

Food Establishment Inspection Report

Score: 97

Establishment Name: ARBYS 6234

Establishment ID: 3034011115

Location Address: 1015 S MAIN ST

Inspection Re-Inspection

City: KERNERSVILLE

State: NC

Date: 08 / 20 / 2019 Status Code: A

Zip: 27284

County: 34 Forsyth

Time In: 02 : 00 ^{am} _{pm} Time Out: 04 : 30 ^{am} _{pm}

Total Time: 2 hrs 30 minutes

Permittee: RTM OPERATING COMPANY, LLC

Category #: II

Telephone: (336) 993-4969

FDA Establishment Type: Fast Food Restaurant

Wastewater System: Municipal/Community On-Site System

No. of Risk Factor/Intervention Violations: 0

Water Supply: Municipal/Community On-Site Supply

No. of Repeat Risk Factor/Intervention Violations: _____

| 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 | 2 | 0 | | |
| Employee Health .2652 | | | | | | | | |
| 2 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Management, employees knowledge; responsibilities & reporting | 3 | 13 | 0 | |
| 3 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Proper use of reporting, restriction & exclusion | 3 | 13 | 0 | |
| Good Hygienic Practices .2652, .2653 | | | | | | | | |
| 4 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Proper eating, tasting, drinking, or tobacco use | 2 | 1 | 0 | |
| 5 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | No discharge from eyes, nose or mouth | 1 | 03 | 0 | |
| Preventing Contamination by Hands .2652, .2653, .2655, .2656 | | | | | | | | |
| 6 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hands clean & properly washed | 4 | 2 | 0 | |
| 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 | 3 | 13 | 0 | |
| 8 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Handwashing sinks supplied & accessible | 2 | 1 | 0 | |
| Approved Source .2653, .2655 | | | | | | | | |
| 9 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Food obtained from approved source | 2 | 1 | 0 | |
| 10 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Food received at proper temperature | 2 | 1 | 0 | |
| 11 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Food in good condition, safe & unadulterated | 2 | 1 | 0 | |
| 12 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Required records available: shellstock tags, parasite destruction | 2 | 1 | 0 | |
| Protection from Contamination .2653, .2654 | | | | | | | | |
| 13 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Food separated & protected | 3 | 13 | 0 | |
| 14 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Food-contact surfaces: cleaned & sanitized | 3 | 13 | 0 | |
| 15 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Proper disposition of returned, previously served, reconditioned, & unsafe food | 2 | 1 | 0 | |
| Potentially Hazardous Food Time/Temperature .2653 | | | | | | | | |
| 16 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Proper cooking time & temperatures | 3 | 13 | 0 | |
| 17 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Proper reheating procedures for hot holding | 3 | 13 | 0 | |
| 18 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Proper cooling time & temperatures | 3 | 13 | 0 | |
| 19 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Proper hot holding temperatures | 3 | 13 | 0 | |
| 20 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Proper cold holding temperatures | 3 | 13 | 0 | |
| 21 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Proper date marking & disposition | 3 | 13 | 0 | |
| 22 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Time as a public health control: procedures & records | 2 | 1 | 0 | |
| Consumer Advisory .2653 | | | | | | | | |
| 23 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Consumer advisory provided for raw or undercooked foods | 1 | 03 | 0 | |
| Highly Susceptible Populations .2653 | | | | | | | | |
| 24 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Pasteurized foods used; prohibited foods not offered | 3 | 13 | 0 | |
| Chemical .2653, .2657 | | | | | | | | |
| 25 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Food additives: approved & properly used | 1 | 03 | 0 | |
| 26 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Toxic substances properly identified stored, & used | 2 | 1 | 0 | |
| 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 | 2 | 1 | 0 | |

| 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 | 1 | 03 | 0 | |
| 29 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Water and ice from approved source | 2 | 1 | 0 | |
| 30 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Variance obtained for specialized processing methods | 1 | 03 | 0 | |
| 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 | 1 | 03 | 0 | |
| 32 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Plant food properly cooked for hot holding | 1 | 03 | 0 | |
| 33 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Approved thawing methods used | 1 | 03 | 0 | |
| 34 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Thermometers provided & accurate | 1 | 03 | 0 | |
| Food Identification .2653 | | | | | | | | |
| 35 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Food properly labeled: original container | 2 | 1 | 0 | |
| 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 | 2 | 1 | 0 | |
| 37 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Contamination prevented during food preparation, storage & display | 2 | 1 | 0 | |
| 38 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Personal cleanliness | 1 | 03 | 0 | |
| 39 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Wiping cloths: properly used & stored | 1 | 03 | 0 | |
| 40 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Washing fruits & vegetables | 1 | 03 | 0 | |
| Proper Use of Utensils .2653, .2654 | | | | | | | | |
| 41 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | In-use utensils: properly stored | 1 | 03 | 0 | |
| 42 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Utensils, equipment & linens: properly stored, dried & handled | 1 | 03 | 0 | |
| 43 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Single-use & single-service articles: properly stored & used | 1 | 03 | 0 | |
| 44 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Gloves used properly | 1 | 03 | 0 | |
| 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 | 1 | 03 | 0 | |
| 46 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Warewashing facilities: installed, maintained, & used; test strips | 1 | 03 | 0 | |
| 47 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Non-food contact surfaces clean | 1 | 03 | 0 | |
| Physical Facilities .2654, .2655, .2656 | | | | | | | | |
| 48 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hot & cold water available; adequate pressure | 2 | 1 | 0 | |
| 49 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Plumbing installed; proper backflow devices | 2 | 1 | 0 | |
| 50 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sewage & waste water properly disposed | 2 | 1 | 0 | |
| 51 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Toilet facilities: properly constructed, supplied & cleaned | 1 | 03 | 0 | |
| 52 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Garbage & refuse properly disposed; facilities maintained | 1 | 03 | 0 | |
| 53 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Physical facilities installed, maintained & clean | 1 | 03 | 0 | |
| 54 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Meets ventilation & lighting requirements; designated areas used | 1 | 03 | 0 | |
| Total Deductions: | | | | | 3 | | | |



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 County: 34 Forsyth Zip: 27284
 Wastewater System: Municipal/Community On-Site System
 Water Supply: Municipal/Community On-Site System
 Permittee: RTM OPERATING COMPANY, LLC
 Telephone: (336) 993-4969

Establishment ID: 3034011115
 Inspection Re-Inspection Date: 08/20/2019
 Comment Addendum Attached? Status Code: A
 Water sample taken? Yes No Category #: II
 Email 1:
 Email 2:
 Email 3:

Temperature Observations

Effective January 1, 2019 Cold Holding will change to 41 degrees

| Item | Location | Temp | Item | Location | Temp | Item | Location | Temp |
|----------------|------------------------|------|------------|--------------------|------|------|----------|------|
| CFPM | Matt Miller 8/29/2021 | 0 | turkey | make unit | 37 | | | |
| hot water | three compartment sink | 160 | ham | make unit | 37 | | | |
| quat sanitizer | three compartment sink | 300 | tomatoes | make unit | 36 | | | |
| chlorine | dish machine | 50 | corn beef | make unit | 37 | | | |
| chicken | final cook temp | 190 | roast beef | make unit | 38 | | | |
| chicken | hot holding | 150 | air temp | glass door cabinet | 39 | | | |
| chicken | hot holding | 156 | roast beef | auto sham | 165 | | | |
| mozzarella | hot holding | 150 | shredded | WIC | 40 | | | |

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.

- 37 3-307.11 Miscellaneous Sources of Contamination - C
 Food items being stored under ice that is forming on the walk-in freezer compressor.
 FOOD shall be protected from contamination.
- 45 4-501.11 Good Repair and Proper Adjustment-Equipment - C REPEAT-
 The following equipment requires repair/replacement: rust/oxidizing shelving below prep sink and slicer table.
 Ice is forming on the service lines in the walk-in freezer.
 Equipment shall be maintained cleanable and in good repair.
- 53 6-501.12 Cleaning, Frequency and Restrictions - C
 Build of debris and dirt under and behind equipment and shelving units throughout the facility.
 Physical Facilities shall be maintained clean

Lock Text

Person in Charge (Print & Sign): Matt *First* Miller *Last*
 Regulatory Authority (Print & Sign): Craig *First* Bethel *Last*

Matt Miller

Craig Bethel

REHS ID: 1766 - Bethel, Craig

Verification Required Date: / /

REHS Contact Phone Number: (336) 703 - 3143



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



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✓
Spell



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