

Food Establishment Inspection Report

Score: 91

Establishment Name: HARDEES 1500720

Establishment ID: 3034012399

Location Address: 10 EAST CLEMMONSVILLE RD

☐ Inspection ☒ Re-Inspection

City: WINSTON SALEM

State: NC

Date: 07 / 20 / 2015 Status Code: U

Zip: 27127

County: 34 Forsyth

Time In: 09 : 30 ^{am} Time Out: 12 : 00 ^{pm}

Permittee: SOUTH STAR NC, LLC

Total Time: 2 hrs 30 minutes

Telephone: (336) 788-3551

Category #: IV

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

FDA Establishment Type:

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

No. of Risk Factor/Intervention Violations: 3

No. of Repeat Risk Factor/Intervention Violations: 2

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.											
IN	OUT	N/A	N/O	Compliance Status				OUT	CDI	R	VR
Supervision .2652											
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PIC Present; Demonstration-Certification by accredited program and perform duties				2	0	<input type="checkbox"/>	<input type="checkbox"/>
Employee Health .2652											
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, employees knowledge; responsibilities & reporting				3	15	0	<input type="checkbox"/>
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of reporting, restriction & exclusion				3	15	0	<input type="checkbox"/>
Good Hygienic Practices .2652, .2653											
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco use				2	1	0	<input type="checkbox"/>
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose or mouth				1	05	0	<input type="checkbox"/>
Preventing Contamination by Hands .2652, .2653, .2655, .2656											
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean & properly washed				4	2	0	<input type="checkbox"/>
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No bare hand contact with RTE foods or pre-approved alternate procedure properly followed				3	15	0	<input type="checkbox"/>
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Handwashing sinks supplied & accessible				2	1	0	<input type="checkbox"/>
Approved Source .2653, .2655											
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source				2	1	0	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food received at proper temperature				2	1	0	<input type="checkbox"/>
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe & unadulterated				2	1	0	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Required records available: shellstock tags, parasite destruction				2	1	0	<input type="checkbox"/>
Protection from Contamination .2653, .2654											
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated & protected				3	15	0	<input type="checkbox"/>
14	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized				3	15	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, & unsafe food				2	1	0	<input type="checkbox"/>
Potentially Hazardous Food Time/Temperature .2653											
16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooking time & temperatures				3	15	0	<input type="checkbox"/>
17	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Proper reheating procedures for hot holding				3	<input checked="" type="checkbox"/>	0	<input checked="" type="checkbox"/>
18	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling time & temperatures				3	15	0	<input type="checkbox"/>
19	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures				3	15	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures				3	15	0	<input type="checkbox"/>
21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking & disposition				3	15	0	<input type="checkbox"/>
22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Time as a public health control: procedures & records				2	1	0	<input type="checkbox"/>
Consumer Advisory .2653											
23	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consumer advisory provided for raw or undercooked foods				1	05	0	<input type="checkbox"/>
Highly Susceptible Populations .2653											
24	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pasteurized foods used; prohibited foods not offered				3	15	0	<input type="checkbox"/>
Chemical .2653, .2657											
25	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food additives: approved & properly used				1	05	0	<input type="checkbox"/>
26	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified stored, & used				2	1	0	<input type="checkbox"/>
Conformance with Approved Procedures .2653, .2654, .2658											
27	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Compliance with variance, specialized process, reduced oxygen packing criteria or HACCP plan				2	1	0	<input type="checkbox"/>

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	VR
Safe Food and Water .2653, .2655, .2658											
28	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required				1	05	0	<input type="checkbox"/>
29	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source				2	1	0	<input type="checkbox"/>
30	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Variance obtained for specialized processing methods				1	05	0	<input type="checkbox"/>
Food Temperature Control .2653, .2654											
31	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control				1	<input checked="" type="checkbox"/>	0	<input checked="" type="checkbox"/>
32	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding				1	05	0	<input type="checkbox"/>
33	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used				1	05	0	<input type="checkbox"/>
34	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided & accurate				1	05	0	<input type="checkbox"/>
Food Identification .2653											
35	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled: original container				2	1	0	<input type="checkbox"/>
Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657											
36	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Insects & rodents not present; no unauthorized animals				2	<input checked="" type="checkbox"/>	0	<input checked="" type="checkbox"/>
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display				2	1	0	<input type="checkbox"/>
38	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness				1	05	0	<input type="checkbox"/>
39	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used & stored				1	05	0	<input type="checkbox"/>
40	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits & vegetables				1	05	0	<input type="checkbox"/>
Proper Use of Utensils .2653, .2654											
41	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored				1	05	0	<input type="checkbox"/>
42	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils, equipment & linens: properly stored, dried & handled				1	05	0	<input type="checkbox"/>
43	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Single-use & single-service articles: properly stored & used				1	05	0	<input type="checkbox"/>
44	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly				1	05	0	<input type="checkbox"/>
Utensils and Equipment .2653, .2654, .2663											
45	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed, & used				<input checked="" type="checkbox"/>	1	0	<input checked="" type="checkbox"/>
46	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained, & used; test strips				1	<input checked="" type="checkbox"/>	0	<input checked="" type="checkbox"/>
47	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean				<input checked="" type="checkbox"/>	05	0	<input checked="" type="checkbox"/>
Physical Facilities .2654, .2655, .2656											
48	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot & cold water available; adequate pressure				2	1	0	<input type="checkbox"/>
49	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices				2	<input checked="" type="checkbox"/>	0	<input checked="" type="checkbox"/>
50	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage & waste water properly disposed				2	1	0	<input type="checkbox"/>
51	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied & cleaned				1	05	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
52	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Garbage & refuse properly disposed; facilities maintained				1	05	0	<input type="checkbox"/>
53	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained & clean				<input checked="" type="checkbox"/>	05	0	<input checked="" type="checkbox"/>
54	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Meets ventilation & lighting requirements; designated areas used				1	<input checked="" type="checkbox"/>	0	<input checked="" type="checkbox"/>
Total Deductions:										9	

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Comment Addendum to Food Establishment Inspection Report

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

Permittee: SOUTH STAR NC, LLC

Telephone: (336) 788-3551

Establishment ID: 3034012399

☐ Inspection ☒ Re-Inspection Date: 07/20/2015

Comment Addendum Attached? ☐ Status Code: U

Category #: IV

Email 1: stella.epperson@serazen.com

Email 2:

Email 3:

Temperature Observations

Item	Location	Temp	Item	Location	Temp	Item	Location	Temp
steak patties	hot hold	150	hamburger	final cook	165			
chicken	hot hold	150	thick burger	final cook	145			
ckicken	cook	187						
chicken	hot hold	178						
gravy	hot hold	150						
sausage	hot hold	160						
sanitizer	3 comp and buckets	200						
Julie Jarvis	#9657398 exp 1/4/18	0						

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 0 points- 4-601.11 (A) Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils - P- Approximately 10 lids or pans with sticker residue, grease or food debris. All food contact surfaces shall be clean to sight and touch. / 4-602.12 Cooking and Baking Equipment - C- Interior of microwaves with food debris and residue. The cavities and doors seals of microwaves shall be cleaned at least every 24 hours by using the manufacturer's recommended cleaning procedures.
- 17 3-403.11 Reheating for Hot Holding - P-Pan of refried beans placed in hot hold well at 118-122F. Potentially hazardous food that is cooked, cooled and re-heated for hot holding shall be reheated so that all parts of the food reach at least 165F for 15 seconds. CDI- Pan discarded. Repeat
- 19 3-501.16 (A)(1) Potentially Hazardous Food (Time/Temperature Control for Safety Food), Hot and Cold Holding - P- 0 points- Pork tenderloin at 120-125F. All hot foods to be maintained at 135F or higher. CDI-Meat discarded.

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Person in Charge (Print & Sign): Julie First Jarvis Last

Regulatory Authority (Print & Sign): Doris First Hogan Last

Julie Jarvis

Doris Hogan

REHS ID: 1808 - Hogan, Doris

Verification Required Date: / /

REHS Contact Phone Number: (336) 703 - 3133



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- 31 3-501.15 Cooling Methods - PF- Five 1/4 pans and one full pan of lettuce prepared the morning of the inspection, tightly covered at 55F at approximately 3 hours after preparation. All foods shall be cooled after preparation by placing food in shallow pans, smaller portions and protected from over head contamination. Foods prepared shall be cooled to less than 45F in 4 hours. CDI- Pans placed on cooling rack in thinner portions. Lettuce at 42F
- 36 6-202.15 Outer Openings, Protected - C- Drive thru window is not self closing. Outer openings of a food establishment shall be protected against the entry of insects and rodents by solid, self-closing, tight fitting doors/windows. Repair the drive thru window to close properly. / 6-501.111 Controlling Pests - PF- Flies present in the facility. The facility shall be free of insects, rodents and other pests. Repeat
- 45 4-501.11 Good Repair and Proper Adjustment-Equipment - C- Wheels of shelving broken, shelving rusty and coating missing throughout, ice scoop holder for large ice machine rusty, rust present on the shelving under the front beverage station. All food and non-food contact surfaces shall be maintained in good repair. Properly repair/replace all items on Transitional permit addendum. Repeat/ The door of the under counter reach-in on make line (grill side) does not close completely leaving a large gap at the top. This will cause cold air to escape the unit.
- 46 4-501.19 Manual Warewashing Equipment, Wash Solution Temperature - PF- Employee washing dishes in 102F water. Wash water shall be maintained at not less than 110F or the temperature specified by manufacturer's label instructions. CDI- Additional hot soapy water added to wash vat. Repeat
- 47 *4-602.13 Nonfood Contact Surfaces - C- Throughout the facility legs of equipment, shelving, inside reach-ins, fan covers in walk-ins, fryers, under the drive thru drink station, excessive amount of grease present on hood and filters over char broiler and exterior of equipment with food debris, grease and soil residue. Nonfood contact surfaces of equipment shall be cleaned at a frequency necessary to preclude accumulation of soil residues. Repeat
- 49 5-205.15 System Maintained in Good Repair - P- Toilet seats loose in both men's restrooms. Handsink leaking around the u-bend at the back handsink. Plumbing shall be maintained in good repair. Repeat
- 51 5-501.17 Toilet Room Receptacle, Covered - C- Only one of the 2 toilet stalls with covered trash can in women's restroom. A toilet room used by females shall be provided with a cover receptacle for sanitary napkins. Repeat



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- 53 6-501.12 Cleaning, Frequency and Restrictions - C- Floors and walls dirty throughout the facility under and behind equipment. Ceiling tiles and vents dirty and rusty throughout. Facility shall be maintained clean. / Floor and baseboard tiles damaged throughout and need repaired. / Exterior metal shed does not have approved walls, ceilings or baseboards. / Concrete shed with damaged and missing floor tiles. / Can wash not properly sealed to the wall. / Seal all holes in walls and ceiling tiles properly./ Clean floor of exterior freezer regularly to reduce build-up.
- 54 6-303.11 Intensity-Lighting - C- Lighting low at prep table, in walk-ins and sheds. All lighting must meet the required intensity. See transitional permit addendum for all areas where lighting is inadequate.



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