Food Establishment Inspection Report Score: 98 **Establishment Name: GRAZE** Establishment ID: 3034011747 Location Address: 425 NORTH CHERRY STREET City: WINSTON SALEM Date: 09 / 11 / 2019 Status Code: A State: NC Time In: $\underline{10} : \underline{10} \overset{\otimes}{\circ} \overset{\text{am}}{\circ}$ Time Out: $\underline{12} : \underline{35} \overset{\circ}{\otimes} \overset{\text{am}}{\text{pm}}$ County: 34 Forsyth Zip: 27101 Total Time: 2 hrs 25 minutes HV WINSTON SALEM I, LLC Permittee: Category #: IV **Telephone:** (336) 725-3500 FDA Establishment Type: Full-Service Restaurant Wastewater System:

✓ Municipal/Community

☐ On-Site System No. of Risk Factor/Intervention Violations: 2

Water Supply: ⊠Municipal/Community □On-Site Supply 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.								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 VI		IN C	DUT	N/A	N/O	Compliance Status	(OUT	CDI	R VR
S	upe	rvisi	on		.2652				S	afe F	ood	and	d W	ater .2653, .2655, .2658				
1	X				PIC Present; Demonstration-Certification by accredited program and perform duties	2] 28			X		Pasteurized eggs used where required	1	0.5	<u> </u>	
E		oye	e He	alth	.2652				29	X				Water and ice from approved source	2	1	0 🗆	
2	X				Management, employees knowledge; responsibilities & reporting	3 1.5			30			X		Variance obtained for specialized processing methods	1	0.5	0 🗆	
3	X				Proper use of reporting, restriction & exclusion	3 1.5 (F	ood 7			atur	e Control .2653, .2654				
C	000	Hy	gieni	c Pı	ractices .2652, .2653				31	X				Proper cooling methods used; adequate equipment for temperature control	1	0.5	0 🗆	
4	X				Proper eating, tasting, drinking, or tobacco use	21	0 🗆		32	+			X	Plant food properly cooked for hot holding	1	0.5		
5	X				No discharge from eyes, nose or mouth	1 0.5 (0 🗆] -	\vdash	=				1	0.5	=	
P	reve	ntin	g Co	nta	mination by Hands .2652, .2653, .2655, .2656				33	-	_	Ш		Approved thawing methods used	F			
6	X		Hands clean & properly washed 420							1	0.5							
7	X				No bare hand contact with RTE foods or pre-	3 1.5	0 🗆			т т	den	tific	atio				—	
8		×			approved alternate procedure properly followed Handwashing sinks supplied & accessible	+++	0 🗙		35	<u> </u>				Food properly labeled: original container	2	1	0 🗆	
ш	nnr	oved	1 50	iron					<u> </u>	T T	ntior	n of	Foo	od Contamination .2652, .2653, .2654, .2656, .265	7		_	
9	M N	ovec	1 30	JICE	Food obtained from approved source	21			36	X				Insects & rodents not present; no unauthorized animals	2	1		
10				×	Food received at proper temperature				37	×				Contamination prevented during food preparation, storage & display	2	1	0 🗆	
11	\mathbf{X}				Food in good condition, safe & unadulterated				38	X				Personal cleanliness	1	0.5	0 🗆	
Н				_	Required records available: shellstock tags,		_		39	×				Wiping cloths: properly used & stored	1	0.5	0 0	
12	X	Ш	Ш	<u></u>	parasite destruction	211		Щ	40	×	П	П		Washing fruits & vegetables	1	0.5		
		ectio	n fro	m C	Contamination .2653, .2654						r He	e of	Htc	ensils .2653, .2654				
13	X	Ш			Food separated & protected	3 1.5		ШЦ	41	TĖΤ		COI	Oil	In-use utensils: properly stored	1	0.5		ПП
14		X			Food-contact surfaces: cleaned & sanitized	3 1.5] -	×	\exists			Utensils, equipment & linens: properly stored, dried & handled	1	0.5		
15	X				Proper disposition of returned, previously served, reconditioned, & unsafe food	21			IJ ├ ─	+				dried & handled Single-use & single-service articles: properly	F			
P	ote	ntial	у На	ızar	dous Food TIme/Temperature .2653				43	×	Ш			stored & used	1	0.5		
16	X				Proper cooking time & temperatures	3 1.5			44	×				Gloves used properly	1	0.5	<u> </u>	
17				X	Proper reheating procedures for hot holding	3 1.5			U	tensi	ls a	nd E	Equi	ipment .2653, .2654, .2663			Ţ.	
18				X	Proper cooling time & temperatures	3 1.5	0 🗆 1		45		×			Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed. & used	2	1	«	$ \mathbf{x} $
19				X	Proper hot holding temperatures	3 1.5	0 0 1		46	×				Warewashing facilities: installed, maintained, & used; test strips	1	0.5		
20	X				Proper cold holding temperatures	3 1.5	0 🗆		47	×				Non-food contact surfaces clean	1	0.5	0 0	
21	X				Proper date marking & disposition	3 1.5	0 🗆 [P	hysic	al F	acil	lities	s .2654, .2655, .2656				
22			X		Time as a public health control: procedures & records	210	0 0 1		48	×				Hot & cold water available; adequate pressure	2	1	0 🗆	
ш	ons	ume		lviso	ory .2653				49	X				Plumbing installed; proper backflow devices	2	1	0 🗆	
23	X				Consumer advisory provided for raw or undercooked foods	1 0.5			50	×				Sewage & waste water properly disposed	2	1	0 🗆	
\neg	ligh	y Sι	$\overline{}$	ptib	le Populations .2653				51	×				Toilet facilities: properly constructed, supplied & cleaned	1	0.5		
24			X		Pasteurized foods used; prohibited foods not offered	3 1.5] -	\vdash				Garbage & refuse properly disposed; facilities	1	0.5		
\Box		nical	$\overline{}$.2653, .2657				4	+	_			maintained	F	4	4=	-
25	X				Food additives: approved & properly used	+++			53	-	X			Physical facilities installed, maintained & clean Meets ventilation & lighting requirements:	+	×	+	
26	×				Toxic substances properly identified stored, & used	21			54		×			Meets ventilation & lighting requirements; designated areas used	1	×	7	
Conformance with Approved Procedures .2653, .2654, .2658												Total Deductions:	2					
27			X		Compliance with variance, specialized process, reduced oxygen packing criteria or HACCP plan	21		Ш	JL.					Total Deductions.	Ĺ			





Fstahlishme	nt Name: GRAZE	Adde	endum to i	-000 ES			I NSPECTION 1. 3034011747	Report			
	ddress: 425 NORTH CH	ERRV ST	REET		Establishment ID: 3034011747						
Location AcCity: WINST		te: NC									
County: 34		.e	Water sample taken? Yes No Category #: IV								
-	System: ☑ Municipal/Comm	unity 🗌 (Zip: 27101 On-Site System		Email 1: kr			Category #			
Water Supply	✓ Municipal/Comm	unity 🗌 (O	3				
	HV WINSTON SALEM I,	LLC			Email 2:						
Telephone	(336) 725-3500				Email 3:						
			Tempe	rature Ob	oservation	ns .					
					is now 41	_	ees or less				
Item Richard Miller	Location 2/24/23	Temp 9	Item tomato	Location make unit	Temp 40		Item chicken	Location walk in	Temp 40		
sanitizer (qac)	three comp sink (ppm)	300	lettuce	make unit		41	pot roast	walk in	39		
sanitizer (cl)	dish machine bar (ppm)	100	beets	make unit		39	salmon raw	walk in	38		
hot plate temp	dish machine kitchen	161	eggs	make unit		39	raw burger	raw two door cooler	39		
hot water	three comp sink	136	tomato bisque	upright cool	er	37	beef	raw two door cooler	39		
onion	ice bath	41	shrimp	upright cool	er	37	burger	final cook	182		
cabbage	ice bath	40	corn	walk in		40	chicken	final cook	178		
quinoa	ice bath	40	spinach	walk in		38	drink cooler	air temp	36		
	iolations cited in this report		Observation								
stored i sight ar 45 4-501.1	1 Equipment Food-Coin drawer and one sodand touch. CDI: noted ite	gun on ms clear	far right side o ned during insp ustment-Equipr	f bar with da bection 0 pts ment - C Re	ark build up i s. epeat: Minor	in nozzle	e. Food contact	surfaces shall be ke	pt clean to		
	epair. PIC discarded the		board during th	ne inspectio							
Person in Char	rge (Print & Sign): Ric	hard		Miller		/h	M	4 June	~		
Regulatory Au	thority (Print & Sign): ^{Jos}	<i>Fii</i> eph	rst	La Chrobak	ast	K		h Shri			
	REHS ID: 2	450 - C	hrobak, Josep	oh		_ Verifica	ation Required Da	ate: / /			
REHS C	ontact Phone Number: (336)	703-316	4							

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

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Establishment Name: GRAZE Establishment ID: 3034011747

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 C Repeat: Soiled drainboard of dish machine needs to be recaulked to the wall as caulking is torn and detached. // 6-501.12 Cleaning, Frequency and Restrictions C Cleaning needed under three compartment sink to remove splash staining and soil. Cleaning needed under and behind deep fryers to remove minor soil and grease accumulations. Cleaning needed behind ice machines to remove fallen debris. // Physical facilities shall be kept clean and in good repair.
- 6-303.11 Intensity-Lighting C Repeat: Lighting low in restrooms at toilets with lighting between 4 17 foot candles. Increase lighting at toilets in both restrooms to 20 foot candles or higher.





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