## Food Establishment Inspection Report

Establishment Name: KITCHENOLOGY		Establishment ID: 3034020885				
Location Address: 106 SHO	RT STREET	_				
City: KERNERSVILLE	State: North Carolina	Date: 11/30/2022 Status Code: A				
Zip: 27284 C	ounty: 34 Forsyth	Time In: 2:00 PM Time Out: 3:30 PM				
Permittee: KITCHENOLOGY						
Telephone: (336) 609-6947		Category#: IV				
⊗ Inspection	○ Re-Inspection	FDA Establishment Type: Full-Service Restaurant				
Wastewater System:						
Municipal/Community	On-Site System	No. of Risk Factor/Intervention Violations: 0				
Water Supply:		No. of Repeat Risk Factor/Intervention Violations: 0				
Municipal/Community	On-Site Supply					

Water St	nicipal/Community On-Site Supply								Speak ( NSK ) actor/intervention ( Notation 5.	_	_	_	
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					Good Retail Practices  Good Retail Practices: Preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.								
Complianc	e Status	OU	T CD	I R	VR	С	omplia	nce (	Status	(	OUT	r c	DI R
Supervision	.2652					Sa	fe Food a	nd Wat	er .2653, .2655, .2658	T			
1 NOUTNA	PIC Present, demonstrates knowledge, & performs duties	1	0				IN OUT N	-	Pasteurized eggs used where required	1	0.5	_	
2 NOUT N/A	Certified Food Protection Manager	1	0		$\dashv$	31	)X OUT	+ +	Water and ice from approved source	2	1	0	+
Employee Healt	-	11	0			32	IN OUT N		Variance obtained for specialized processing methods	2	1	0	
3 IX OUT	Management, food & conditional employee;							Н					
4 IX OUT	knowledge, responsibilities & reporting  Proper use of reporting, restriction & exclusion	3 1.5			$\dashv$		A our	П	Proper cooling methods used; adequate	П	Г	П	
5 <b>(X</b> )OUT	Procedures for responding to vomiting &	+-	5 0		$\neg$		)X OUT		equipment for temperature control	1 1	0.5	1	
	diarrheal events Practices .2652, .2653	1   0.0	1				IN OUT N/A		Plant food properly cooked for hot holding Approved thawing methods used		0.5 0.5		_
Good Hygienic 6 IX OUT	Proper eating, tasting, drinking or tobacco use	1 0.5	5 0	Т			IX OUT		Thermometers provided & accurate	_	_	_	+
7 X OUT	No discharge from eyes, nose, and mouth	1 0.5					od Identif		<u> </u>	Ť	015		
Preventing Con	tamination by Hands .2652, .2653, .2655, .265	6				37	)X OUT	Т	Food properly labeled: original container	2	1	0	
8 <b>)</b> ( OUT	Hands clean & properly washed	4 2	0						d Contamination .2652, .2653, .2654, .2656, .26				
9 X OUT N/A N/O	No bare hand contact with RTE foods or pre- approved alternate procedure properly followed	4 2	0			20	) о⊔т	П	Insects & rodents not present; no unauthorized	$\Box$		П	$\neg \vdash$
10 X OUT N/A	Handwashing sinks supplied & accessible	2 1	0			36	<b>X</b> 001	+ +	animals	2	1	0	$\perp$
Approved Source	ce .2653, .2655					39	)х( оит		Contamination prevented during food preparation, storage & display	2	1	0	
11 X OUT	Food obtained from approved source		0			40	)x( out	1 1	Personal cleanliness		0.5		+
12 IN OUT NXO	Food received at proper temperature Food in good condition, safe & unadulterated		0	+	$\dashv$		M OUT		Wiping cloths: properly used & stored	_	0.5	_	$\top$
	Required records available: shellstock tags,				-	42	M OUT N/	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Washing fruits & vegetables	1	0.5	0	
14 IN OUT NAN/O	parasite destruction	2 1	0			Pı	oper Use	of Uten	nsils .2653, .2654				
Protection from	Contamination .2653, .2654					43	)М опт		In-use utensils: properly stored	1	0.5	0	
	Food separated & protected	3 1.5				44	)х( о∪т		Utensils, equipment & linens: properly stored, dried & handled	1	0.5	0	
16 X OUT	Food-contact surfaces: cleaned & sanitized  Proper disposition of returned, previously served,	3 1.5	_	-		-		+	Single-use & single-service articles: properly	H	0.0	+	+
17 X OUT	reconditioned & unsafe food	2 1	0			45	)М ОПТ		stored & used	1	0.5	0	
	ardous Food Time/Temperature .2653	In I	-1-1		_	46	<b>Ж</b> опт		Gloves used properly	1	0.5	0	
19 IN OUT N/ANX	Proper cooking time & temperatures  Proper reheating procedures for hot holding	3 1.5			$\dashv$	U	tensils and	Equip	ment .2653, .2654, .2663				
20 IN OUT N/A NXO	Proper cooling time & temperatures		5 0		$\dashv$				Equipment, food & non-food contact surfaces				
21 IN OUT N/A NXO	Proper hot holding temperatures	3 1.5	5 0			47	M OUT		approved, cleanable, properly designed, constructed & used	1	0.5	0	
22 X OUT N/A N/O			5 0		_			+	Warewashing facilities: installed, maintained &	+	$\vdash$	H	+
23 IX OUT N/A N/O	Time as a Dublic Health Central, presedures 9	3 1.5	+		$\dashv$		<b>Ж</b> оит		used; test strips	1	0.5		
24 IN OUT 100 N/O	records	3 1.5	5 0			49	М опт	Ш	Non-food contact surfaces clean	1	0.5	0	
Consumer Advi							nysical Fa		.2654, .2655, .2656				<u></u>
25 IN OUT NX	Consumer advisory provided for raw/ undercooked foods	1 0.5	5 0			50	X OUT N/		Hot & cold water available; adequate pressure Plumbing installed; proper backflow devices	1	0.5	0	+
Highly Suscepti	ble Populations .2653					52	M OUT		Sewage & wastewater properly disposed		1		+
26 IN OUT 1)XA	Doctor wined foods used: prohibited foods not	3 1.5	5 0	Π			M OUT N/		Toilet facilities: properly constructed, supplied & cleaned	П	0.5		$\top$
Chemical	.2653, .2657					54	)≰ оит		Garbage & refuse properly disposed; facilities		0.5		
27 IN OUT NX	Food additives: approved & properly used	1 0.5						-	maintained Physical facilities installed, maintained & clean	1	_		+
28 X OUT N/A		2 1	[0]				)X( OUT	+	Meets ventilation & lighting requirements;	1	0.5	0	+
Conformance w	ith Approved Procedures .2653, .2654, .2658  Compliance with variance, specialized process, reduced oxygen packaging criteria or HACCP plan	2 1	0			56	)х( оит		designated areas used	+	0.5	0	$\perp$
	reduced oxygen packaging criteria or FIACCP plan		$\perp \perp$						TOTAL DEDUCTIONS:	ho			





**Score**: 100

Comment Addendum to Food Establishment Inspection Report Establishment ID: 3034020885 Establishment Name: KITCHENOLOGY Location Address: 106 SHORT STREET Date: 11/30/2022 X Inspection Re-Inspection City: KERNERSVILLE State: NC Comment Addendum Attached? Status Code: A County: 34 Forsyth Zip: 27284 Water sample taken? Yes X No Category #: IV Email 1:JONATHAN@HOMEGROWNHEROES.ORG Water Supply: Municipal/Community On-Site System Permittee: KITCHENOLOGY Email 2: Telephone: (336) 609-6947 Email 3: JONATHAN@HOMEGROWNHEROES.ORG Temperature Observations Effective January 1, 2019 Cold Holding is now 41 degrees or less Item Location Temp Item Temp Item Temp 123 hot water 3 comp 200 sanitizer quat 3 comp 200 sanitizer quat bucket 200 spray bottle sanitizer quat 33 air walk in cooler 40 chicken walk in cooler 180 chicken final cook First Last Bolen Person in Charge (Print & Sign): Ross Last Regulatory Authority (Print & Sign): John Dunigan REHS ID:3072 - Dunigan, John Verification Required Date: Authorize final report to



REHS Contact Phone Number: (336) 703-3128

be received via Email:

## **Comment Addendum to Inspection Report**

Establishment Name: KITCHENOLOGY Establishment ID: 3034020885

Date: 11/30/2022 Time In: 2:00 PM Time Out: 3:30 PM

Certifications								
Name	Certificate #	Туре	Issue Date	Expiration Date				
Jonathan Seelig	20898178	Food Service	08/13/2021	08/13/2021				