Food Establishment Inspection Report Score: 97.5

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Establishment Name: BISCUITVILLE 129	Establishment ID: 3034010936	
Location Address: 6405 SESSION CT		
City: CLEMMONS	State: NC Date: 06 / 06 / 2019 Status Code: A	
Zip: County: 34 Forsyth	Time In: $\underline{10} : \underline{05} \overset{\otimes}{\bigcirc} \underline{am}$ Time Out: $\underline{12} : \underline{0}$	_ Ø
Permittee: BISCUITVILLE INC	Total Time: 1 hr 55 minutes	
Telephone: (336) 766-7768	Category #: III	
	FDA Establishment Type: Fast Food Restaurant	
Wastewater System: Municipal/Community	No. of Risk Factor/Intervention Violations:	1
Water Supply: ⊠Municipal/Community □ On-	-Site Supply No. of Repeat Risk Factor/Intervention Viola	ations: 1
Foodborne Illness Risk Factors and Public Health In	terventions Good Retail Practices	
Risk factors: Contributing factors that increase the chance of developing food	lborne illness. Good Retail Practices: Preventative measures to control the addition of patho	gens, chemicals,
Public Health Interventions: Control measures to prevent foodborne illness of		
N OUT N/A N/O Compliance Status	OUT CDI R VR NOUT N/A N/O Compliance Status Safe Food and Water .265326552658	OUT CDI R VR
1 PIC Present: Demonstration-Certification by	Safe Food and Water	
Employee Health .2652	29 ☑ ☐ Water and ice from approved source	
2 🗵 🗆 Management, employees knowledge; responsibilities & reporting		
3 🛛 Proper use of reporting, restriction & exclusion	methods	1 0.5 0
Good Hygienic Practices .2652, .2653	Food Temperature Control 2653, .2654 31 🖾 Proper cooling methods used; adequate equipment for temperature control	
4 🗵 🗌 Proper eating, tasting, drinking, or tobacco use		
5 🗵 🗌 No discharge from eyes, nose or mouth	1030	1 0.5 0
Preventing Contamination by Hands .2652, .2653, .2655, .2656	33	1 0.5 0
6 🗵 🗆 Hands clean & properly washed	420 Thermometers provided & accurate	1 0.5 0
7 🗷 🗆 🖂 Ho bare hand contact with RTE foods or preapproved alternate procedure properly followed	3 1.9 0 □ □ □ Food Identification .2653 3 5 ☑ □ Food properly labeled: original container	
8 🗵 🗌 Handwashing sinks supplied & accessible	Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657	
Approved Source .2653, .2655	Insects & rodents not present; no unauthorized	
9 🗵 🗆 Food obtained from approved source	2 1 0	
10	2 1 0	
11	2 1 0 Personal cleanliness	
12	2 1 0 □ □ □ 39 🗷 □ Wiping cloths: properly used & stored	1 0.5 0
Protection from Contamination .2653, .2654	40 🗵 🗌 Washing fruits & vegetables	1 0.5 0
13 🛛 🖂 🖂 Food separated & protected	3 1.5 0	1 0.5 0
14 ☐ ☒ Food-contact surfaces: cleaned & sanitized	3 × 0 × 1 × 1	
Proper disposition of returned, previously served reconditioned, & unsafe food	7 210 0 dried & handled	1 0.5 0
Potentially Hazardous Food Time/Temperature .2653	stored & used	1 0.5 0
16 🗵 🗌 🗎 Proper cooking time & temperatures	3 15 0	1 0.5 0
17	3 15 0 Utensils and Equipment .2653, .2654, .2663	
18	3 13 0 45 A saproved, cleanable, properly designed, constructed, & used	
19 🛛 🗌 🗎 Proper hot holding temperatures	3 1.5 0 46 🗷 U Warewashing facilities: installed, maintained, & used: test strips	10.50
20 🗵 🗆 🗎 Proper cold holding temperatures	3 15 0 □ □ 47 □ ☒ Non-food contact surfaces clean	1 0.5 🕱
21 🛛 🖂 🖂 Proper date marking & disposition	3 15 0 Physical Facilities .2654, .2655, .2656	
Time as a public health control: procedures &	2 1 0 Hot & cold water available; adequate pressure	210
Consumer Advisory .2653	49 🔀 🔲 Plumbing installed; proper backflow devices	210
23 🗵 🗆 Consumer advisory provided for raw or undercooked foods	1 05 0 □ □ 50 🗷 □ Sewage & waste water properly disposed	210000
Highly Susceptible Populations .2653	Toilet facilities: properly constructed, supplied	
24	3 1.5 0 U U U U U U U U U U U U U U U U U U	
Chemical .2653, .2657	maintained	1 0.5 0
25 Food additives: approved & properly used	Physical facilities installed, maintained & clean	
Toxic substances properly identified stored, & used	2 1 0	1050
Conformance with Approved Procedures .2653, .2654, .2658	Total Deductions:	2.5
27 Compliance with variance, specialized process, reduced oxygen packing criteria or HACCP plan	210 Deductions.	





Establishment Name: BISCUITVILLE 129				<u>Establishment Inspection Report</u> Establishment ID: 3034010936					
Location Address: 6405 SESSION CT						Re-Inspection	Date: <u>06</u>	/06/2019	
City: CLE	MMONS		St	ate: NC	Comment Add		·	Status C	
County:		Z	018 Zip: ²⁷⁰¹²	atc			Yes X No	Category	
-	er System: 🛛 Municipal/Comr		'		Email 1: bv129@biscuitville.com				
Water Sup		munity 🗌 On-	Site System						
	e: BISCUITVILLE INC				Email 2:				
Telephor	ne: (336) 766-7768				Email 3:				
			Tempe	erature Ob	servations	1			
	C		_	perature i		_	es or less		
Item Servsafe	Location SashaFlowers4/19/23	Temp Ite 0 S	em teak	Location final cook		Temp I	tem	Location	Temp
Quat	3 compartment sink	200 S	ausage	hot holding	1	39			
Quat	sanitizing bucket	200 P	otato	hot holding	1	49			
Hot water	3 compartment sink	142 S	crambled	final cook	1	60			
Air	reach in cooler	37 G	Brits	hot holding	1	70			
Sliced	walk in cooler	39							
Grits	on stove	170							
Sliced	reach in cooler	40							
		Ob	servatio	ns and Co	rrective Ac	tions			
	1.111 Controlling Pests - ts, rodents, and other pe	•	Flies insid	e the kitchen	of the establi	shment	. The PREMIS	ES shall be	maintained free c
plain inforr //2-40 worki Lock beard	3.11 Prohibition-Jewelry ring such as a wedding nation jewelry on their at 02.11 Effectiveness-Hairing with food during the lid restraints, and clothing sed FOOD; clean EQUIFINTS.	band, while rms and har Restraints - busy lunch r that covers	preparing l ids. · C No hair ush. FOOl body hair,	FOOD, FOOI restraint on DEMPLOYE that are design	DEMPLOYEE the person in ES shall wear gned and wor	S may charge hair res	not wear jewel straints such as ectively keep th	y including s hats, hair e	medical coverings or nets, contacting
	(D.)	<i>First</i> asha		La Flowers	st	6			
Person in Ch	narge (Print & Sign):				•	\oslash		<u> </u>	
Regulatory <i>F</i>	Authority (Print & Sign): ^{Jil}	First I		La Sakamoto RE		7). Sik	/ -/ h	12/2/1/
									U ,
	REHS ID:	2685 - Sak	amoto, Jill			Verificat	ion Required Dat	e: /	,

S Contact Phone Number: (336) 703 - 3137

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

Page 2 of _____ Food Establishment Inspection Report, 3/2013



Establishment Name: BISCUITVILLE 129 Establishment ID: 3034010936

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



- 4-501.11 Good Repair and Proper Adjustment-Equipment C Repeat. Icicles present on the line inside of the walk-in freezer. Rusted leg on the 3 compartment sink. Ice build up on the trim of the reach in freezer causing the right door to not close properly. Ice flakes (build up) inside the same reach in freezer. Equipment shall be maintained in good repair.
- 4-601.11 (B) and (C) Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils C Repeat. 0 points. Debris on shelving used to prepare orders (hot holding units/ toaster) and reach in freezer. Residue around the dispensers for the juice. Nonfood-contact surfaces of equipment shall be free of the accumulation of dirt, dust, food debris and other debris.
- 6-501.12 Cleaning, Frequency and Restrictions C Debris on the floor throughout the kitchen of the establishment. PHYSICAL FACILITIES shall be cleaned as often as necessary to keep them clean.

 //6-501.11 Repairing-Premises, Structures, Attachments,
 and Fixtures-Methods C A floor tile not attached under the fryer and a floor tile loose by the fryer. PHYSICAL FACILITIES shall be maintained in good repair. 0 points.





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