS #00945									Establishment ID: 3034022493											
Location Address: 3320 SILAS CREEK PARKWAY																				
City: WINSTON SALEM State: NC  Zip: 27103 County: 34 Forsyth								Date: 10 / 13 / 20 20 Status Code: A												
•						Otat	.с.							_	: <u>1 1</u> : <u>1 Ø ⊗ am</u> Time Out: <u>Ø 1</u> : Ø	o ø 🗟	ar	m m		
EL DA DOLINITEDMATIONIAL LLO							Total Time: 1 hr 50 minutes													
Per				_	· · · · · · · · · · · · · · · · · · ·					Category #: III										
	_				(336) 774-0144					FDA Establishment Type: Fast Food Restaurant										
Wa	ste	ew.	ate	er S	System: Municipal/Community	Or	n-Si	te S	Sys	ter	n				Risk Factor/Intervention Violations:	1				_
Wa	ter	r S	up	ply	<b>៸</b> : ⊠Municipal/Community □On	-Site	Sup	oply	/						Repeat Risk Factor/Intervention Viol		S.			
															·	atio:			=	=
Foodborne Illness Risk Factors and Public Health Interventions  Risk factors: Contributing factors that increase the chance of developing foodborne illness.							Good Retail Practices  Good Retail Practices: Preventative measures to control the addition of pathogens, chemicals,													
					ventions: Control measures to prevent foodborne illness		ness.			'	Goo	a Ke	tali i	Praci	and physical objects into foods.	ogens,	cner	nica	.S,	
	N C	DUT	N/A	N/O	Compliance Status	OUT	CI	OI R	VR		IN	OUT	N/A	N/O	Compliance Status	OUT	-	CDI	R	VR
_	per	visi	on		.2652					S	afe I	Food		d W	ater .2653, .2655, .2658					
					PIC Present; Demonstration-Certification by accredited program and perform duties	2	0			28			×		Pasteurized eggs used where required	1 0.5	0			
$\overline{}$	_	yee	He	alth	.2652			J	J	29	X				Water and ice from approved source	2 1	0			
-	<b>X</b> ] [				Management, employees knowledge; responsibilities & reporting	3 1.5		4		30			X		Variance obtained for specialized processing methods	1 0.5	0			
					Proper use of reporting, restriction & exclusion	3 1.5	0			F	ood	Ten	nper	atur	e Control .2653, .2654					
$\overline{}$	$\neg$		gieni	ic Pr	ractices .2652, .2653			10		31	X				Proper cooling methods used; adequate equipment for temperature control	1 0.5	0			
-	_				Proper eating, tasting, drinking, or tobacco use					32	×				Plant food properly cooked for hot holding	1 0.5	0			
			- 0-	4 .	No discharge from eyes, nose or mouth	1 0.5		<u> </u>		33	×				Approved thawing methods used	1 0.5	0			
$\overline{}$	ver X	lun	y CC	Jilla	mination by Hands .2652, .2653, .2655, .2656 Hands clean & properly washed	4 2	ШГ	ı		34	X				Thermometers provided & accurate	1 0.5	0			_
-	=†:		П		No bare hand contact with RTE foods or pre-	3 1.5	=		H	F	ood	lder	ntific	catio	.2653					
-	_		Ш	Ц	approved alternate procedure properly followed	+	+			35	X				Food properly labeled: original container	2 1	0			
			l Soi	uroo	Handwashing sinks supplied & accessible .2653, .2655	[2][1]	0				Т	ntio	n of	Foo	od Contamination .2652, .2653, .2654, .2656, .265	$\overline{}$				
	ypio X	vec	1 300	uice	Food obtained from approved source	21	0	ı I		36	X				Insects & rodents not present; no unauthorized animals	21	0			
	_			$\boxtimes$	Food received at proper temperature	21	+			37	X				Contamination prevented during food preparation, storage & display	2 1	0			
-	-					$-\Box$	_	-	$\equiv$	38	X				Personal cleanliness	1 0.5	0			Ē
11 [	ا ل <u>ح</u>			_	Food in good condition, safe & unadulterated  Required records available: shellstock tags,	21				39	X				Wiping cloths: properly used & stored	1 0.5	0			Ē
12 [	ا <u>ا</u> اـــــــــــــــــــــــــــــــــ		×	□	parasite destruction	21			Ш	40	×				Washing fruits & vegetables	1 0.5	0			Ξ
_	$\overline{}$	illo			Contamination .2653, .2654 Food separated & protected	3 1.5		ı				er Us	se o	f Ute	ensils .2653, .2654					
-	_	X				-	_			41	X				In-use utensils: properly stored	1 0.5	0			
-	+				Food-contact surfaces: cleaned & sanitized  Proper disposition of returned, previously served	3 🗙	_	+		42		X			Utensils, equipment & linens: properly stored, dried & handled	1 0.5	X			Ē
	<b>X</b> ∏[	Hiall	у Ца	70r	reconditioned, & unsafe food dous Food TIme/Temperature .2653	, 21		ЦЦ		43	×	П			Single-use & single-service articles: properly	1 0.5	0			_
$\overline{}$	X [	liaii	у па		Proper cooking time & temperatures	3 1.5	0	10	П	_		П			stored & used Gloves used properly	1 0.5	$\vdash$			Ξ
	=+.			×					H			ils a	and	Fau	ipment .2653, .2654, .2663		العا			
17 L	=+				Proper reheating procedures for hot holding						×				Equipment, food & non-food contact surfaces approved, cleanable, properly designed,	21		П	$\Box$	Ξ
18 [	-			×	Proper cooling time & temperatures		0	111		45		Ш			constructed, & used		Ш		4	_
-	= #				Proper hot holding temperatures	3 1.5				46	X				Warewashing facilities: installed, maintained, & used; test strips	1 0.5	0			
20 [	<b>X</b> [				Proper cold holding temperatures	3 1.5	0			47		X			Non-food contact surfaces clean	1 0.5	X			
21	<b>X</b> [				Proper date marking & disposition	3 1.5	0				hysi			litie						
22			X		Time as a public health control: procedures & records	21	0			-	X				Hot & cold water available; adequate pressure	2 1	0			드
Co	nsu	ıme	r Ad	lviso						49	X				Plumbing installed; proper backflow devices	2 1	0			
23			X		Consumer advisory provided for raw or undercooked foods	1 0.5	0			50	X				Sewage & waste water properly disposed	2 1	0			
T	ghly	Su	$\neg$	ptib	le Populations .2653 Pasteurized foods used; prohibited foods not					51	×				Toilet facilities: properly constructed, supplied & cleaned	1 0.5	0			
24 L	_    l iemi	ical	×		offered .2653, .2657	3 [1.5]	LOUL			52	×				Garbage & refuse properly disposed; facilities maintained	1 0.5	0			_
25 [		-cal	$\boxtimes$		Food additives: approved & properly used	1 0.5				53	-	×			Physical facilities installed, maintained & clean	1 0.5	X	ᅵ		_
_	<b>X</b> [	_			Toxic substances properly identified stored, & used	21		1		54		X			Meets ventilation & lighting requirements:	1 0.5	$\vdash$	_		=
		rma	ance	wit	h Approved Procedures .2653, .2654, .2658		الت	-1-		J-1	ש				designated areas used		~~			_
		_			.,					1						115				



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Compliance with variance, specialized process, reduced oxygen packing criteria or HACCP plan



**Total Deductions:** 

210000

				<u> 1000 E</u>	<u>Stabiisr</u>	<u>iment inspection</u>	Report					
Establishme	ent Name: CHARLE	Y'S PHILLY ST	EAKS #00945		Establis	hment ID: 3034022493						
Location A	ddress: 3320 SILAS	CREEK PARK	WAY		⊠Inspe	ction Re-Inspection	Date: 10/13/2020					
City: WINS	TON SALEM			ate: NC	Comment Addendum Attached? Status Code: A							
County: 34			Zip: 27103		Water sample taken? Yes No Category #: III							
Wastewater	System: 🗷 Municipal/C	community 🗌 O	•		Email 1:	dlopez@elbardi.com	3 ,					
Water Supply		Community   Commun	n-Site System									
	ELBARDI INTERNA	TIONAL, LLC			Email 2:							
Telephone	e: (336) 774-0144				Email 3:							
			Tempe	rature O	bservatio	ons						
		<b>Cold Hold</b>	ding Tem	perature	is now 4	41 Degrees or less	i					
Item steak	Location final cook	Temp 167	Item prov cheese	Location walk in co	oler	Temp Item 40	Location	Temp				
chicken	final cook	169	ambient	walk in co	oler	34						
fries	hot holding	149	hot water	three com	p sink	120						
lettuce	front make unit	40	quat sani	three com	p sink	300						
tomatoes	front make unit	40	ServSafe	Yakema C	. 10/9/24	00						
ham	front make unit	39										
turkey	front make unit	40										
lettuce	walk in cooler	40				<del>.</del>						
		0	bservation	ns and C	orrective	Actions						
\	/iolations cited in this r	eport must be o	orrected within	the time fran	nes below, or	as stated in sections 8-405.	1 of the food code.					
direct o		Additional cle	an spoons an	nd tongs sto	ored in conta	and Single-Use Articles-S act with wall and racks ab on.						
where		ie is building				t Surfaces, and Utensils - uipment shall be cleaned						
$\bigcirc$												
Dorson in Cha	rao (Drint & Sian)	Fir. Yakema	st	L Cook	_ast	414/	7					
i ci sun III Cild	rge (Print & Sign):	Fir	ct	,	_ast	youm	<u>~ [ie]/</u>					
Regulatory Au	thority (Print & Sign		51	Maloney	.asi	Thurson:	a Cest					
	REHS ID	2826 - Ma	aloney, Shar	ınon		Verification Required Da	ate: / /	F				
REHS C	Contact Phone Numbe	r. (336)	7013 - 339			•	$  \theta$					

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

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Page 2 of \_\_\_\_\_ Food Establishment Inspection Report, 3/2013



Establishment Name: CHARLEY'S PHILLY STEAKS #00945 Establishment ID: 3034022493

#### **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.



- 6-201.11 Floors, Walls and Ceilings-Cleanability Fill small holes above three compartment sink. Establishment must provide floors, floor coverings, walls, wall coverings, and ceilings that are designed, constructed and installed so they are smooth and easily cleanable.
- 6-403.11 Designated Areas-Employee Accommodations for eating / drinking/smoking Employee drink stored with establishment goods. Areas designated for employees to eat, drink, and use tobacco shall be located so that food, equipment, linens, and single-service and single-use articles are protected from contamination.





Establishment Name: CHARLEY'S PHILLY STEAKS #00945 Establishment ID: 3034022493

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.





Establishment Name: CHARLEY'S PHILLY STEAKS #00945 Establishment ID: 3034022493

## **Observations and Corrective Actions**

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Establishment Name: CHARLEY'S PHILLY STEAKS #00945 Establishment ID: 3034022493

## **Observations and Corrective Actions**

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