

Food Establishment Inspection Report

Score: 92

Establishment Name: CHURCH'S CHICKEN 627

Establishment ID: 3034012287

Location Address: 907 WAUGHTOWN STREET

☒ Inspection ☐ Re-Inspection

City: WINSTON SALEM

State: NC

Date: 03 / 29 / 2021 Status Code: A

Zip: 27107 County: 34 Forsyth

Time In: 01 : 50 ^{am} _{pm} Time Out: 05 : 15 ^{am} _{pm}

Permittee: QSR HOSPITALITY LLC

Total Time: 3 hrs 25 minutes

Telephone: (336) 784-5157

Category #: III

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

FDA Establishment Type: Fast Food Restaurant

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

No. of Risk Factor/Intervention Violations: 1

No. of Repeat Risk Factor/Intervention Violations: 1

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 checked="" type="checkbox"/>	<input type="checkbox"/>	Time as a public health control: procedures & records			2	<input checked="" type="checkbox"/>	0	<input checked="" type="checkbox"/>
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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food properly labeled: original container			<input checked="" type="checkbox"/>	1	0	<input checked="" 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			2	1	0	
37	<input checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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			2	<input checked="" type="checkbox"/>	0	
46	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained, & used; test strips			1	<input checked="" type="checkbox"/>	0	<input checked="" type="checkbox"/>
47	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean			<input checked="" type="checkbox"/>	03	0	<input checked="" type="checkbox"/>
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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices			2	<input checked="" type="checkbox"/>	0	<input checked="" type="checkbox"/>
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			<input checked="" type="checkbox"/>	03	0	<input checked="" type="checkbox"/>
54	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Meets ventilation & lighting requirements; designated areas used			1	<input checked="" type="checkbox"/>	0	
Total Deductions: 8										



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County: 34 Forsyth Zip: 27107

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

Permittee: QSR HOSPITALITY LLC

Telephone: (336) 784-5157

Establishment ID: 3034012287

☒ Inspection ☐ Re-Inspection Date: 03/29/2021

Comment Addendum Attached? ☐ Status Code: A

Water sample taken? ☐ Yes ☒ No Category #: III

Email 1: sbutler@mskcompanies.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
Ronda Sparks	10/28/21	0	gravey	hot well	139			
hot water	three comp sink	154	green beans	hot well	152			
sanitizer (qac)	three comp sink (ppm)	200	raw chicken	walk in	35			
chicken	final cook	192						
slaw	make unit	40						
slaw	walk in	39						
mashed	hot well	140						
mac and	hot well	162						

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.

- 22 3-501.19 Time as a Public Health Control - P,PF REPEAT: Chicken held on time as a public health control (TPHC) with no labels at start of inspection to indicate time. Person in charge (PIC) stated that metal tags are used but are being washed and a grease pencil is to be used in such situations. All foods held on TPHC procedures must be marked as to their time to accurately measure compliance with maximum of 4 hour hold time. CDI: PIC added time markings with grease pencil during inspection.
- 35 3-302.12 Food Storage Containers Identified with Common Name of Food - C REPEAT: Inside of make unit mayonnaise and spicy mayonnaise stored in squeeze bottles with no labels. All containers of foods that are not readily identifiable or removed from original labelled containers must be labelled with the common name of the stored food. Add labels to the Mayonnaise.
- 45 4-501.11 Good Repair and Proper Adjustment-Equipment - C Silver shelving in walk in cooler is badly rusted and must be replaced. Wheels badly rusted on speed rack in walk in cooler, replace wheels. Green shelf broken in walk in cooler, replace broken shelf. Shelf on table holding oven by three compartment sink is badly rusted and must be replaced. Legs of three compartment sink are rusted and one leg is missing, Repair rusted legs and replace missing leg. Front left corner of wash basin at three compartment sink is cracked, middle panel between wash and rinse basins is cracked on back end, cracks must be welded by an ANSI approved welder. Equipment shall be kept in good repair. Repair noted items.

Lock
Text



Person in Charge (Print & Sign): Ronda Sparks

Regulatory Authority (Print & Sign): Joseph Chrobak

Ronda Sparks

[Signature]

REHS ID: 2450 - Chrobak, Joseph

Verification Required Date: 04 / 08 / 2021

REHS Contact Phone Number: (336) 703-3164



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- 46 4-302.14 Sanitizing Solutions, Testing Devices - PF No quat test strips on site for testing sanitizer. Testing devices must be on site at all times for checking concentration of sanitizer. VR: Establishment must purchase test strips and have them on site no later than 4/8/21 for verification. Contact Joseph Chrobak at Chrobajb@forsyth.cc or (336) 703-3164 once test strips are at location.
- 47 4-601.11 (B) and (C) Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils - C REPEAT: Cleaning needed in 2 door and 1 door freezers to remove spilled crumbs from bottom. Cleaning needed on all shelving in walk in cooler to remove grease and flour residue. Cleaning needed on wire shelf over three compartment sink to remove grease residue. Cleaning needed on shelving in closet by three comp sink to remove debris and grease. Cleaning needed on all components of hot holding and cooking equipment to remove grease buildup and flour. Black utility cart needs to be cleaned to remove flour build up. Cleaning needed on soda bag in box system and shelves to remove flour. Cleaning needed on wire shelf over make unit to remove flour and grease. Non food contact surfaces shall be kept clean. Clean all noted areas.
- 49 5-203.14 Backflow Prevention Device, When Required - P REPEAT: Hose connected at can wash with a spray nozzle and no approved backflow prevention devices. Any water supply with a source of continuous pressure must be protected with adequate backflow prevention for continuous pressures. CDI: PIC removed spray nozzle during inspection. Have employees remove the spray nozzle whenever the hose is not in use or have a backflow preventer rated for continuous pressure installed. // 5-205.15 (B) System maintained in good repair - C Hot water not turning off at hot water handle of three comp sink due to bleed through. Have sink faucets repaired so water is able to turn off at both handles and not just the on off valve to the chemical towers.
- 53 6-201.11 Floors, Walls and Ceilings-Cleanability - C REPEAT: Reseal baseboard tiles to the wall across from three compartment sink and in walk in cooler where grout has chipped away. Reseal FRP panel on walk in door as it is peeling off. Recaulk three compartment sink to wall where caulking has torn. Tighten faucet to sink frame at three compartment sink. Repair floor tiles under fryers where tiles are missing and separated from floor. Repair outlet under counter that has been knocked into the wall creating a hole. Remove old caulking around toilet in womens restroom and reseal to floor. // 6-501.11 Repairing-Premises, Structures, Attachments, and Fixtures-Methods - C REPEAT: Cleaning needed in multiple areas of the establishment including behind freezers, ice machine, and hot water heater to remove debris and trash. on floor under all cooking equipment, on floor behind and under soda station, bag in box, and make unit cooler. On floor of walk in along walls where build up is severe, on floor inside closet
- 54 6-303.11 Intensity-Lighting - C Lighting low in hallway with freezers at 7 foot candles, increase lighting to 20 foot candles minimum. Lighting low in front storage room at 1.17 foot candles due to no installed light fixture, increase lighting to a minimum of 20 foot candles. // 6-202.11 Light Bulbs, Protective Shielding - C Light shield missing on light fixture over ice machine, and light fixture over hand washing sink. Replace missing light fixtures. Light cover broken in walk in cooler. Replace broken light cover.



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✓
Spell



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