Food Establishment Inspection Report

Establishment Name: THE LOOP

	L	.002	atio	on.	Address: 320 SOUTH STRATFORD RD						
	C	City	: <u>W</u>	/IN	STON SALEM State: North Ca	ro	lina	a			
	Ζ	ip:	27	'10	3 County: <u>34 Forsyth</u>						
	P	Peri	mit	tte	e: KVILLE LOOP LLC						
	Т	ele	ph	nor	ne: <u>(336)</u> 703-9882						
		Ø) Ir	nsp	ection O Re-Inspection						
	۷	Vas	ste	wa	ater System:						
		Ø) M	lur	icipal/Community On-Site System						
	۷	Vat	er	Sι	ipply:						
		Ø) N	lur	icipal/Community On-Site Supply						
	Fo	bod	bo	rne	e Illness Risk Factors and Public Health Ir	nte	erv	er	ition	s	
	Ris	sk fa	cto	rs: (Contributing factors that increase the chance of developing foo	db	orne	illr	iess.		
	Pu	blic	Hea	alth	Interventions: Control measures to prevent foodborne illness	or	inju	y			
C	ò	mp	lia	nc	e Status	(OUT	Г	CDI	R	VF
S	up	ervis	ion	_	.2652			_			
1	X	оυт	N/A		PIC Present, demonstrates knowledge, & performs duties	1		0			
2	M	оυт	N/A		Certified Food Protection Manager	1		0			
E	mp	loye	еH	ealt	h .2652	1					
3	Ņ	оυт			Management, food & conditional employee; knowledge, responsibilities & reporting	2	1	0			
4	X	ОЛТ			Proper use of reporting, restriction & exclusion	3	1.5	0			-
5	ĸ	оυт			Procedures for responding to vomiting & diarrheal events	1	0.5	0			
G	00	d Hy	gie	nic	Practices .2652, .2653		I				
	1 .	OUT	-		Proper eating, tasting, drinking or tobacco use	1	0.5	0			
7		OUT		Con	No discharge from eyes, nose, and mouth tamination by Hands .2652, .2653, .2655, .265	1	0.5	0			L
8		OUT	-		Hands clean & properly washed	4	2	0			
9	1	оит		N/O	No bare hand contact with RTE foods or pre-	4	2	0			
10	IN	о х (т	N/A		approved alternate procedure properly followed Handwashing sinks supplied & accessible	2	X	0		х	\vdash
	-	rove	-			-					-
		ОUT			Food obtained from approved source	2	1	0			
	-	OUT OUT		*	Food received at proper temperature Food in good condition, safe & unadulterated	2	1	0			-
	ŕ	оит		N/O	Required records available: shellstock tags,	2	1	0			\vdash
					parasite destruction	ŕ	1	U			
		ectic OUT			Contamination .2653, .2654 Food separated & protected	3	1.5	0			
	1.	OUT			Food-contact surfaces: cleaned & sanitized	-	1.5	_			-
17	X	оυт			Proper disposition of returned, previously served, reconditioned & unsafe food	2	1	0			
P	ote	ntial	llv H	laza	ardous Food Time/Temperature .2653	<u> </u>					
18	Ņ	Ουτ	N/A	N/O	Proper cooking time & temperatures	-	1.5	_			
	_	OUT OUT	_			3 3	1.5 1.5				
_		OUT			Proper hot holding temperatures	3	1.5				-
	1 1	OUT			Proper cold holding temperatures	3	1.5	_			
-	-	OUT			Proper date marking & disposition Time as a Public Health Control; procedures &	3	1.5				-
		OUT			records .2653	3	1.5	0			
	-	OUT	-	_	Consumer advisory provided for raw/		0.5	0			
					undercooked foods	1	0.5	U			
	Ē	Ť.	1		ble Populations .2653 Pasteurized foods used; prohibited foods not	Т					
26	IN	оит	NXA		offered	3	1.5	0			
	-	mica			.2653, .2657	1	0.7	e			
	-	OUT OUT	1.		Food additives: approved & properly used Toxic substances properly identified stored & used	1 2	0.5 1	0 0			-
	-		-		ith Approved Procedures .2653, .2654, .2658						<u> </u>
29	IN	оит	NXA		Compliance with variance, specialized process, reduced oxygen packaging criteria or HACCP plan	2	1	0			
	1					L			Ļ		L

Establishment ID:	3034012378
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Date: 02/03/2023	_Status Code: A
Time In: 10:40 AM	_Time Out: _1:00 PM
Category#: IV	
FDA Establishment Type	E Full-Service Restaurant
No. of Risk Factor/Interv	ention Violations: 1

No. of Repeat Risk Factor/Intervention Violations: 1

	G	ood	Ret	ail P	Good Retail Practices ractices: Preventative measures to control the addition of pa	tho	aens	. ch	nemic	als.	
					and physical objects into foods.	,	,	,		,	
С	Compliance Status									R	۷
Sa	fe	Food	d an	d Wa	ater .2653, .2655, .2658						
30	IN	N OUT KA Pasteurized eggs used where required									
31	X	OUT			Water and ice from approved source	2	1	0			
32	IN	оит	¢¥A		Variance obtained for specialized processing methods	2	1	0			
Fo	ood										
33	Proper cooling methods used; adequate equipment for temperature control						0.5	0			
34	IN	OUT	N/A	N)X(0	Plant food properly cooked for hot holding	1	0.5	0			
35	IN	OUT	N/A	Ň	Approved thawing methods used	1	0.5	0			
36	Ņ	OUT			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			
Pr	eve	entic	on o	fFoo	od Contamination .2652, .2653, .2654, .2656, .26	57					
38	M	оит			Insects & rodents not present; no unauthorized animals	2	1	0			
39	IN	¢X (⊤			Contamination prevented during food preparation, storage & display	x	1	0		x	
40	IN	O)((⊺			Personal cleanliness	1	0.5	X			
41	M	OUT			Wiping cloths: properly used & stored	1	0.5	0			
42	M	оит	N/A		Washing fruits & vegetables	1	0.5	0			
Pr	ор	er Us	se o	f Ute	ensils .2653, .2654						
43	M	оит			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	Equi	ipment .2653, .2654, .2663						
47	×	оит			Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed & used	1	0.5	0			
48	IN	¢X (⊤			Warewashing facilities: installed, maintained & used; test strips	1	ð%5	0			2
49	M	OUT			Non-food contact surfaces clean	1	0.5	0			
Pł	iys	ical	Faci	ilities	s .2654, .2655, .2656						
_	M	OUT	N/A		Hot & cold water available; adequate pressure	1	0.5	0			
51	IN	оXат			Plumbing installed; proper backflow devices	2	Ж	0		Х	
52	M	OUT		\square	Sewage & wastewater properly disposed	2	1	0			
53	M	оит	N/A		Toilet facilities: properly constructed, supplied & cleaned	1	0.5	0			
54	M	оит			Garbage & refuse properly disposed; facilities maintained	1	0.5	0			
55	IN	о)(т			Physical facilities installed, maintained & clean	1	0X5	0		Х	
56	IN	0)∢ ⊺			Meets ventilation & lighting requirements; designated areas used	1	0.5	x			
				· 1	TOTAL DEDUCTIONS:	5					-

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Comment Addendum to Food Establishment Inspection Report

Establishment	Name:	THE	LOOP
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Location Address: 320 SOUTH STRATFORD RD										
City: WINSTON SALEM	State:NC									
County: 34 Forsyth	Zip: 27103									
Wastewater System: X Municipal/Community	On-Site System									
Water Supply: X Municipal/Community	On-Site System									
Permittee: KVILLE LOOP LLC										
Telephone: (336) 703-9882										

Establishment ID: 3034012378

X Inspection Re-Inspection	Date: 02/03/2023
Comment Addendum Attached? X	Status Code: A
Water sample taken? Yes X No	Category #: IV
Email 1:mdtargett@yahoo.com	

Emai	12.
Emai	I Z.

Email 3:

			Temper	ature Observatior	าร		
	Effective	Janu	ary 1, 2019	Cold Holding is	now 41 degree	es or less	
Item Lettuce	Location salad station	Temp 38	Item Sliced tomato	Location pizza station	Temp Item 37	Location	Temp
Sliced onions	salad station	38	Sliced green	pizza station	37		
Shredded chicken	salad station	40	Caramelized onion	pizza station	37		
Broccoli	salad station	40	Cooked garlic	pizza station	37		
French onion soup	steam well	160	Shredded chicken	cooling @ 11:17am	45		
Tomato bisque	steam well	140	Shredded chicken	cooling @ 11:45am	42		
Beef vegetable	steam well	145	Lettuce	cooling @ 11:17am	44		<u></u>
Mixed fruit	fun set	37	Lettuce	cooling @ 11:45am	41		
Lettuce	fun set	38	Pasta	cooling @ 11:17am	50		
Sliced tomato	fun set	39	Pasta	cooling @ 11:45am	47		
Shredded cheese	fun set	39	Burger	walk in cooler	40		
Broccoli	fun set	40	Mixed fruit	walk in cooler	39		
Pasta	fun set	40	Mushrooms	walk in cooler	39		
shrimp	fun set	39	Raw chicken	walk in cooler	40		
Sliced tomato	fun set	39	Hot water	3 compartment sink	130		
Veggie burger	grill cooler	40	Chlorine sanitizer	3 compartment sink (ppm)	50		
Bean burger	grill cooler	40	Chlorine dishmachine	3 compartment sink (ppm)	100		
Raw chicken	grill cooler	40	Burger	Final cook	180		
Shredded mozzarella	pizza station	39	Grilled chicken	final cook	185		
Pizza sauce	pizza station	37					
Person in Cha	Firs arge (Print & Sign): Dalta	on	R	Last Reeder	DaltRe	<u> </u>	
Regulatory Auth	Firs ority (Print & Sign): Eliza			Last Manning	Elizabeth (V	Narming	
REHS ID:3136 -	Manning, Elizabeth		Verific	ation Required Date:02/1	3/2023		
REHS Contact P	hone Number: (336) 703-	-3135			inal report to d via Email:		



North Carolina Department of Health & Human Services Page 1 of ____

Services

Division of Public Health
Environmental Health Section
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Food Establishment Inspection Report, 10/2021



Food Protection Program

Establishment Name: THE LOOP

Establishment ID: 3034012378

Date: 02/03/2023 Time In: 10:40 AM Time Out: 1:00 PM

Certifications								
Name	Certificate #	Туре	Issue Date	Expiration Date				
Dalton Reeder		Food Service		02/16/2027				
	Obse	ervations and Corre	ective Actions					
Violations	cited in this report must be corr	ected within the time frames by	elow, or as stated in section	s 8-405.11 of the food code.				

10 5-205.11 Using a Handwashing Sink - Operation and Maintenance-PF(REPEAT): The back hand washing sink had a bottle of bleach stored in the basin, and the handwashing sink by the pizza station has food debris dumped in the sink. A handwashing sink shall be maintained so that it is accessible at all times for employee use. CDI: Education was given. The bleach was moved and sink was cleaned.

- 39 3-305.11 Food Storage Preventing Contamination from the Premises-C(REPEAT): The following items were stored on the floor of the walk in cooler: 2 containers of ice cream, 2 boxed of pizza dough, and 3 boxes of bread. Food shall be protected from contamination by storing the food: At least 15 cm (6 inches) above the floor.
- 40 2-402.11 Effectiveness Hair Restraints (C) Employee bagging up cookies and walk back into the kitchen did not have a hair restraint on. Food employees shall wear hair restraints such as hats, hair coverings or nets, beard restraints, and clothing that covers body hair, that are designed and worn to effectively keep their hair from contacting exposed food; clean equipment, utensils, and linens; and unwrapped single service and single use articles.
- 48 4-302.14 Sanitizing Solutions, Testing Devices (Pf) Establishment did not have chlorine test strips for their sanitizer at the 3 compartment sink or their dishmachine. A test kit or other device that accurately measures the concentration in MG/L of sanitizing solutions shall be provided. VERIFICAITON IS REQUIRED BY 02/13/2023. YOU MAY CONTACT LIZ MANNING AT 336-462-1991 WHEN YOU ARE READY.
- 51 49 5-205.15 (B) System maintained in good repair-REPEAT- C: Both prep sinks at in the back have a leak present at the faucet. Plumbing fixtures shall be maintained in good repair.
- 55 53 6-501.11 Repairing-Premises, Structures, Attachments, and Fixtures-Methods-REPEAT with improvment C: Replace missing ceiling tile by the back door of the walk in cooler. Floors under fryers, along grill line, and in warewashing areas are badly worn exposing concrete. Physical facilities shall be maintained in good repair.
- 56 6-403.11 Designated Areas Employee Accommodations for eating / drinking / smoking (C) Employee lunch box was stored on top of Cesar dressing in the walk in cooler, and an employee drink was stored on the prep surface. Areas designated for employees to eat, drink, and use tobacco shall be located so that food, equipment, linens, and single-service and single use articles are protected from contamination. CDI: Education was given and items were moved to their designated area.