Food Establishment Inspection Report					Score: <u>99.5</u>					
Establishment Name: THE FLOUR BOX TEA ROOM AND CAFE				Establishment ID: 3034012406						
Location Address: 137 WEST STREET OLD SALEM				□ Statisticity I Statistics I						
City: WINSTON SALEM State: NC					Date: Ø 3 / Ø 6 / 2Ø 1 8 Status Code: A					
Zip: 27101 County: 34 Forsyth					Ti	me	In	: <u>Ø 9</u> : <u>5 Ø 8 am</u> Time Out: <u>1 1</u> :	50 ⁸ am	
Permittee: THE FLOUR BOX LLC								me: 2 hrs 0 minutes	0 P····	
Telephone: (336) 201-5182					Ca	ate	go	ry #: <u>II</u>		
					F	DA	Es	stablishment Type: Full-Service Restauran	nt	
Wastewater System: Municipal/Community			-	tem				Risk Factor/Intervention Violations:		
Water Supply: Municipal/Community On-	Site Sup	oply	1		No	o. c	of F	Repeat Risk Factor/Intervention Vic	olations:	
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.				Good Retail Practices Good Retail Practices: Preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.						
IN OUT NA NO Compliance Status	· ·	DI R	VR	IN OUT N/A NO Compliance Status OUT CDI R VR						
Supervision .2652				Safe		_				
1 Image: Second system PIC Present; Demonstration-Certification by accredited program and perform duties	200			28 🗆		×		Pasteurized eggs used where required	1050 🗆 🗆 🗆	
Employee Health .2652				29 🛛				Water and ice from approved source	210	
2 🛛 🗆 Management, employees knowledge; responsibilities & reporting	3 1.5 0			30 🗆		X		Variance obtained for specialized processing methods	10.50	
3 Proper use of reporting, restriction & exclusion	3 1.5 0				Tem	per	atur	e Control .2653, .2654		
Good Hygienic Practices .2652, .2653 4 X Proper eating, tasting, drinking, or tobacco use	210			31 🛛				Proper cooling methods used; adequate equipment for temperature control	1050	
5 X No discharge from eyes, nose or mouth				32 🗆			X	Plant food properly cooked for hot holding	1050 🗆 🗆 🗆	
Preventing Contamination by Hands .2652, .2653, .2655, .2656				33 🛛				Approved thawing methods used	1050 🗆 🗆 🗆	
6 X Hands clean & properly washed	420			34 🔀				Thermometers provided & accurate	1050 🗆 🗆 🗆	
No bare hand contact with RTE foods or pre-	31.50			Food	Ider	ntific	atio			
1 1	210			35 🛛			_	Food properly labeled: original container		
Approved Source .2653, .2655						n of	100	d Contamination .2652, .2653, .2654, .2656, .2 Insects & rodents not present; no unauthorized		
9 🛛 🗌 Food obtained from approved source	210			36 🛛				animals Contamination prevented during food		
10 🗌 🔲 🔀 Food received at proper temperature	210			37 🗙				preparation, storage & display		
11 🛛 🗌 Food in good condition, safe & unadulterated	2100			38 🛛				Personal cleanliness		
12 Required records available: shellstock tags, parasite destruction	210			39 🗙				Wiping cloths: properly used & stored		
Protection from Contamination .2653, .2654										
13 🛛 🗆 🗆 Food separated & protected	3 1.5 0			41 X	erUs	se o1	i Ute	ensils .2653, .2654 In-use utensils: properly stored		
14 Image: Second and the second and	31.50							Utensils, equipment & linens; properly stored.		
15 🛛 🗆 Proper disposition of returned, previously served, reconditioned, & unsafe food	210			42 🛛				dried & handled Single-use & single-service articles: properly		
Potentially Hazardous Food Time/Temperature .2653				43 🛛				stored & used		
16 Proper cooking time & temperatures	3 1.5 0			44 🛛				Gloves used properly		
17 🛛 🗆 🗆 Proper reheating procedures for hot holding	3 1.5 0					ina i	Equ	ipment .2653, .2654, .2663 Equipment, food & non-food contact surfaces		
18 Image: Second state 19	3 1.5 0			45 🛛	Ш			approved, cleanable, properly designed, constructed, & used		
19 Proper hot holding temperatures	3 1.5 0			46 🗙				Warewashing facilities: installed, maintained, & used; test strips	1050	
20 🛛 🗆	3 1.5 0			47 🛛				Non-food contact surfaces clean	1050 🗆 🗆	
21 🔲 🔀 🔲 Proper date marking & disposition	3 1.5 🗶 🔀			Physi	ical I	aci	litie			
22 Time as a public health control: procedures & records	210			48 🛛				Hot & cold water available; adequate pressure	210	
Consumer Advisory .2653		_11		49 🛛				Plumbing installed; proper backflow devices	21000	
	1 0.5 0			50 🛛				Sewage & waste water properly disposed		
Highly Susceptible Populations .2653 24 Image: Comparison of the state of the	3 1.5 0			51 🛛				Toilet facilities: properly constructed, supplied & cleaned	10.50	
24 Image: Chemical offered Chemical .2653, .2657				52 🔀				Garbage & refuse properly disposed; facilities maintained	10.50	
25 🗆 🖾 Food additives: approved & properly used	10.50			53 🗆	⊠			Physical facilities installed, maintained & clean		
26 🛛 🗌 🗍 Toxic substances properly identified stored, & used	210			54 🗆	⊠			Meets ventilation & lighting requirements; designated areas used	10.5 🗶 🗆 🗆	
Conformance with Approved Procedures .2653, .2654, .2658		I								
27 Compliance with variance, specialized process, reduced oxygen packing criteria or HACCP plan	210							Total Deduction	S. 0.0	

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

nd Establ	ishment	Inspection	Report

Comment Addendum to Food E	stablishment Inspection Report				
Establishment Name: THE FLOUR BOX TEA ROOM AND CAFE	Establishment ID: 3034012406				
Location Address: <u>137 WEST STREET OLD SALEM</u> City: <u>WINSTON SALEM</u> State: <u>NC</u>	Inspection Re-Inspection Date: 03/06/2018 Comment Addendum Attached? Status Code: A				
County: <u>34 Forsyth</u> Zip: <u>27101</u> Wastewater System: X Municipal/Community On-Site System Water Supply: X Municipal/Community On-Site System Permittee: THE FLOUR BOX LLC Telephone: (336) 201-5182	Category #: <u>II</u> Email 1: ^{theflourboxIIc@gmail.com Email 2:}				
Temperature O	Email 3: Observations				
Effective January 1, 2019 Cold H Item Location Temp Item Location Stephanie 08/14/22 0 Potato salad Make unit	Olding will change to 41 degrees				

Roasted	Reheat	166	Chicken pie	3 door cooler	36	
Lettuce	Make unit	39	Hot dogs	Upright cooler	41	
Pasta salad	Make unit	38	Tomatoes	Upright cooler	42	
Fruit salad	Make unit	32	Air temp	Milk cooler	42	

Hot water

Quat sani.

Chlorine sani.

3 comp sink

3 comp sink

Dish machine

135

200

100

Tomatoes

Hummus

Turkey

Observations and Corrective Actions

Make unit

Make unit

Make unit

34

34

36

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.

- 3-501.17 Ready-To-Eat Potentially Hazardous Food (Time/Temperature Control for Safety Food), Date Marking PF- 0 pts. One unpackaged bag of hot dogs did not bear date marking sticker. Potentially hazardous food prepared and packaged by a food processing plant shall be clearly marked, at the time the original container is opened in a food establishment and is held for more than 24 hours, to indicate the date or day by which the food shall be consumed on the premises, sold or discarded after 7 days if held at 41F or below and 4 days at 45F or below. The day of preparation shall be counted as Day 1. CDI- Person in charge discarded hot dogs.
- 6-201.11 Floors, Walls and Ceilings-Cleanability C- REPEAT. Food, equipment and linen are being stored in water heater room, which is not an approved storage closet. Floors, floor coverings, walls, wall coverings, and ceilings shall be designed, constructed, and installed so they are smooth and easily cleanable.// 6-501.16 Drying Mops C- Two mops drying upside down with mop head above handles. After use, mops shall be placed in a position that allows them to air-dry without soiling walls, equipment, or supplies.
- 54 6-303.11 Intensity-Lighting C- 0 pts. Low lighting measured at handwashing sink near espresso machine 6 foot candles and at tea prep table across can wash room 40-43 foot candles. Lighting shall be at least 20 foot candles at handwashing sinks and at least 50 foot candles at food prep areas. Increase lighting.

Lock Text				
J	First	Last		
Person in Charge (Print & Sign):	Stephanie	Falish	X Myther Simh	•
Regulatory Authority (Print & Sign	<i>First</i>): ^{Eva}	Last Robert REHS	That pert, Pars	
REHS ID	2551 - Robert, Eva		Verification Required Date: / //	
REHS Contact Phone Number	of Health & Human Services • I DHHS			NORM

Establishment ID: _3034012406

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