

# Food Establishment Inspection Report

Score: 96.5

Establishment Name: HOLIDAY INN EXPRESS DOWNTOWN WEST

Establishment ID: 3034011927

Location Address: 110 MILLER STREET

City: WINSTON SALEM State: North Carolina

Zip: 27103 County: 34 Forsyth

Permittee: SALEM HOSPITALITY, INC

Telephone: (336) 721-0220

Inspection  Re-Inspection

**Wastewater System:**

Municipal/Community  On-Site System

**Water Supply:**

Municipal/Community  On-Site Supply

Date: 11/28/2022 Status Code: A

Time In: 8:30 AM Time Out: 11:00 AM

Category#: II

FDA Establishment Type: Fast Food Restaurant

No. of Risk Factor/Intervention Violations: 2

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

Compliance Status		OUT	CDI	R	VR
<b>Supervision</b> .2652					
1	<input checked="" type="checkbox"/> OUT/N/A				
PIC Present, demonstrates knowledge, & performs duties		1	0		
2	<input checked="" type="checkbox"/> IN				
Certified Food Protection Manager		X	0		
<b>Employee Health</b> .2652					
3	<input checked="" type="checkbox"/> OUT				
Management, food & conditional employee; knowledge, responsibilities & reporting		2	1	0	
4	<input checked="" type="checkbox"/> OUT				
Proper use of reporting, restriction & exclusion		3	1.5	0	
5	<input checked="" type="checkbox"/> OUT				
Procedures for responding to vomiting & diarrheal events		1	0.5	0	
<b>Good Hygienic Practices</b> .2652, .2653					
6	<input checked="" type="checkbox"/> OUT				
Proper eating, tasting, drinking or tobacco use		1	0.5	0	
7	<input checked="" type="checkbox"/> OUT				
No discharge from eyes, nose, and mouth		1	0.5	0	
<b>Preventing Contamination by Hands</b> .2652, .2653, .2655, .2656					
8	<input checked="" type="checkbox"/> OUT				
Hands clean & properly washed		4	2	0	
9	<input checked="" type="checkbox"/> OUT/N/A/N/O				
No bare hand contact with RTE foods or pre-approved alternate procedure properly followed		4	2	0	
10	<input checked="" type="checkbox"/> OUT/N/A				
Handwashing sinks supplied & accessible		2	1	0	
<b>Approved Source</b> .2653, .2655					
11	<input checked="" type="checkbox"/> OUT				
Food obtained from approved source		2	1	0	
12	<input checked="" type="checkbox"/> IN OUT				
Food received at proper temperature		2	1	0	
13	<input checked="" type="checkbox"/> OUT				
Food in good condition, safe & unadulterated		2	1	0	
14	<input checked="" type="checkbox"/> IN OUT				
Required records available: shellstock tags, parasite destruction		2	1	0	
<b>Protection from Contamination</b> .2653, .2654					
15	<input checked="" type="checkbox"/> IN OUT/N/A/N/O				
Food separated & protected		3	1.5	0	
16	<input checked="" type="checkbox"/> IN				
Food-contact surfaces: cleaned & sanitized		3	X	0	X
17	<input checked="" type="checkbox"/> OUT				
Proper disposition of returned, previously served, reconditioned & unsafe food		2	1	0	
<b>Potentially Hazardous Food Time/Temperature</b> .2653					
18	<input checked="" type="checkbox"/> IN OUT/N/A/N/O				
Proper cooking time & temperatures		3	1.5	0	
19	<input checked="" type="checkbox"/> OUT/N/A/N/O				
Proper reheating procedures for hot holding		3	1.5	0	
20	<input checked="" type="checkbox"/> IN OUT/N/A/N/O				
Proper cooling time & temperatures		3	1.5	0	
21	<input checked="" type="checkbox"/> OUT/N/A/N/O				
Proper hot holding temperatures		3	1.5	0	
22	<input checked="" type="checkbox"/> OUT/N/A/N/O				
Proper cold holding temperatures		3	1.5	0	
23	<input checked="" type="checkbox"/> OUT/N/A/N/O				
Proper date marking & disposition		3	1.5	0	
24	<input checked="" type="checkbox"/> IN OUT/N/A/N/O				
Time as a Public Health Control; procedures & records		3	1.5	0	
<b>Consumer Advisory</b> .2653					
25	<input checked="" type="checkbox"/> IN OUT				
Consumer advisory provided for raw/undercooked foods		1	0.5	0	
<b>Highly Susceptible Populations</b> .2653					
26	<input checked="" type="checkbox"/> IN OUT				
Pasteurized foods used; prohibited foods not offered		3	1.5	0	
<b>Chemical</b> .2653, .2657					
27	<input checked="" type="checkbox"/> IN OUT				
Food additives: approved & properly used		1	0.5	0	
28	<input checked="" type="checkbox"/> OUT/N/A				
Toxic substances properly identified stored & used		2	1	0	
<b>Conformance with Approved Procedures</b> .2653, .2654, .2658					
29	<input checked="" type="checkbox"/> IN OUT				
Compliance with variance, specialized process, reduced oxygen packaging 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.

Compliance Status		OUT	CDI	R	VR
<b>Safe Food and Water</b> .2653, .2655, .2658					
30	<input checked="" type="checkbox"/> IN OUT				
Pasteurized eggs used where required		1	0.5	0	
31	<input checked="" type="checkbox"/> OUT				
Water and ice from approved source		2	1	0	
32	<input checked="" type="checkbox"/> IN OUT				
Variance obtained for specialized processing methods		2	1	0	
<b>Food Temperature Control</b> .2653, .2654					
33	<input checked="" type="checkbox"/> OUT				
Proper cooling methods used; adequate equipment for temperature control		1	0.5	0	
34	<input checked="" type="checkbox"/> OUT N/A N/O				
Plant food properly cooked for hot holding		1	0.5	0	
35	<input checked="" type="checkbox"/> OUT N/A N/O				
Approved thawing methods used		1	0.5	0	
36	<input checked="" type="checkbox"/> OUT				
Thermometers provided & accurate		1	0.5	0	
<b>Food Identification</b> .2653					
37	<input checked="" type="checkbox"/> OUT				
Food properly labeled: proper original container		2	1	0	
<b>Prevention of Food Contamination</b> .2652, .2653, .2654, .2656, .2657					
38	<input checked="" type="checkbox"/> OUT				
Insects & rodents not present; no unauthorized animals		2	1	0	
39	<input checked="" type="checkbox"/> OUT				
Contamination prevented during food preparation, storage & display		2	1	0	
40	<input checked="" type="checkbox"/> IN				
Personal cleanliness		1	0.5	X	
41	<input checked="" type="checkbox"/> OUT				
Wiping cloths: properly used & stored		1	0.5	0	
42	<input checked="" type="checkbox"/> IN OUT				
Washing fruits & vegetables		1	0.5	0	
<b>Proper Use of Utensils</b> .2653, .2654					
43	<input checked="" type="checkbox"/> OUT				
In-use utensils: properly stored		1	0.5	0	
44	<input checked="" type="checkbox"/> OUT				
Utensils, equipment & linens: properly stored, dried & handled		1	0.5	0	
45	<input checked="" type="checkbox"/> OUT				
Single-use & single-service articles: properly stored & used		1	0.5	0	
46	<input checked="" type="checkbox"/> OUT				
Gloves used properly		1	0.5	0	
<b>Utensils and Equipment</b> .2653, .2654, .2663					
47	<input checked="" type="checkbox"/> IN				
Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed & used		1	X	0	X
48	<input checked="" type="checkbox"/> OUT				
Warewashing facilities: installed, maintained & used; test strips		1	0.5	0	
49	<input checked="" type="checkbox"/> OUT				
Non-food contact surfaces clean		1	0.5	0	
<b>Physical Facilities</b> .2654, .2655, .2656					
50	<input checked="" type="checkbox"/> OUT N/A				
Hot & cold water available; adequate pressure		1	0.5	0	
51	<input checked="" type="checkbox"/> OUT				
Plumbing installed; proper backflow devices		2	1	0	
52	<input checked="" type="checkbox"/> OUT				
Sewage & wastewater properly disposed		2	1	0	
53	<input checked="" type="checkbox"/> OUT N/A				
Toilet facilities: properly constructed, supplied & cleaned		1	0.5	0	
54	<input checked="" type="checkbox"/> IN				
Garbage & refuse properly disposed; facilities maintained		1	X	0	X
55	<input checked="" type="checkbox"/> IN				
Physical facilities installed, maintained & clean		1	0.5	X	X
56	<input checked="" type="checkbox"/> IN				
Meets ventilation & lighting requirements; designated areas used		1	0.5	X	
<b>TOTAL DEDUCTIONS:</b> 3.5					



# Comment Addendum to Food Establishment Inspection Report

**Establishment Name:** WEST  
**Location Address:** 110 MILLER STREET  
**City:** WINSTON SALEM **State:** NC  
**County:** 34 Forsyth **Zip:** 27103  
**Wastewater System:**  Municipal/Community  On-Site System  
**Water Supply:**  Municipal/Community  On-Site System  
**Permittee:** SALEM HOSPITALITY, INC  
**Telephone:** (336) 721-0220

**Establishment ID:** 3034011927  
 Inspection  Re-Inspection **Date:** 11/28/2022  
**Comment Addendum Attached?**  **Status Code:** A  
**Water sample taken?**  Yes  No **Category #:** II  
**Email 1:** mnewsome@cnhotels.net  
**Email 2:**  
**Email 3:**

## Temperature Observations

**Effective January 1, 2019 Cold Holding is now 41 degrees or less**

Item	Location	Temp	Item	Location	Temp	Item	Location	Temp
yogurt	self service cooler	40						
egg	reheat	181						
sausage	serving line	140						
potato	serving line	137						
gravy	serving line	139						
sanitizer	3 comp	300						

**Person in Charge (Print & Sign):** *First* \_\_\_\_\_ *Last* M. Newsome  
**Regulatory Authority (Print & Sign):** *First* Cierra *Last* Elledge  
**REHS ID:** 2760 - Elledge, Cierra **Verification Required Date:** \_\_\_\_\_  
**REHS Contact Phone Number:** \_\_\_\_\_ **Authorize final report to be received via Email:**

## Comment Addendum to Inspection Report

**Establishment Name:** HOLIDAY INN EXPRESS DOWNTOWN WEST

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**Date:** 11/28/2022 **Time In:** 8:30 AM **Time Out:** 11:00 AM

### 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.

- 2 2-102.12 (A) Certified Food Protection Manager. Observed no employees with food protection managers certification. The Person In Charge (PIC) shall be a certified food protection manager who has shown proficiency of required information through passing a test that is part of an accredited program.
  
- 16 4-703.11 Hot Water and Chemical - Methods (P) Observed facility washing and rinsing dishes before air drying all utensils. Facility was running low on sanitizer solution due to delivery coming tomorrow. After being cleaned equipment food contact surfaces and utensils shall be sanitized in chemical or hot water manual or mechanical. CDI- the remaining sanitizer solution was used in 3 compartment sink (at correct concentration) to sanitize dishes from breakfast service. All dishes that were previously washed without being sanitized were returned to the 3 comp sink to be properly washed, rinsed, and sanitized.
  
- 40 2-402.11 Effectiveness - Hair Restraints (C) Observed food employees with no effective hair restraint. Use head coverings, beard guards and clothing to restrain body hair from contacting exposed food, equipment, and utensils.
  
- 47 4-501.11 Good Repair and Proper Adjustment-Equipment - C- REPEAT- Observed gasket torn in the self service refrigerator. Equipment shall be maintained in good repair.
  
- 54 5-501.115 Maintaining Refuse Areas and Enclosures (C)- Observed garbage and debris and other items around dumpster and inside enclosure. Maintain dumpsters closed and a storage area and enclosure for refuse, recyclable, or returnables shall be maintained free of unnecessary items, and clean.
  
- 55 6-501.11 Repairing-Premises, Structures, Attachments, and Fixtures-Methods - C- REPEAT- Observed water damaged ceiling tiles in the kitchen. Observed caulking behind sinks with mildew buildup and cracking. Physical facilities shall be maintained in good repair. \*No points taken due to improvement from last inspection\*
  
- 56 6-403.11 Designated Areas - Employee Accommodations for eating / drinking / smoking (C) Observed employee beverage stored on a prep counter above plastic wrap. 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.