

Food Establishment Inspection Report

Score: 97.5

Establishment Name: CHICK-FIL-A EXPRESS

Establishment ID: 3034012442

Location Address: 301 MEDICAL CENTER BLVD

City: WINSTON SALEM State: North Carolina

Zip: 27157 County: 34 Forsyth

Permittee: WAKE FOREST BAPTIST HOSPITAL JOANNE KELLY

Telephone: (336) 713-3009

☒ Inspection ☐ Re-Inspection ☐ Educational Visit**Wastewater System:**☒ Municipal/Community ☐ On-Site System**Water Supply:**☒ Municipal/Community ☐ On-Site Supply

Date: 04/10/2024 Status Code: A

Time In: 2:30 PM Time Out: 5:15 PM

Category#: III

FDA Establishment Type: Fast Food Restaurant

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

Compliance Status		OUT	CDI	R	VR
Supervision .2652					
1	<input checked="" type="checkbox"/> OUT/N/A	PIC Present, demonstrates knowledge, & performs duties	1	0	
2	<input checked="" type="checkbox"/> OUT/N/A	Certified Food Protection Manager	1	0	
Employee Health .2652					
3	<input checked="" type="checkbox"/> OUT	Management, food & conditional employee; knowledge, responsibilities & reporting	2	1	0
4	<input checked="" type="checkbox"/> OUT	Proper use of reporting, restriction & exclusion	3	1.5	0
5	<input checked="" type="checkbox"/> OUT	Procedures for responding to vomiting & diarrheal events	1	0.5	0
Good Hygienic Practices .2652, .2653					
6	<input checked="" type="checkbox"/> OUT	Proper eating, tasting, drinking or tobacco use	1	0.5	0
7	<input checked="" type="checkbox"/> OUT	No discharge from eyes, nose, and mouth	1	0.5	0
Preventing Contamination by Hands .2652, .2653, .2655, .2656					
8	<input checked="" type="checkbox"/> OUT	Hands clean & properly washed	4	2	0
9	<input checked="" type="checkbox"/> OUT/N/A/N/O	No bare hand contact with RTE foods or pre-approved alternate procedure properly followed	4	2	0
10	<input checked="" type="checkbox"/> OUT/N/A	Handwashing sinks supplied & accessible	2	1	0
Approved Source .2653, .2655					
11	<input checked="" type="checkbox"/> OUT	Food obtained from approved source	2	1	0
12	<input checked="" type="checkbox"/> IN OUT	Food received at proper temperature	2	1	0
13	<input checked="" type="checkbox"/> OUT	Food in good condition, safe & unadulterated	2	1	0
14	<input checked="" type="checkbox"/> IN OUT	Required records available: shellstock tags, parasite destruction	2	1	0
Protection from Contamination .2653, .2654					
15	<input checked="" type="checkbox"/> OUT/N/A/N/O	Food separated & protected	3	1.5	0
16	<input checked="" type="checkbox"/> IN	Food-contact surfaces: cleaned & sanitized	3	0	X
17	<input checked="" type="checkbox"/> OUT	Proper disposition of returned, previously served, reconditioned & unsafe food	2	1	0
Potentially Hazardous Food Time/Temperature .2653					
18	<input checked="" type="checkbox"/> OUT/N/A/N/O	Proper cooking time & temperatures	3	1.5	0
19	<input checked="" type="checkbox"/> IN OUT/N/A/N/O	Proper reheating procedures for hot holding	3	1.5	0
20	<input checked="" type="checkbox"/> IN OUT/N/A/N/O	Proper cooling time & temperatures	3	1.5	0
21	<input checked="" type="checkbox"/> OUT/N/A/N/O	Proper hot holding temperatures	3	1.5	0
22	<input checked="" type="checkbox"/> OUT/N/A/N/O	Proper cold holding temperatures	3	1.5	0
23	<input checked="" type="checkbox"/> OUT/N/A/N/O	Proper date marking & disposition	3	1.5	0
24	<input checked="" type="checkbox"/> IN OUT	Time as a Public Health Control; procedures & records	3	1.5	0
Consumer Advisory .2653					
25	<input checked="" type="checkbox"/> IN OUT	Consumer advisory provided for raw/undercooked foods	1	0.5	0
Highly Susceptible Populations .2653					
26	<input checked="" type="checkbox"/> IN OUT	Pasteurized foods used; prohibited foods not offered	3	1.5	0
Chemical .2653, .2657					
27	<input checked="" type="checkbox"/> OUT/N/A	Food additives: approved & properly used	1	0.5	0
28	<input checked="" type="checkbox"/> OUT/N/A	Toxic substances properly identified stored & used	2	1	0
Conformance with Approved Procedures .2653, .2654, .2658					
29	<input checked="" type="checkbox"/> IN OUT	Compliance with variance, specialized process, reduced oxygen packaging 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.

Compliance Status		OUT	CDI	R	VR
Safe Food and Water .2653, .2655, .2658					
30	<input checked="" type="checkbox"/> IN OUT	Pasteurized eggs used where required	1	0.5	0
31	<input checked="" type="checkbox"/> OUT	Water and ice from approved source	2	1	0
32	<input checked="" type="checkbox"/> IN OUT	Variance obtained for specialized processing methods	2	1	0
Food Temperature Control .2653, .2654					
33	<input checked="" type="checkbox"/> OUT	Proper cooling methods used; adequate equipment for temperature control	1	0.5	0
34	<input checked="" type="checkbox"/> IN OUT	Plant food properly cooked for hot holding	1	0.5	0
35	<input checked="" type="checkbox"/> OUT	Approved thawing methods used	1	0.5	0
36	<input checked="" type="checkbox"/> OUT	Thermometers provided & accurate	1	0.5	0
Food Identification .2653					
37	<input checked="" type="checkbox"/> OUT	Food properly labeled: original container	2	1	0
Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657					
38	<input checked="" type="checkbox"/> OUT	Insects & rodents not present; no unauthorized animals	2	1	0
39	<input checked="" type="checkbox"/> OUT	Contamination prevented during food preparation, storage & display	2	1	0
40	<input checked="" type="checkbox"/> OUT	Personal cleanliness	1	0.5	0
41	<input checked="" type="checkbox"/> OUT	Wiping cloths: properly used & stored	1	0.5	0
42	<input checked="" type="checkbox"/> OUT/N/A	Washing fruits & vegetables	1	0.5	0
Proper Use of Utensils .2653, .2654					
43	<input checked="" type="checkbox"/> IN	In-use utensils: properly stored	1	0.5	X
44	<input checked="" type="checkbox"/> IN	Utensils, equipment & linens: properly stored, dried & handled	1	0.5	X
45	<input checked="" type="checkbox"/> OUT	Single-use & single-service articles: properly stored & used	1	0.5	0
46	<input checked="" type="checkbox"/> OUT	Gloves used properly	1	0.5	0
Utensils and Equipment .2653, .2654, .2663					
47	<input checked="" type="checkbox"/> IN	Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed & used	1	0.5	X
48	<input checked="" type="checkbox"/> OUT	Warewashing facilities: installed, maintained & used; test strips	1	0.5	0
49	<input checked="" type="checkbox"/> IN	Non-food contact surfaces clean	1	0.5	0
Physical Facilities .2654, .2655, .2656					
50	<input checked="" type="checkbox"/> OUT	Hot & cold water available; adequate pressure	1	0.5	0
51	<input checked="" type="checkbox"/> IN	Plumbing installed; proper backflow devices	2	1	X
52	<input checked="" type="checkbox"/> OUT	Sewage & wastewater properly disposed	2	1	0
53	<input checked="" type="checkbox"/> OUT/N/A	Toilet facilities: properly constructed, supplied & cleaned	1	0.5	0
54	<input checked="" type="checkbox"/> OUT	Garbage & refuse properly disposed; facilities maintained	1	0.5	0
55	<input checked="" type="checkbox"/> IN	Physical facilities installed, maintained & clean	1	0.5	X
56	<input checked="" type="checkbox"/> OUT	Meets ventilation & lighting requirements; designated areas used	1	0.5	0
TOTAL DEDUCTIONS:					2.5



Comment Addendum to Food Establishment Inspection Report

Establishment Name: CHICK-FIL-A EXPRESS

Establishment ID: 3034012442

Location Address: 301 MEDICAL CENTER BLVD

☒ Inspection ☐ Re-Inspection Date: 04/10/2024

City: WINSTON SALEM State: NC

☐ Educational Visit Status Code: A

County: 34 Forsyth Zip: 27157

Comment Addendum Attached? ☒ Category #: III

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

Email 1: jtrahan@wakehealth.edu

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

Permittee: WAKE FOREST BAPTIST HOSPITAL JOANNE KELLY

Email 2:

Telephone: (336) 713-3009

Email 3:

Temperature Observations

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Kale mix/walk in cooler	40				
mac & cheese/walk in cooler	41				
sausage patties/walk in cooler	37				
grilled chx/walk in cooler	40				
sliced tomato/make unit	34				
nuggets/hot hold	145				
spicy filet/hot hold	160				
filet/final cook	200				
chx strips /final cook	168				
salad/cold hold	41				
batter dip/chicken prep unit	37				
raw chx/chicken prep unit	39				
hot water /3-comp sink	119				
sink & surface sani/3-comp sink	272				
chx wrap/backup cooler	41				
salad x 2 /front service line cooler	41				
ice dream/soft serve machine	41				

Person in Charge (Print & Sign): *First* Jennifer

Last Trahan

Regulatory Authority (Print & Sign): *First* Leslie

Last Easter

REHS ID: 1908 - Easter, Leslie

Verification Dates: Priority:

Priority Foundation:

Core:

REHS Contact Phone Number: (336) 703-3138

Authorize final report to be received via Email:



North Carolina Department of Health & Human Services

Page 2 of _____

• Division of Public Health • Environmental Health Section
DHHS is an equal opportunity employer.
Food Establishment Inspection Report, 12/2023

• Food Protection Program



Comment Addendum to Inspection Report

Establishment Name: CHICK-FIL-A EXPRESS

Establishment ID: 3034012442

Date: 04/10/2024 **Time In:** 2:30 PM **Time Out:** 5:15 PM

Certifications

Name	Certificate #	Type	Issue Date	Expiration Date
Jennifer Trahan		Food Service		03/20/2029

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 4-601.11 (A) Equipment, Food-Contact Surfaces, Nonfood Contact Surfaces, and Utensils (Pf). Soiled mac & cheese scoop; metal pans, and plastic hot holding pans w/debris and/or grease residue present. Food contact surfaces shall be clean to sight and touch. CDI - items taken to warewashing to be thoroughly cleaned.
- 43 3-304.12 In-Use Utensils, Between-Use Storage (C). Ice scoop at large ice machine stored in soiled metal pan. Store in-use utensils in a clean, dry place, in food with handles out, in 135F or greater water or in running water which quickly moves food particles to the drain. CDI - scoop and container taken to warewashing area.
- 44 4-901.11 Equipment and Utensils, Air-Drying Required (C). Plastic hot holding pans were stacked wet. Allow adequate time for air drying prior to stacking.
- 47 4-501.12 Cutting Surfaces (C). Green cutting board is scored deeply. Needs resurfaced or replaced.
- 4-501.11 Good Repair and Proper Adjustment - Equipment (C). Broken gasket on middle door of chicken prep unit. Condensate drip in walk in freezer, beginning to drip on boxes. Maintain equipment in good repair.
- 49 4-601.11 (B) and (C) Equipment, Food-Contact Surfaces, Nonfood Contact Surfaces, and Utensils (C). Detailed cleaning needed on bread (tortilla) drawers and frames, bottom of raw chicken 2-door reach in, and on raw chicken cart. Nonfood contact surfaces of equipment shall be kept free of an accumulation of dust, dirt, food residue, and other debris.
- 51 5-205.15 (B) System maintained in good repair. Repeat. Leak present at 3-comp sink on water line leading to detergent and sanitizer dispenser. A plumbing system shall be maintained in good repair. (Note: different leak than observed during prior inspection)
- 55 6-501.11 Repairing. Repeat. Observed low floor grout near side handwashing sink and shelving units. Dry stock room has wall damage. Physical facilities shall be maintained in good repair.