-ood Establishment Inspection Report														Sci	ore: _	98	3.5			
Stablishment Name: CHARLEY'S PHILLY STEAKS #00945											Establishment ID: 3034022493									
					ess: 3320 SILAS CREEK PARKWAY				☐ Inspection ☐ Re-Inspection											
City: WINSTON SALEM State: NC										Date: 0 1 / 0 6 / 2 0 2 0 Status Code: A										
Zip: 27103 County: 34 Forsyth										Time In: <u>Ø 4</u> : <u>Ø Ø ⊗ pm</u> Time Out: <u>Ø 5</u> : <u>3 Ø ⊗ pm</u>										
Permittee: ELBARDI INTERNATIONAL, LLC										Total Time: 1 hr 30 minutes										
										Category #: III										
	Telephone: (336) 774-0144										FDA Establishment Type: Fast Food Restaurant									
	Wastewater System: ⊠Municipal/Community ☐ On-Site Syst										No. of Risk Factor/Intervention Violations: 0									
Na	Nater Supply: ⊠Municipal/Community ☐ On-Site Supply												of F	Repeat Risk Factor/Intervention Viola	ations	: _				
Foodborne Illness Risk Factors and Public Health Interventions										Good Retail Practices										
R	isk fa	cto	rs: C	Contri	buting factors that increase the chance of developing foodb					Good Retail Practices: Preventative measures to control the addition of pathogens.										
P	IN (		_		ventions: Control measures to prevent foodborne illness or	injury.	CDI	R VR	-	INI	оит	N/A	MO	and physical objects into foods.  Compliance Status	OUT	Cr	DI R	VD		
S	uper		_	IV/U	Compliance Status .2652	JUI	CDI	V VK	-	afe F				- 1	001	CL	71 K	VK		
$\overline{}$	×	$\overline{}$			PIC Present; Demonstration-Certification by accredited program and perform duties	2 0			28	Т	$\overline{}$	×		Pasteurized eggs used where required	1 0.5	2 [				
т	mplo	yee	е Не	alth	.2652				29	×				Water and ice from approved source	210	0 [				
$\rightarrow$	X				Management, employees knowledge; responsibilities & reporting	3 1.5 0			30			X		Variance obtained for specialized processing methods	1 0.5 (	<u> </u>				
_	×				Proper use of reporting, restriction & exclusion	3 1.5 0			F	ood			atur	e Control .2653, .2654		_	_			
$\overline{}$	$\overline{}$		gieni	ic Pr	ractices .2652, .2653				31	×		Ī		Proper cooling methods used; adequate equipment for temperature control	1 0.5	2 C				
$\rightarrow$	-				Proper eating, tasting, drinking, or tobacco use	2 1 0	+	4 -	32				X	Plant food properly cooked for hot holding	1 0.5 (					
_	X	utin	a Ca	nta	No discharge from eyes, nose or mouth	1 0.5 0			33	×				Approved thawing methods used	1 0.5	<u> </u>				
$\overline{}$		ıun	y C	JIIId	mination by Hands .2652, .2653, .2655, .2656  Hands clean & properly washed	4 2 0			34	×				Thermometers provided & accurate	1 0.5 (	0 [				
$\rightarrow$	-+			П	No bare hand contact with RTE foods or pre-	3 1.5 0	-			ood	lden	tific	atio	on .2653		_	_			
$\rightarrow$	X				approved alternate procedure properly followed Handwashing sinks supplied & accessible	210	+		-	X				Food properly labeled: original container		0 [				
_	ppro	vec	l So	urce			4			$\overline{}$		n of	Foo	od Contamination .2652, .2653, .2654, .2656, .2657 Insects & rodents not present; no unauthorized			1			
$\neg$			1 30	uicc	Food obtained from approved source	210				×				animals	21	+	<u> </u>			
10				X	Food received at proper temperature	210			1	×				Contamination prevented during food preparation, storage & display	21	+	4=			
11	X				Food in good condition, safe & unadulterated	210	+ +		ı⊢	X				Personal cleanliness	1 0.5	ם כ				
$\dashv$			×		Required records available: shellstock tags,	210		7	1	×				Wiping cloths: properly used & stored	1 0.5 (	ם כ				
				om C	parasite destruction Contamination .2653, .2654		7		ι —	X				Washing fruits & vegetables	1 0.5 (					
13	X				Food separated & protected	3 1.5 0			P	_		e of	Ute	ensils .2653, .2654	1 0.5		1			
14		X			Food-contact surfaces: cleaned & sanitized	3 🗙 0			41	$\vdash$				In-use utensils: properly stored Utensils, equipment & linens: properly stored,	++	+	+	+		
15	×				Proper disposition of returned, previously served, reconditioned, & unsafe food	210			1	×				dried & handled	1 0.5 (	+		1   _		
$\neg$	$\overline{}$	tiall	у На	azaro	dous Food Time/Temperature .2653				٠.	×				Single-use & single-service articles: properly stored & used	1 0.5 (					
16	×				Proper cooking time & temperatures	3 1.5 0			╌	×				Gloves used properly	1 0.5 (					
17				X	Proper reheating procedures for hot holding	3 1.5 0			4			nd E	-qu	ipment .2653, .2654, .2663  Equipment, food & non-food contact surfaces approved, cleanable, properly designed,						
18				×	Proper cooling time & temperatures	3 1.5 0			45		X			constructed, & used	212	₫ [	1			
19	×				Proper hot holding temperatures	3 1.5 0			46	×		[		Warewashing facilities: installed, maintained, & used; test strips	1 0.5 (	ם כ				
20	×				Proper cold holding temperatures	3 1.5 0			47	×				Non-food contact surfaces clean	1 0.5 (	0				
21	×				Proper date marking & disposition	3 1.5 0			┚	hysi		Т	litie			- I	J-			
22			X		Time as a public health control: procedures & records	210			48	$\vdash$				Hot & cold water available; adequate pressure		0 [	4			
Т	onsu	$\overline{}$	$\overline{}$	lvisc			1		1⊢	×				Plumbing installed; proper backflow devices	21	+				
23	iabl	-	<b>X</b>	ntibi	undercooked foods	1 0.5 0			50	×				Sewage & waste water properly disposed	21	0 [				
Н 24	igHI)	$\neg$	isce	μιιδί	e Populations .2653  Pasteurized foods used; prohibited foods not	3 1.5 0			51	×				Toilet facilities: properly constructed, supplied & cleaned	1 0.5 (					
C	hem				offered .2653, .2657		.11-		52	×				Garbage & refuse properly disposed; facilities maintained	1 0.5 (					
25			X		Food additives: approved & properly used	1 0.5 0			53	X				Physical facilities installed, maintained & clean	1 0.5	ם כ				
26	×				Toxic substances properly identified stored, & used	210			54	×				Meets ventilation & lighting requirements; designated areas used	1 0.5 (					
С	onfo	rma		witl	h Approved Procedures .2653, .2654, .2658									Total Deductions:	1.5					
27			X		Compliance with variance, specialized process, reduced oxygen packing criteria or HACCP plan	210								Total Deductions:						



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Comment Addendum to Food Establishment Inspection Report CHARLEY'S PHILLY STEAKS #00945 Establishment ID: 3034022493 Establishment Name: Location Address: 3320 SILAS CREEK PARKWAY Date: 01/06/2020 X Inspection Re-Inspection City: WINSTON SALEM State: NC Status Code: A Comment Addendum Attached? Zip: 27103 County: 34 Forsyth Category #: III Water sample taken? Yes No Wastewater System: 

■ Municipal/Community □ On-Site System Email 1: dlopez@elbardi.com Water Supply: Permittee: ELBARDI INTERNATIONAL, LLC Email 2: Telephone: (336) 774-0144 Email 3: Temperature Observations Cold Holding Temperature is now 41 Degrees or less Temp Item Location Temp Item Location Location Temp Item 40 steak final cook 166 chicken walk in cooler ham make unit 40 hot water three comp sink 123 41 150 turkey make unit quat sani three comp sink ServSafe Yakema C. 10/9/24 00 lettuce make unit 40 144 nacho cheese hot holding 207 fries final cook walk in cooler 40 sausage tomatoes walk in cooler 40 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 4-601.11 (A) Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils - (P)-Robot coupe used to dice onions and green peppers was soiled with food residue on the inside as well as the blade. Food contact surfaces shall be clean to sight and touch. 602.11 Equipment Food-Contact Surfaces and Utensils-Frequency - Build up was present on ice machine shield. Equipment, food contact surfaces and utensils shall be cleaned at a frequency to prevent accumulation of debris. // 4-501.114 Manual and Mechanical Warewashing Equipment, Chemical Sanitization-Temperature, pH, Concentration and Hardness - (P)-REPEAT- sanitizer bucket near grill line read 0ppm for guat sanitizer. A guaternary ammonium sanitizer shall have a concentration as specified by the manufacturer's instructions. CDI: PIC remade sanitizer bucket to proper concentration. 45 4-501.11 Good Repair and Proper Adjustment-Equipment - Prep table in back has a broken shelf. Equipment shall be maintained in a state of good repair. Lock First Last Yakema Cook Person in Charge (Print & Sign): First Last Regulatory Authority (Print & Sign): Shannon Maloney REHS ID: 2826 - Maloney, Shannon Verification Required Date

REHS Contact Phone Number: (336)703-3383

North Carolina Department of Health & Human Services • Division of Public Health • Environmental Health Section • Food Protection Program DHHS is an equal opportunity employer.





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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