# Food Establishment Inspection Report

<b>Establishment Name:</b>	FOOTHILLS BREWING
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		ອເ	aD	lis	hment Name: FOOTHILLS BREWING						
	L	oca	atio	on /	Address: 638 W 4TH STREET						
	С	ity	W	'IN	STON SALEM State: North Ca	ro	lina	а			
	Ζ	ip:_	27	10	1County: 34 Forsyth						
	Ρ	err	nit	te	e: 638 BREWING COMPANY						
	Т	ele	ph	on	ie: (336) 777-3348						
		Ø	) Ir	isp	ection O Re-Inspection						
	N	las	ste	wa	ter System:						
		Ø	M	lun	icipal/Community O On-Site System	1					
	N	/at	er	Su	ipply:						
		Ø	M	lun	icipal/Community O On-Site Supply						
,	-	I	h a		Wasse Disk Festers and Dublic Lockh I	- 1			tion	_	
-					e Illness Risk Factors and Public Health In Contributing factors that increase the chance of developing for					S	
					Interventions: Control measures to prevent foodborne illness				1033.		
С	0	mn	lia	nc	e Status		OUT	r	CDI	R	VR
	_	rvis			.2652				•••		
					PIC Present, demonstrates knowledge, &	L					
_		оит			performs duties	1		0			
2	X	OUT	N/A		Certified Food Protection Manager	1		0			
En	npl	oye	еH	ealt		1					
3	×	оит			Management, food & conditional employee; knowledge, responsibilities & reporting	2	1	0			
ı	X	ουτ			Proper use of reporting, restriction & exclusion	3	1.5	0			
5	Ж	оит			Procedures for responding to vomiting & diarrheal events	1	0.5	0			
Go	000	i Hy	gie	nic F	Practices .2652, .2653	-					<u> </u>
-+		OUT	_		Proper eating, tasting, drinking or tobacco use	1	0.5	-			
		OUT			No discharge from eyes, nose, and mouth	1	0.5	0			
	_	OUT	ng (	ont	amination by Hands .2652, .2653, .2655, .265 Hands clean & properly washed	6 4	2	0			
-		оит		N/O	No bare hand contact with RTE foods or pre-	+					
				N/O	approved alternate procedure properly followed	4	2	0	v		
	_	<b>0)</b> ∢(⊤	-		Handwashing sinks supplied & accessible	2	1	X	X		
	-	ove OUT		Juic	Food obtained from approved source	2	1	0			
_	<i>.</i> .	оит		\$₩	Food received at proper temperature	2	1	0			
3	X	OUT			Food in good condition, safe & unadulterated	2	1	0			
4	IN	оит	*	N/O	Required records available: shellstock tags, parasite destruction	2	1	0			
Pre	ote	ectio	n fi	om	Contamination .2653, .2654	-					<u> </u>
5	IN	о)((т	N/A	N/O	Food separated & protected	3	135	0	Х	Х	
6	X	ουτ			Food-contact surfaces: cleaned & sanitized	3	1.5	0			
7	X	оит			Proper disposition of returned, previously served, reconditioned & unsafe food	2	1	0			
					rdous Food Time/Temperature .2653			_			
_	<i>,</i> ,		_		Proper cooking time & temperatures Proper reheating procedures for hot holding	3	1.5	-			
_	<i>.</i> .	оит оит	_			3	1.5 1.5				
1	X	оит	N/A	N/O	Proper hot holding temperatures	3	1.5				
_	_	о){(т	_			3	汰		X	Х	
-		<b>0)∢</b> ⊺			Proper date marking & disposition Time as a Public Health Control; procedures &	3	1.5		Х		
4	IN	оит	ŊKĄ	N/O	records	3	1.5	0			
Co	ns	um	er A	dvis	sory .2653	-					
5	x	оит	N/A		Consumer advisory provided for raw/ undercooked foods	1	0.5	0			
Hig	ghi	ly Si	usc	epti	ble Populations .2653	1					
6	IN	оит	N¥A		Pasteurized foods used; prohibited foods not offered	3	1.5	0			
Ch	or	nica			.2653, .2657		L				
	-	OUT	_		Food additives: approved & properly used	1	0.5	0			
8	IN	<b>0)(</b> ⊺	N/A		Toxic substances properly identified stored & used	2	1	X	Х		
Co	nf	orm	anc	e w	th Approved Procedures .2653, .2654, .2658 Compliance with variance, specialized process,	1	_				
-					I omnuance with variance enecialized process		1	0			i I

Establishment ID: 3034011675

Date: 09/20/2022	_Status Code: A
Time In: 10:40 AM	_Time Out: _2:15 PM
Category#: IV	
FDA Establishment Type	E Full-Service Restaurant
No. of Risk Factor/Interve	ention Violations: 5

No. of Repeat Risk Factor/Intervention Violations: 2

С	Compliance Status								CDI	R	٧
Sa	fe	Food	d an	d Wa	ater .2653, .2655, .2658	-			I		
30	Ň	OUT	N/A		Pasteurized eggs used where required	1	0.5	0			
	<i>.</i> .	OUT			Water and ice from approved source	2	1	0			
		оит	×		Variance obtained for specialized processing methods	2	1	0			
Fo	od	Ten	nper	atur	e Control .2653, .2654	-		-	1		
33	×	оит			Proper cooling methods used; adequate equipment for temperature control	1	0.5	0			
34	X	оит	N/A	N/O	Plant food properly cooked for hot holding	1	0.5	0			
35	X	OUT	N/A	N/O	Approved thawing methods used	1	0.5	0			
36	X	оит			Thermometers provided & accurate	1	0.5	0			
Fo	od	Ider	ntifie	catio	n .2653			-			
37	X	OUT			Food properly labeled: original container	2	1	0			Γ
				f Foo	od Contamination .2652, .2653, .2654, .2656, .26	57					
38	M	оит			Insects & rodents not present; no unauthorized animals	2	1	0			
39	X	оит	Contamination prevented during food preparation, storage & display					0			
40	M	оит			Personal cleanliness	1	0.5	0			
41	M	OUT			Wiping cloths: properly used & stored	1	0.5	0			
42	IN	о¥(т	N/A		Washing fruits & vegetables	1	0.5	K			
Pr	ор	er Us	se o	fUte	ensils .2653, .2654						
43	M	OUT			In-use utensils: properly stored	1	0.5	0			
44	M	оит			Utensils, equipment & linens: properly stored, dried & handled	1	0.5	0			
45	M	оит			Single-use & single-service articles: properly stored & used	1	0.5	0			
46	M	OUT			Gloves used properly	1	0.5	0			
Ut	ens	sils a	and	Equ	ipment .2653, .2654, .2663			_	-		
47	IN	¢%(⊺			Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed & used	1	ð%5	0		x	
48	M	оит			Warewashing facilities: installed, maintained & used; test strips	1	0.5	0			
49	IN	<b>О</b> ДТ			Non-food contact surfaces clean	1	0.5	X			
Ph	iys	ical	Faci	ilitie	s .2654, .2655, .2656						
		OUT	N/A		Hot & cold water available; adequate pressure	1	0.5	0			
_	_	оXат			Plumbing installed; proper backflow devices	2	Ж	0		Х	
52	M	OUT			Sewage & wastewater properly disposed	2	1	0			
53	IN	<b>%</b> (⊺	N/A		& cleaned						
54	×	оит			Garbage & refuse properly disposed; facilities maintained	1 0.5 0					
55	IN	о)∢т			Physical facilities installed, maintained & clean	1 055 0		Х			
56	M	оит			Meets ventilation & lighting requirements; designated areas used 1 0.5 0						
	_										



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# Comment Addendum to Food Establishment Inspection Report

Establishment Name: FOOTHILLS BREWING								
Location Address: 638 W 4TH STREET								
City: WINSTON SALEM	State:NC							
County: 34 Forsyth	Zip: 27101							
Wastewater System: 🛛 Municipal/Community 🗌	On-Site System							
Water Supply: X Municipal/Community	On-Site System							
Permittee: 638 BREWING COMPANY								

Establishment ID: 3034011675

X Inspection Re-Inspection	Date: 09/20/2022
Comment Addendum Attached? X	Status Code: A
Water sample taken? Yes X No	Category #: IV

Email 1:info@foothillsbrewing.com

Email	2:
Email	3:

Telephone:	(336)	777-3348
relepitorie.	(000)	111 0040

#### **Temperature Observations**

	Effecti	ve Janu	ary 1, 2019	Cold Holding is	now 41 degre	es or less	
ltem Chicken	Location Cooling @ 10:45am	Temp 55	Item Fried Chicken	Location Final	Temp Item 183	Location	Temp
Chicken	Cooling @ 11:45am	41	Ambient	Wait Staff Cooler	35		
Dice Tomato	Make Unit	39	Tater Tot	Reheat Final	191		
Ambient	Make Cooler	33	Burger	Final	164		
Chicken Strip	Make Unit	40	Grill Chicken	Final	173		
Cornbeef	Make Unit	41	Mac and Cheese	Walkin Cooler	41		
Chicken Wing	Make Cooler	37	Smoked Chicken	Walkin Cooler	40		
Slice Tomato	Grill Make Unit	40	Ambient	Walkin Cooler	37		
Ambient	Grill Cooler	41	Buff Dip	Catering Cooler	36		
Mashed Potato	Hot Hold	144	Ambient	Catering Cooler	37		
Chili	Hot Hold	157	Ambient	Server Cooler	39		
Soup	Hot Hold	152	Ambient	Retail Cooler (Footnote)	38		
Salsa	Expo Cooler	40	Ambient	Beverage Cooler (Footnote)	35		
Dice Tomato	Expo Cooler	40	Hot Sani	Bar Dish Machine	166		
Ambient	Expo Cooler	37					
Ambient	Plate Cooler	30					
Hot Water	Three-Comp	125					
Quat Sani	Three-Comp	300					
Hot Sani	Dish Machine	164					
Fries	Final	163					
Person in C	Charge (Print & Sign): \$	<i>First</i> Shane <i>First</i>	r	Last Moore Last	Siki	ht man	
Regulatory Aut	thority (Print & Sign): I	Ebonie	N N	Wilborn	bonie V	Illon Retaz	
REHS ID:3122	2 - Wilborn, Ebonie		Verifi	cation Required Date:			
REHS Contact	Phone Number:			Authorize fi be received	nal report to I via Email:		
the N	orth Carolina Department of H	ealth & Human	Services • Div	ision of Public Health • Enviro	nmental Health Section	Food Protection Program	



North Carolina Department of Health & Human Services Page 1 of

Division of Public Health 
 Environmental Health Section
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### Establishment Name: FOOTHILLS BREWING

## Establishment ID: 3034011675

Date: 09/20/2022 Time In: 10:40 AM Time Out: 2:15 PM

			Certificatio	ons							
Name		Certificate #	Туре	Issue Date	Expiration Date						
Shane Moore		21891324	Food Service	03/16/2022	03/16/2027						
	Violations c		ervations and Cor		s 8-405.11 of the food code.						
	205.11 Using a	•	eration and Maintenance		the hand sink to rinse fruit. Hand						
	6-301.14 Handwashing Signage -(C) The hand sink next to the three-comp does not have a hand wash sign. A sign or poster that notifies food employees to wash their hands shall be provided at all handwashing sinks.										
at	pove sauces and	d ready to eat foods in th		all be protected from cro	REPEAT Unwashed produce stored ss contamination by separation .						
ha		rn(46F) overstacked in t			-(P) Sliced turkey(45F), sliced at 41F or less. CDI Overstacked						
W	alk-in cooler with		the food requiring date la		ontainer of slice ham found in the ure window has expired, if it is not						
P	oisonous or toxic				-in cooler and at catering area. tensils, linens, and single-service and						
	-302.15 Washing nd vegetables pr		-(C) Apples and pears slic	ced into while sticker labe	el still present on skin. Wash fruits						
ga	asket. Replace n	nissing caps to shelving		n basin of three compart	ts) Cooler that hold plates has a torn trent sink as well as the sink to the						
in	9 4-602.13 Nonfood Contact Surfaces -(C) Clean all surfaces of the oil machine. Clean flashing along cookline. Clean wall/ceiling in the walk-in cooler. Clean shelves in dry storage. Ends of shelves in Reach-in coolers beginning to peel. Non-food contact surfaces of equipment shall be cleaned at frequency to prevent accumulation of soil residue.										
	205.15 System /stem in good re		oair -(C) REPEAT Minor le	eak at faucet over three-c	omp sink. Maintain a plumbing						
53 6-	501.18 Cleaning	g of Plumbing Fixtures -	(C) Clean underside of uri	nals. Maintain clean toile	ets and urinals in the facility.						
Pl gu	5 6-501.11 Repairing - Premises, Structures, Attachments, and Fixtures - Methods -(C) REPEAT Repair cracked floor to mop sink. Plug holes in wall. Recalk the following: hand sink next to three-comp, hand sink in catering area, toilet in mens room and splash guard to hand sink by drink machine. Floors, walls, and ceilings including the attachments such as soap and towel dispensers; light fixtures; and heat/ac vents shall be maintained in good repair.										
fo	od splatter. Clea	an vents in both restroor		s on cook line under equ	n ceilings and light fixtures to remove ipment. Clean walls under the sinks.						