

Food Establishment Inspection Report

Score: 100

Establishment Name: VILLAGE JUICE CO.

Establishment ID: 3034012547

Location Address: 400 W. 4TH ST.

☒ Inspection ☐ Re-Inspection

City: WINSTON SALEM

State: NC

Date: 07 / 12 / 2019 Status Code: A

Zip: 27101 County: 34 Forsyth

Time In: 02 : 15 ☐ am ☒ pm Time Out: 04 : 15 ☐ am ☒ pm

Permittee: VILLAGE JUICE COMPANY, LLC

Total Time: 2 hrs 0 minutes

Telephone: (336) 893-5558

Category #: II

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

FDA Establishment Type: Full-Service Restaurant

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

No. of Risk Factor/Intervention Violations: 0

No. of Repeat Risk Factor/Intervention Violations: 0

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>13</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>13</u>	<u>0</u>	<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	<u>2</u>	<u>1</u>	<u>0</u>	<input type="checkbox"/>
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		No discharge from eyes, nose or mouth	<u>1</u>	<u>03</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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		No bare hand contact with RTE foods or pre-approved alternate procedure properly followed	<u>3</u>	<u>13</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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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>13</u>	<u>0</u>	<input type="checkbox"/>
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Food-contact surfaces: cleaned & sanitized	<u>3</u>	<u>13</u>	<u>0</u>	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooking time & temperatures	<u>3</u>	<u>13</u>	<u>0</u>	<input type="checkbox"/>
17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper reheating procedures for hot holding	<u>3</u>	<u>13</u>	<u>0</u>	<input type="checkbox"/>
18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooling time & temperatures	<u>3</u>	<u>13</u>	<u>0</u>	<input type="checkbox"/>
19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures	<u>3</u>	<u>13</u>	<u>0</u>	<input type="checkbox"/>
20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures	<u>3</u>	<u>13</u>	<u>0</u>	<input type="checkbox"/>
21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking & disposition	<u>3</u>	<u>13</u>	<u>0</u>	<input type="checkbox"/>
22	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consumer advisory provided for raw or undercooked foods	<u>1</u>	<u>03</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>13</u>	<u>0</u>	<input type="checkbox"/>
Chemical .2653, .2657									
25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food additives: approved & properly used	<u>1</u>	<u>03</u>	<u>0</u>	<input type="checkbox"/>
26	<input checked="" type="checkbox"/>	<input 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>03</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>03</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>03</u>	<u>0</u>	<input type="checkbox"/>
32	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Plant food properly cooked for hot holding	<u>1</u>	<u>03</u>	<u>0</u>	<input type="checkbox"/>
33	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Approved thawing methods used	<u>1</u>	<u>03</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>03</u>	<u>0</u>	<input type="checkbox"/>
Food Identification .2653									
35	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Food properly labeled: original container	<u>2</u>	<u>1</u>	<u>0</u>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Personal cleanliness	<u>1</u>	<u>03</u>	<u>0</u>	<input type="checkbox"/>
39	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Wiping cloths: properly used & stored	<u>1</u>	<u>03</u>	<u>0</u>	<input type="checkbox"/>
40	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Washing fruits & vegetables	<u>1</u>	<u>03</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>03</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>03</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>03</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>03</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>	<u>1</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
46	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Warewashing facilities: installed, maintained, & used; test strips	<u>1</u>	<u>03</u>	<u>0</u>	<input type="checkbox"/>
47	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Non-food contact surfaces clean	<u>1</u>	<u>03</u>	<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>03</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>03</u>	<u>0</u>	<input type="checkbox"/>
53	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Physical facilities installed, maintained & clean	<u>1</u>	<u>03</u>	<u>0</u>	<input type="checkbox"/>
54	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Meets ventilation & lighting requirements; designated areas used	<u>1</u>	<u>03</u>	<u>0</u>	<input type="checkbox"/>
Total Deductions:						<u>0</u>			



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Comment Addendum to Food Establishment Inspection Report

Establishment Name: VILLAGE JUICE CO.
 Location Address: 400 W. 4TH ST.
 City: WINSTON SALEM State: NC
 County: 34 Forsyth Zip: 27101
 Wastewater System: ☒ Municipal/Community ☐ On-Site System
 Water Supply: ☒ Municipal/Community ☐ On-Site System
 Permittee: VILLAGE JUICE COMPANY, LLC
 Telephone: (336) 893-5558

Establishment ID: 3034012547
☒ Inspection ☐ Re-Inspection Date: 07/12/2019
 Comment Addendum Attached? ☐ Status Code: A
 Water sample taken? ☐ Yes ☒ No Category #: II
 Email 1: lonnie@villagejuiceco.com
 Email 2:
 Email 3:

Temperature Observations

Cold Holding Temperature is now 41 Degrees or less

Item	Location	Temp	Item	Location	Temp	Item	Location	Temp
Dillon Starbird	9/19/23	0	tuna	service line	39			
hot water	three comp sink	128	curtido	service line	39			
sanitizer (qac)	three comp sink	200	tomato	service line	40			
hot plate	dish machine	174	sweet potato	service line	39			
curtido	make unit	40	kimchi	service line	40			
guac	make unit	37	walk in	sweet potato	40			
beyond meat	make unit	40	air temp	walk in	38			
beans	make unit	40	Air temp	upright cooler	28			

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.

- 45 4-501.11 Good Repair and Proper Adjustment-Equipment - C Surface rust present on underside shelf over three compartment sink. Clean and recondition the shelf to remove rust. Equipment shall be kept in good repair. 0 pts



Lock
Text



Person in Charge (Print & Sign): Silar *First* Southerland *Last*
 Regulatory Authority (Print & Sign): Joseph *First* Chrobak *Last*

[Signature]
[Signature]

REHS ID: 2450 - Chrobak, Joseph

Verification Required Date: / /

REHS Contact Phone Number: (336) 703 - 3164



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Comment Addendum to Food Establishment Inspection Report

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Establishment ID: 3034012547

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✓
Spell



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✓
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