

Food Establishment Inspection Report

Score: 93

Establishment Name: BOJANGLES #117

Establishment ID: 3034010032

Location Address: 1535 PETERS CREEK PKWY.

☒ Inspection ☐ Re-Inspection

City: WINSTON-SALEM

State: NC

Date: 01 / 28 / 2016 Status Code: A

Zip: 27103

County: 34 Forsyth

Time In: 11 : 05 ^{am} _{pm} Time Out: 01 : 30 ^{am} _{pm}

Permittee: BOJANGLES' RESTAURANT, INC

Total Time: 2 hrs 25 minutes

Telephone: (336) 724-9746

Category #: III

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

FDA Establishment Type: Fast Food Restaurant

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

No. of Risk Factor/Intervention Violations: 2

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				<u>2</u>	<u>0</u>	<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				<u>3</u>	<u>15</u>	<u>0</u>	<input type="checkbox"/>
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of reporting, restriction & exclusion				<u>3</u>	<u>15</u>	<u>0</u>	<input type="checkbox"/>
Good Hygienic Practices .2652, .2653											
4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco use				<input checked="" type="checkbox"/>	<u>1</u>	<u>0</u>	<input checked="" type="checkbox"/>
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose or mouth				<u>1</u>	<u>05</u>	<u>0</u>	<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				<u>4</u>	<u>2</u>	<u>0</u>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No bare hand contact with RTE foods or pre-approved alternate procedure properly followed				<u>3</u>	<u>15</u>	<u>0</u>	<input type="checkbox"/>
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Handwashing sinks supplied & accessible				<u>2</u>	<u>1</u>	<u>0</u>	<input type="checkbox"/>
Approved Source .2653, .2655											
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source				<u>2</u>	<u>1</u>	<u>0</u>	<input type="checkbox"/>
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature				<u>2</u>	<u>1</u>	<u>0</u>	<input type="checkbox"/>
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe & unadulterated				<u>2</u>	<u>1</u>	<u>0</u>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Required records available: shellstock tags, parasite destruction				<u>2</u>	<u>1</u>	<u>0</u>	<input type="checkbox"/>
Protection from Contamination .2653, .2654											
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated & protected				<u>3</u>	<u>15</u>	<u>0</u>	<input type="checkbox"/>
14	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized				<u>3</u>	<input checked="" type="checkbox"/>	<u>0</u>	<input checked="" type="checkbox"/>
15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, & unsafe food				<u>2</u>	<u>1</u>	<u>0</u>	<input type="checkbox"/>
Potentially Hazardous Food Time/Temperature .2653											
16	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooking time & temperatures				<u>3</u>	<u>15</u>	<u>0</u>	<input type="checkbox"/>
17	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper reheating procedures for hot holding				<u>3</u>	<u>15</u>	<u>0</u>	<input type="checkbox"/>
18	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooling time & temperatures				<u>3</u>	<u>15</u>	<u>0</u>	<input type="checkbox"/>
19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures				<u>3</u>	<u>15</u>	<u>0</u>	<input type="checkbox"/>
20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures				<u>3</u>	<u>15</u>	<u>0</u>	<input type="checkbox"/>
21	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper date marking & disposition				<u>3</u>	<u>15</u>	<u>0</u>	<input type="checkbox"/>
22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Time as a public health control: procedures & records				<u>2</u>	<u>1</u>	<u>0</u>	<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				<u>1</u>	<u>05</u>	<u>0</u>	<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				<u>3</u>	<u>15</u>	<u>0</u>	<input type="checkbox"/>
Chemical .2653, .2657											
25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food additives: approved & properly used				<u>1</u>	<u>05</u>	<u>0</u>	<input type="checkbox"/>
26	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified stored, & used				<u>2</u>	<u>1</u>	<u>0</u>	<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				<u>2</u>	<u>1</u>	<u>0</u>	<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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pasteurized eggs used where required				<u>1</u>	<u>05</u>	<u>0</u>	<input type="checkbox"/>	
29	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source				<u>2</u>	<u>1</u>	<u>0</u>	<input type="checkbox"/>	
30	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Variance obtained for specialized processing methods				<u>1</u>	<u>05</u>	<u>0</u>	<input type="checkbox"/>	
Food Temperature Control .2653, .2654												
31	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control				<u>1</u>	<u>05</u>	<u>0</u>	<input type="checkbox"/>	
32	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding				<u>1</u>	<u>05</u>	<u>0</u>	<input type="checkbox"/>	
33	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used				<u>1</u>	<u>05</u>	<u>0</u>	<input type="checkbox"/>	
34	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided & accurate				<u>1</u>	<u>05</u>	<u>0</u>	<input type="checkbox"/>	
Food Identification .2653												
35	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food properly labeled: original container				<u>2</u>	<input checked="" type="checkbox"/>	<u>0</u>	<input checked="" type="checkbox"/>	
Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657												
36	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects & rodents not present; no unauthorized animals				<u>2</u>	<u>1</u>	<u>0</u>	<input type="checkbox"/>	
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display				<u>2</u>	<u>1</u>	<u>0</u>	<input type="checkbox"/>	
38	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness				<u>1</u>	<input checked="" type="checkbox"/>	<u>0</u>	<input checked="" type="checkbox"/>	
39	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used & stored				<u>1</u>	<u>05</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
40	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits & vegetables				<u>1</u>	<u>05</u>	<u>0</u>	<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				<u>1</u>	<u>05</u>	<u>0</u>	<input type="checkbox"/>	
42	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils, equipment & linens: properly stored, dried & handled				<u>1</u>	<u>05</u>	<u>0</u>	<input type="checkbox"/>	
43	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Single-use & single-service articles: properly stored & used				<u>1</u>	<u>05</u>	<u>0</u>	<input type="checkbox"/>	
44	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly				<u>1</u>	<u>05</u>	<u>0</u>	<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				<u>2</u>	<input checked="" type="checkbox"/>	<u>0</u>	<input checked="" type="checkbox"/>	
46	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained, & used; test strips				<u>1</u>	<u>05</u>	<u>0</u>	<input type="checkbox"/>	
47	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean				<u>1</u>	<input checked="" type="checkbox"/>	<u>0</u>	<input type="checkbox"/>	
Physical Facilities .2654, .2655, .2656												
48	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot & cold water available; adequate pressure				<u>2</u>	<u>1</u>	<u>0</u>	<input type="checkbox"/>	
49	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices				<u>2</u>	<u>1</u>	<u>0</u>	<input type="checkbox"/>	
50	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage & waste water properly disposed				<u>2</u>	<u>1</u>	<u>0</u>	<input type="checkbox"/>	
51	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied & cleaned				<u>1</u>	<u>05</u>	<u>0</u>	<input type="checkbox"/>	
52	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Garbage & refuse properly disposed; facilities maintained				<u>1</u>	<u>05</u>	<u>0</u>	<input type="checkbox"/>	
53	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained & clean				<u>1</u>	<input checked="" type="checkbox"/>	<u>0</u>	<input checked="" type="checkbox"/>	
54	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Meets ventilation & lighting requirements; designated areas used				<u>1</u>	<u>05</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Total Deductions:										<u>7</u>		



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Establishment ID: 3034010032

Location Address: 1535 PETERS CREEK PKWY.

☒ Inspection ☐ Re-Inspection Date: 01/28/2016

City: WINSTON-SALEM State: NC

Comment Addendum Attached? ☐ Status Code: A

County: 34 Forsyth Zip: 27103

Category #: III

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

Email 1: kscott@bojangles.com

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

Email 2:

Permittee: BOJANGLES' RESTAURANT, INC

Email 3:

Telephone: (336) 724-9746

Temperature Observations

Item	Location	Temp	Item	Location	Temp	Item	Location	Temp
Serv Safe	Travis Squire 12/28/20	0	cajun pintos	hot hold	210			
sausage	hot hold	166	chicken	hot bar	140			
bbq	hot hold	201	hot water	3 compartment sink	140			
chicken	hot hold	210						
rice	final	174						
cheese	make top	42						
country ham	reach in cooler	42						
rice	hot hold	210						

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.

- 4 2-401.11 Eating, Drinking, or Using Tobacco - C - Repeat: 2-401.11 Eating, Drinking, or Using Tobacco - C - Multiple employee beverages stored on prep surfaces. A food employee may drink from a closed beverage container (cup with lid and straw) if the container is handled to prevent contamination of employee hands, the container, exposed food, clean equipment, utensils, linens, and unwrapped single service items. CDI - PIC voluntarily discarded beverage.
- 14 4-601.11 (A) Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils - P - Repeat: All tea urn nozzles checked had mold growth. Clean as often as necessary to preclude accumulation of mold. CDI - All tea urn nozzles cleaned.
- 35 3-302.12 Food Storage Containers Identified with Common Name of Food - C - 3-302.12 Food Storage Containers Identified with Common Name of Food - C - Repeat - Bottles of icing not labeled. Working containers holding food or food ingredients that are removed from their original packages for use in the establishment must be labeled with the common name of the food. CDI - Label bottles.



Person in Charge (Print & Sign): Jessica First Ivory Last

Regulatory Authority (Print & Sign): Carla First Day Last

REHS ID: 2405 - Day, Carla

Verification Required Date: / /

REHS Contact Phone Number: (336) 703 - 3144



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- 38 2-303.11 Prohibition-Jewelry - C - Repeat - Employees preparing food observed wearing bracelets and watches. Except for a plain ring such as a wedding band, while preparing food, food employees may not wear jewelry including medical information jewelry on their arms and hands. / 2-302.11 Maintenance-Fingernails - PF - Employees wearing nail polish and artificial nails observed plating food. Unless wearing intact gloves in good repair, a food employee may not wear fingernail polish or artificial nails when working with exposed food.
- 39 3-304.14 Wiping Cloths, Use Limitation - C - 0 points - Wet wiping cloths observed stored on make top unit and prep surfaces. Cloths in-use for wiping counters and other equipment surfaces shall be held between uses in chemical sanitizer solution.
- 45 4-501.11 Good Repair and Proper Adjustment-Equipment - C - Equipment repair/replacement necessary on bent shelves in dry storage. /
4-205.10 Food Equipment, Certification and Classification - C - Discontinue using milk crates for storage of miscellaneous items. They are not approved for use in establishment.
- 47 4-601.11 (B) and (C) Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils - C - Equipment cleaning necessary on: all shelving in walk in coolers, cabinets, and hot hold units.
- 53 Floors- Floor cleaning necessary underneath soda fountain cabinet. Baseboard is not coved in all areas of kitchen. Baseboard must be coved throughout entire kitchen.
Walls - Wall cleaning necessary in men's restroom
- 54 6-303.11 Intensity-Lighting - C - 0 points - Lighting measures less than 50 foot candles underneath hood. Recommend replacing lightbulbs that do not function.



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✓
Spell



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Spell



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✓
Spell

