Г(JU	u	E	.51	abiisiinieni inspectioi	ΙΓ	(6	;h	UI	ι						Sco	ore) : -	<u>93</u>	
ĒS	tab	lis	hr	ner	nt Name: HOLIDAY INN EXPRESS									Е	st	ablishment ID: 3034011861				
Location Address: 1570 HWY 66 SOUTH										Inspection ☐ Re-Inspection										
Cit	City:_KERNERSVILLE State: NC									Date: <u>07 / 13 / 2016</u> Status Code: A										
zip: 27284 County: 34 Forsyth								_	Time In: $0.8 : 3.5 \overset{\otimes}{\circ} ^{am}$ Time Out: $1.1 : 4.0 \overset{\otimes}{\circ} ^{am}$											
								Total Time: 3 hrs 5 minutes												
								Category #: II												
Telephone: (336) 564-3333								EDA Fetablishment Type: Full-Service Restaurant												
					System: Municipal/Community						ter	n				Risk Factor/Intervention Violations:	4			
N	ate	r S	up	ply	y: ⊠Municipal/Community □On-	-Sit	е :	Su	oply	/						Repeat Risk Factor/Intervention Viola		วทร	2	<u>:</u>
		lh.)rn	الل	ness Risk Factors and Public Health In	ton	'n	tior	20							Good Retail Practices		=		
				-	ibuting factors that increase the chance of developing food		-		15		,	Good	d Re	tail F	ract	tices: Preventative measures to control the addition of patho	gen	s, ch	emic	als,
P	ublic	He	alth	Inter	ventions: Control measures to prevent foodborne illness of	or inju	ıry.									and physical objects into foods.	_			
				N/O	Compliance Status	(DUT	CI	DI R	VR	-		_	N/A			(OUT	CDI	R VR
\neg	uper	visi X	_		.2652 PIC Present; Demonstration-Certification by	X	Ī	0 [П	28	$\overline{}$	000	and	a w	ater .2653, .2655, .2658 Pasteurized eggs used where required	1	0.5		
				ealth	accredited program and perform duties .2652			ع إك												
2		X			Management, employees knowledge; responsibilities & reporting	3	1.5	X		X						Water and ice from approved source Variance obtained for specialized processing	2	+	+	\vdash
-	<u> </u>	_			Proper use of reporting, restriction & exclusion	3	+	0 [10		30		<u> </u>	×		methods	1	0.5		
_		Ну	gier	ic Pr	ractices .2652, .2653				-1-		-	\neg	\neg	pera	atur	e Control .2653, .2654 Proper cooling methods used; adequate	1			
\neg	-T				Proper eating, tasting, drinking, or tobacco use	2	1	0			31				_	equipment for temperature control		0.5	1-	
5	×				No discharge from eyes, nose or mouth	1	0.5	0			32					Plant food properly cooked for hot holding	1	==		
_		ntin	g C	onta	mination by Hands .2652, .2653, .2655, .2656						33				X	Approved thawing methods used	1	0.5		-
6	X				Hands clean & properly washed	4	2	0			34		X			Thermometers provided & accurate	1	X	<u> 1</u>	
7	X				No bare hand contact with RTE foods or pre- approved alternate procedure properly followed	3	1.5	0			-		$\overline{}$	ntific	atio			=	1=	
8	×				Handwashing sinks supplied & accessible	2	1	0	10	П	\blacksquare	X		6	-	Food properly labeled: original container	2	110	<u> </u>	
			d Sc	ource									ntio	n or	F00	od Contamination .2652, .2653, .2654, .2656, .2657 Insects & rodents not present; no unauthorized	2	1 0		
9	X				Food obtained from approved source	2	1	0				_	_			animals Contamination prevented during food		#	1-	
10				×	Food received at proper temperature	2	1	0								preparation, storage & display	2	=		
11	×				Food in good condition, safe & unadulterated	2	1	0			38	_				Personal cleanliness	1	0.5		
12	\Box	П	X	П	Required records available: shellstock tags,	2	1	0	10	П	39	X				Wiping cloths: properly used & stored	1	0.5		
	rote	ctio		om C	parasite destruction Contamination .2653, .2654						40	X				Washing fruits & vegetables	1	0.5	<u> </u>	
13	X				Food separated & protected	3	1.5	0			$\overline{}$	_	$\overline{}$	se of	f Ute	ensils .2653, .2654				
14	X				Food-contact surfaces: cleaned & sanitized	3	1.5	0 [X					1	0.5	40	
15	-	П			Proper disposition of returned, previously served	, 2	1	0	10	П	42	X				Utensils, equipment & linens: properly stored, dried & handled	1	0.5	<u> </u>	
		tial	ly H	azaro	reconditioned, & unsafe food dous Food Tlme/Temperature .2653						43	X				Single-use & single-service articles: properly stored & used	1	0.5	1 🗆	
16				×	Proper cooking time & temperatures	3	1.5	0			44	X				Gloves used properly	1	0.5	<u> </u>	
17				×	Proper reheating procedures for hot holding	3	1.5	0			Uf	ens	ils a	nd I	Equ	ipment .2653, .2654, .2663				
18				×	Proper cooling time & temperatures	3	1.5	0 [45		X			Equipment, food & non-food contact surfaces approved, cleanable, properly designed,	2	1	≰□	
19	П	×		\Box	Proper hot holding temperatures	X	1.5	0 >		П	16	X				constructed, & used Warewashing facilities: installed, maintained, &	1	0.5		
\dashv	×			Ħ	Proper cold holding temperatures	3	7	0				_				used; test strips			#=	
\rightarrow	×			H		\exists	1.5				47 DI		X I	Facil	litio	Non-food contact surfaces clean s .2654, .2655, .2656	1	0.5		
21				닏	Proper date marking & disposition Time as a public health control: procedures &	干						$\overline{}$			IIIIe:	Hot & cold water available; adequate pressure	2	1 0		ПП
22		LI C	X	dvice	records	[2]	1	0		Ш	49	_				Plumbing installed; proper backflow devices	2	1	1-	
23	DIIS	П	I A	dviso	Consumer advisory provided for raw or		0.5	ol L	10		50	-							ℲΞ	
H	ighl	/ Sı		eptib	undercooked foods . le Populations .2653	ات		- ا	-1-				\equiv			Sewage & waste water properly disposed Toilet facilities: properly constructed, supplied	2	1 (\pm	
24			X		Pasteurized foods used; prohibited foods not offered	3	1.5	0 [51	X				& cleaned	1	0.5	#	
C	hem	ical			.2653, .2657						52		X			Garbage & refuse properly disposed; facilities maintained	1	×		
25			X		Food additives: approved & properly used	1	0.5	0			53		X			Physical facilities installed, maintained & clean	1	0.5		
26	$\Box ar{ }$	X			Toxic substances properly identified stored, & used	2	×	0 🔀			54		X			Meets ventilation & lighting requirements; designated areas used	1	0.5		
C	onfo	rma	anc	e wit	h Approved Procedures .2653, .2654, .2658						Г						7			

Compliance with variance, specialized process, reduced oxygen packing criteria or HACCP plan



Total Deductions: 7

stablishmer	nt Name: HOLIDAY II	NN EXPRE	SS		Establishi	incit ib):_3034011861		
Location Ac	ddress: 1570 HWY 66	SOUTH			⊠Inspecti	ion 🗌	Re-Inspection	Date: 07/13	/2016
City: KERNE	ERSVILLE		S	state: NC_	Comment Ac	ddendum	Attached?	Status Cod	le:
County: 34	Forsyth		_ Zip: <u>27284</u>					Category #	<u> </u>
	System: 🛛 Municipal/Com				Email 1: hi	iekerners	ville@hotmail.com	1	
Water Supply:	∴ Municipal/Com LEGACY HOSPITALI		On-Site System		Email 2:				
	(336) 564-3333				Email 3:				
relepriorie.	(000) 004 0000								
	Lasakiaa	T			Observation		14	1	T
tem Pork sausage	Location Hot hold	Temp 123	Item	Location		Temp	Item	Location	Temp
Ham/Turkey	Hot hold	120							
Gravy	Hot hold	124	· -						
Eggs	Hot hold	107							
Gravy	Upright	35							
Air temp	Beverage cooler	45							
Hot water	3 Compartment sink	133							
Quat Sanitizer	3 compartment sink	200							
manager c	Certified Food Protectertification. An emplon ANSI accredited pro	oyee with							
2-102.12 C manager c through an 2-201.11 (a employee	ertification. An empl	oyee with ogram. sponsibilif . The peri	supervisory by of Permit From the holder sh	and manage Holder, Perso	ement respons on in Charge, a od employees	and Con	nall be a certified aditional Employert to the person i	food protection ees - P- 0 pts. in charge info	on manager No rmation about
2-102.12 C manager c through an 2-201.11 (a employee their health 3-501.16 (a Sausage 1 hazardous	ertification. An empl n ANSI accredited pro A), (B), (C), & (E) Re health policy in place	sponsibility. The periods that a contract that	supervisory by of Permit House share transmiss ood (Time/Te	and manage Holder, Perso all require fo sible through emperature C gravy 124F,	on in Charge, and employees food. Employ	and Con s to repo ree healt ety Food 'F were	nall be a certified ditional Employert to the person it policy will be solon, Hot and Cold maintained below	food protection ees - P- 0 pts. in charge inform sent to PIC thr Holding - P- R	No manager No mation about ough email.
2-102.12 C manager c through an 2-201.11 (a employee) their health 3-501.16 (a Sausage 1 hazardous to 180F an	A)(1) Potentially Haz foods shall be maintained aggs were discard	sponsibility. The periods sees that a sees that a seed.	supervisory by of Permit I- mit holder share transmiss ood (Time/Te DF, sausage 35F or above irst	and manage Holder, Perso all require fo sible through emperature C gravy 124F, e. CDI- Saus	on in Charge, and employees food. Employees and eggs 107 sage reheated	and Con s to repo ree healt ety Food 'F were	nall be a certified ditional Employert to the person it policy will be solon, Hot and Cold maintained below	food protection ees - P- 0 pts. in charge inform sent to PIC thr Holding - P- R	No manager No mation about ough email.
2-102.12 C manager c through an 2-201.11 (a employee) their health 3-501.16 (a Sausage 1 hazardous to 180F an	A), (B), (C), & (E) Re health policy in place h as it relates to disease as it relates to disease foods shall be mainted eggs were discard the health (Print & Sign): hority (Print & Sign):	sponsibilities. The period ardous For patty 120 ained at 1 ed.	supervisory by of Permit Finit holder share transmiss ood (Time/Te OF, sausage 35F or above irst REHSI	and manage Holder, Perso all require fo sible through emperature C gravy 124F, e. CDI- Saus	ement responsement	and Con s to repo ree healt ety Food 'F were	nall be a certified ditional Employert to the person it policy will be solon, Hot and Cold maintained below	food protection ees - P- 0 pts. in charge inform sent to PIC thr Holding - P- R	No manager No mation about ough email.
2-102.12 C manager c through an 2-201.11 (a employee) their health 3-501.16 (a Sausage 1 hazardous to 180F an	A)(1) Potentially Haz (23-125F, ham/turkey foods shall be maint and eggs were discard	sponsibilities. The period ardous For patty 120 ained at 1 ed.	supervisory by of Permit Finit holder share transmiss ood (Time/Te OF, sausage 35F or above irst REHSI	and manage Holder, Perso all require fo sible through emperature C gravy 124F, e. CDI- Saus	ement responsement	and Const to reported healt	nall be a certified ditional Employert to the person it policy will be solon, Hot and Cold maintained below	ees - P- 0 pts. in charge information of the picture of the pictur	No manager No mation about ough email.

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NOPH)

Establishment Name: HOLIDAY INN EXPRESS Establishment ID: 3034011861

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.



- 7-202.12 Conditions of Use P,PF- Chlorine spray bottle had a very high concentration when measured with test strip. Test stip was immediately bleached by solution.PIC stated that bleach is added to spray bottle and not diluted. Poisonous or toxic materials shall be used according to manufacturer's use directions including in labeling. CDI- PIC discarded solution.
- 4-203.11 Temperature Measuring Devices, Food-Accuracy PF- 1 of 1 thermometer provided was out of calibration by 3 degrees. Food thermometers shall be accurate to +/-2F in the intended range of use. Calibrate thermometer and contact Eva Robert for a verification at (336)703-3135 or at robertea@forsyth.cc.
- 4-501.11 Good Repair and Proper Adjustment-Equipment C- 0 pts. Repair/replacement needed on sneeze guard stoppers on hot holding unit and bread storage case. Equipment shall be in good repair.//4-205.10 Food Equipment, Certification and Classification C- Rubbermaid plastic container in upright used to store butter. Food equipment shall be used in accordance with the manufacturer's intended use and certified or classified for sanitation. Discontinue use of rubbermaid container. / Cardboard box used to store plastic fork is being used to store washed apples in upright. Single-service and single-use articles may not be reused. Discontinue use of cardboard box.
- 4-601.11 (B) and (C) Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils C- 0 pts. Minor cleaning needed underneath cabinets of self-service line. Nonfood-contact surfaces shall be kept free of an accumulation of dust, dirt, food residue, and other debris.
- 5-203.14 Backflow Prevention Device, When Required P- 0 pts. ASSE 1022 needed on juice machine. A backflow prevention device shall be installed to prevent backflow of contaminants back into the water supply system. Provide documentation that an air gap is in place or install backflow prevention device. Contact Eva Robert for a verification at (336)703-3135 or at robertea@forsyth.cc.
- 5-501.114 Using Drain Plugs C- Drain plug missing on dumpster. A drain plug shall be in place. Contact dumpster provider for replacement. //5-501.113 Covering Receptacles C- 2 dumpster doors were not closed. Receptacles shall be covered with tight-fitting doors.
- 6-201.11 Floors, Walls and Ceilings-Cleanability C- 0 pts. Seal/recaulk handwashing sink to wall. Walls shall be easily cleanable.//6-501.12 Cleaning, Frequency and Restrictions C- Minor cleaning needed behind 3 compartment sink. Walls shall be kept clean.





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Spell

6-303.11 Intensity-Lighting - C- 0 pts. Low lighting measured at self-service area. 6-15 foot candles. Lighting shall be at least 20 foot candles at a surface where food is provided for consumer self-service. Increase lighting.





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