

# Food Establishment Inspection Report

Score: 100

Establishment Name: TRICE'S EATZ

Establishment ID: 3034020865

Location Address: 1922 S MARTIN LUTHER KING JR. DR.

City: WINSTON SALEM State: North Carolina

Zip: 27107 County: 34 Forsyth

Permittee: TRICE'S EATZ, LLC

Telephone: (336) 407-3136

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

Date: 06/30/2022 Status Code: A

Time In: 11:30 AM Time Out: 12:50 PM

Category#: IV

FDA Establishment Type: \_\_\_\_\_

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 |
|---|--|--|-----|-----|----|
| <b>Supervision .2652</b>  |  |  |     |     |    |
| 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   |    |
| <b>Employee Health .2652</b>  |  |  |     |     |    |
| 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  |
| <b>Good Hygienic Practices .2652, .2653</b>                         |  |  |     |     |    |
| 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  |
| <b>Preventing Contamination by Hands .2652, .2653, .2655, .2656</b> |  |  |     |     |    |
| 8   | <input checked="" type="checkbox"/> OUT  | Hands clean & properly washed  | 4   | 2   | 0  |
| 9   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A | 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  |
| <b>Approved Source .2653, .2655</b>                                 |  |  |     |     |    |
| 11  | <input checked="" type="checkbox"/> OUT  | Food obtained from approved source   | 2   | 1   | 0  |
| 12  | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A | 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A | Required records available: shellstock tags, parasite destruction                              | 2   | 1   | 0  |
| <b>Protection from Contamination .2653, .2654</b>                   |  |  |     |     |    |
| 15  | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A | Food separated & protected   | 3   | 1.5 | 0  |
| 16  | <input checked="" type="checkbox"/> OUT  | Food-contact surfaces: cleaned & sanitized   | 3   | 1.5 | 0  |
| 17  | <input checked="" type="checkbox"/> OUT  | Proper disposition of returned, previously served, reconditioned & unsafe food                 | 2   | 1   | 0  |
| <b>Potentially Hazardous Food Time/Temperature .2653</b>            |  |  |     |     |    |
| 18  | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A | Proper cooking time & temperatures   | 3   | 1.5 | 0  |
| 19  | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A | Proper reheating procedures for hot holding  | 3   | 1.5 | 0  |
| 20  | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A | Proper cooling time & temperatures   | 3   | 1.5 | 0  |
| 21  | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A | Proper hot holding temperatures  | 3   | 1.5 | 0  |
| 22  | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A                             | Proper cold holding temperatures   | 3   | 1.5 | 0  |
| 23  | <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A | Proper date marking & disposition  | 3   | 1.5 | X  |
| 24  | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A | Time as a Public Health Control; procedures & records  | 3   | 1.5 | 0  |
| <b>Consumer Advisory .2653</b>                                      |  |  |     |     |    |
| 25  | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A | Consumer advisory provided for raw/undercooked foods   | 1   | 0.5 | 0  |
| <b>Highly Susceptible Populations .2653</b>                         |  |  |     |     |    |
| 26  | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A | Pasteurized foods used; prohibited foods not offered   | 3   | 1.5 | 0  |
| <b>Chemical .2653, .2657</b>  |  |  |     |     |    |
| 27  | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> 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  |
| <b>Conformance with Approved Procedures .2653, .2654, .2658</b>     |  |  |     |     |    |
| 29  | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A | 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 |
|---|--|--|-----|-----|----|
| <b>Safe Food and Water .2653, .2655, .2658</b>                            |  |  |     |     |    |
| 30  | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A | 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A | Variance obtained for specialized processing methods   | 2   | 1   | 0  |
| <b>Food Temperature Control .2653, .2654</b>                              |  |  |     |     |    |
| 33  | <input checked="" type="checkbox"/> OUT  | Proper cooling methods used; adequate equipment for temperature control                                | 1   | 0.5 | 0  |
| 34  | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A | Plant food properly cooked for hot holding   | 1   | 0.5 | 0  |
| 35  | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A | Approved thawing methods used  | 1   | 0.5 | 0  |
| 36  | <input checked="" type="checkbox"/> OUT  | Thermometers provided & accurate   | 1   | 0.5 | 0  |
| <b>Food Identification .2653</b>  |  |  |     |     |    |
| 37  | <input checked="" type="checkbox"/> OUT  | Food properly labeled: original container  | 2   | 1   | 0  |
| <b>Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657</b> |  |  |     |     |    |
| 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 <input type="checkbox"/> N/A                             | Washing fruits & vegetables  | 1   | 0.5 | 0  |
| <b>Proper Use of Utensils .2653, .2654</b>                                |  |  |     |     |    |
| 43  | <input checked="" type="checkbox"/> OUT  | In-use utensils: properly stored   | 1   | 0.5 | 0  |
| 44  | <input checked="" type="checkbox"/> OUT  | Utensils, equipment & linens: properly stored, dried & handled   | 1   | 0.5 | 0  |
| 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  |
| <b>Utensils and Equipment .2653, .2654, .2663</b>                         |  |  |     |     |    |
| 47  | <input checked="" type="checkbox"/> OUT  | Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed & used | 1   | 0.5 | 0  |
| 48  | <input checked="" type="checkbox"/> OUT  | Warewashing facilities: installed, maintained & used; test strips                                      | 1   | 0.5 | 0  |
| 49  | <input checked="" type="checkbox"/> OUT  | Non-food contact surfaces clean  | 1   | 0.5 | 0  |
| <b>Physical Facilities .2654, .2655, .2656</b>                            |  |  |     |     |    |
| 50  | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A                             | Hot & cold water available; adequate pressure  | 1   | 0.5 | 0  |
| 51  | <input checked="" type="checkbox"/> OUT  | Plumbing installed; proper backflow devices  | 2   | 1   | 0  |
| 52  | <input checked="" type="checkbox"/> OUT  | Sewage & wastewater properly disposed  | 2   | 1   | 0  |
| 53  | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> 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"/> OUT  | Physical facilities installed, maintained & clean  | 1   | 0.5 | 0  |
| 56  | <input checked="" type="checkbox"/> OUT  | Meets ventilation & lighting requirements; designated areas used                                       | 1   | 0.5 | 0  |
| <b>TOTAL DEDUCTIONS:</b>  |  |  |     |     | 0  |



# Comment Addendum to Food Establishment Inspection Report

Establishment Name: TRICE'S EATZ  
Location Address: 1922 S MARTIN LUTHER KING JR. DR.  
City: WINSTON SALEM State: NC  
County: 34 Forsyth Zip: 27107  
Wastewater System: ☒ Municipal/Community ☐ On-Site System  
Water Supply: ☒ Municipal/Community ☐ On-Site System  
Permittee: TRICE'S EATZ, LLC  
Telephone: (336) 407-3136

Establishment ID: 3034020865  
☒ Inspection ☐ Re-Inspection Date: 06/30/2022  
Comment Addendum Attached? ☒ Status Code: A  
Water sample taken? ☐ Yes ☒ No Category #: IV  
Email 1: PATRICESJEFFREYS@YAHOO.COM  
Email 2:  
Email 3:

## Temperature Observations

**Effective January 1, 2019 Cold Holding is now 41 degrees or less**

| Item            | Location              | Temp | Item | Location | Temp | Item | Location | Temp |
|-----------------|-----------------------|------|------|----------|------|------|----------|------|
| air temp        | upright cooler        | 34   |      |          |      |      |          |      |
| sanitizer (qac) | three comp sink (ppm) | 200  |      |          |      |      |          |      |
| hot temp        | dish machine          | 162  |      |          |      |      |          |      |
| hot water       | three comp sink       | 150  |      |          |      |      |          |      |

First  
Person in Charge (Print & Sign): Patrice

Last  
Jeffreys

First  
Regulatory Authority (Print & Sign): Joseph

Last  
Chrobak

Patrice Jeffreys

Joseph Chrobak

REHS ID: 2450 - Chrobak, Joseph

Verification Required Date:

REHS Contact Phone Number: (336) 703-3164

Authorize final report to  
be received via Email: \_\_\_\_\_



North Carolina Department of Health & Human Services

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DHHS is an equal opportunity employer.  
Food Establishment Inspection Report, 10/2021

• Division of Public Health • Environmental Health Section

• Food Protection Program



## Comment Addendum to Inspection Report

**Establishment Name:** TRICE'S EATZ

**Establishment ID:** 3034020865

**Date:** 06/30/2022 **Time In:** 11:30 AM **Time Out:** 12:50 PM

### Certifications

| Name             | Certificate # | Type         | Issue Date | Expiration Date |
|------------------|---------------|--------------|------------|-----------------|
| Patrice Jeffreys |               | Food Service |            | 09/15/2023      |

### 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.

- 23 3-501.17 Ready-To-Eat Time / Temperature Control for Safety Food, Date Marking (Pf) Deli meat packages open in upright cooler without date markings. Person in Charge stated they were opened on 6/29. Potentially hazardous foods held more than 24 hours must be date marked with the date of preparation or opening. CDI - PIC dated the packages.