

# Food Establishment Inspection Report

Score: 95.5

Establishment Name: OLIVE GARDEN #1270 (THE)

Establishment ID: 3034010522

Location Address: 170 HANES MALL CIRCLE

City: WINSTON-SALEM State: North Carolina

Zip: 27103 County: 34 Forsyth

Permittee: DARDEN RESTAURANT, INC.

Telephone: (336) 765-9008

☒ Inspection ☐ Re-Inspection**Wastewater System:**☒ Municipal/Community ☐ On-Site System**Water Supply:**☒ Municipal/Community ☐ On-Site Supply

Date: 05/23/2023 Status Code: A

Time In: 2:30 PM Time Out: 5:15 PM

Category#: IV

FDA Establishment Type: Full-Service Restaurant

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

Compliance Status		OUT	CDI	R	VR
<b>Supervision .2652</b>					
1	<input checked="" type="checkbox"/> OUT/N/A	PIC Present, demonstrates knowledge, & performs duties	1	0	
2	<input checked="" type="checkbox"/> OUT/N/A	Certified Food Protection Manager	1	0	
<b>Employee Health .2652</b>					
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 .2652, .2653</b>					
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 .2652, .2653, .2655, .2656</b>					
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 .2653, .2655</b>					
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 .2653, .2654</b>					
15	<input checked="" type="checkbox"/> OUT/N/A/N/O	Food separated & protected	3	1.5	0
16	<input checked="" type="checkbox"/> IN	Food-contact surfaces: cleaned & sanitized	3	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 .2653</b>					
18	<input checked="" type="checkbox"/> OUT/N/A/N/O	Proper cooking time & temperatures	3	1.5	0
19	<input checked="" type="checkbox"/> IN 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"/> OUT/N/A/N/O	Time as a Public Health Control; procedures & records	3	1.5	0
<b>Consumer Advisory .2653</b>					
25	<input checked="" type="checkbox"/> OUT/N/A	Consumer advisory provided for raw/undercooked foods	1	0.5	0
<b>Highly Susceptible Populations .2653</b>					
26	<input checked="" type="checkbox"/> IN OUT	Pasteurized foods used; prohibited foods not offered	3	1.5	0
<b>Chemical .2653, .2657</b>					
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 .2653, .2654, .2658</b>					
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 .2653, .2655, .2658</b>					
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 .2653, .2654</b>					
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 .2653</b>					
37	<input checked="" type="checkbox"/> OUT	Food properly labeled: original container	2	1	0
<b>Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657</b>					
38	<input checked="" type="checkbox"/> IN	Insects & rodents not present; no unauthorized animals	2	1	X
39	<input checked="" type="checkbox"/> OUT	Contamination prevented during food preparation, storage & display	2	1	0
40	<input checked="" type="checkbox"/> OUT	Personal cleanliness	1	0.5	0
41	<input checked="" type="checkbox"/> IN	Wiping cloths: properly used & stored	1	0.5	X
42	<input checked="" type="checkbox"/> OUT N/A	Washing fruits & vegetables	1	0.5	0
<b>Proper Use of Utensils .2653, .2654</b>					
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 .2653, .2654, .2663</b>					
47	<input checked="" type="checkbox"/> IN	Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed & used	X	0.5	0
48	<input checked="" type="checkbox"/> OUT	Warewashing facilities: installed, maintained & used; test strips	1	0.5	0
49	<input checked="" type="checkbox"/> IN	Non-food contact surfaces clean	X	0.5	0
<b>Physical Facilities .2654, .2655, .2656</b>					
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"/> IN	Toilet facilities: properly constructed, supplied & cleaned	1	0.5	X
54	<input checked="" type="checkbox"/> IN	Garbage & refuse properly disposed; facilities maintained	1	0.5	X
55	<input checked="" type="checkbox"/> IN	Physical facilities installed, maintained & clean	X	0.5	0
56	<input checked="" type="checkbox"/> OUT	Meets ventilation & lighting requirements; designated areas used	1	0.5	0
TOTAL DEDUCTIONS:					4.5



# Comment Addendum to Food Establishment Inspection Report

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 Permittee: DARDEN RESTAURANT, INC.  
 Telephone: (336) 765-9008

Establishment ID: 3034010522  
☒ Inspection ☐ Re-Inspection Date: 05/23/2023  
 Comment Addendum Attached? ☒ Status Code: A  
 Water sample taken? ☐ Yes ☒ No Category #: IV  
 Email 1: jmillar@olivegarden.com  
 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
Hot Water	Three-Comp	133	Veggie Soup	Hot Hold	171			
Pepperoni	Pizza Station	41	Soup	Hot Hold	186			
Lasagna	Hot Well	187	Diced Tomato	Salad Station	40			
Pasta Noodles	Above Stove	37	Ambient	Salad Cooler	29			
Ambient	Walkin	32						
Shrimp	Final	180						
Salmon	Final	166						
Tomatoes	Make Unit	39						
Spaghetti Noodles	Drawer Cooler	38						
Calamari	Final	198						
Mozz Cheese	Pizza Station	41						
Meatballs	Hot Cabinet	170						
Ambient	Produce Walkin	40						
Sliced Tomato	Walkin	40						
Sausage	Hot Cabinet	151						
Asparagus	Final	180						
Meat Sauce	Hot Well	182						
Quat Sanitizer	Bucket	200						
Hot Water	Dish Machine	162						
Salad	Salad Station	41						

First  
 Person in Charge (Print & Sign): Teresa  
 First  
 Regulatory Authority (Print & Sign): Ebonie

Last  
 Brown  
 Last  
 Wilborn

Teresa Brown  
Ebonie Wilborn REHS

REHS ID: 3122 - Wilborn, Ebonie

Verification Required Date:

REHS Contact Phone Number:

Authorize final report to  
 be received via Email: \_\_\_\_\_



North Carolina Department of Health & Human Services

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 DHHS is an equal opportunity employer.  
 Food Establishment Inspection Report, 10/2021

• Division of Public Health • Environmental Health Section • Food Protection Program



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**Establishment ID:** 3034010522

**Date:** 05/23/2023 **Time In:** 2:30 PM **Time Out:** 5:15 PM

### Certifications

Name	Certificate #	Type	Issue Date	Expiration Date
Erin Lewey		Food Service	08/01/2022	08/01/2027

### 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.

- 16 4-601.11 (A) Equipment, Food-Contact Surfaces, Nonfood Contact Surfaces, and Utensils (Pf) REPEAT Several container found with sticker label and sticker residue. Two sauce bottle found soiled on dish shelf. Equipment food contact surfaces and utensils shall be clean to sight and touch. CDI Taken to dish to be washed.
- 38 6-501.112 Removing Dead or Trapped Birds, Insects, Rodents and other Pests (C) Dead bugs present in light fixture. Dead or trapped birds, insects, rodents, and other pests shall be removed from control devices and the premises at a frequency that prevents their accumulation, decomposition, or the attraction of pests.
- 41 3-304.14 Wiping Cloths, Use Limitations (C) Wet wiping found stored on cutting board on cookline. Hold in-use wiping cloths in sanitizer between uses.
- 47 4-501.11 Good Repair and Proper Adjustment - Equipment (C) REPEAT The freezer that hold the plates missing its back legs and unit is currently leaning against wall. Knobs to the grill are missing. End caps missing to shelves inside walk-in cooler. Replace drawer cooler gasket. Dish rinse sink is cracked and separating in lower corner. Equipment components such as doors, seals, hinges, fasteners, and kick plates shall be kept intact, tight, and adjusted. Equipment shall be maintained in good repair.
- 49 4-602.13 Nonfood Contact Surfaces (C) REPEAT Cleaning needed on equipment along cook line. Clean inside of bowl warmer unit and plate cooler. Clean shelves throughout. Clean buildup under drainboard surface in dish machine area. Clean gaskets. Clean inside server coolers. Non-food contact surfaces of equipment shall be cleaned at frequency to prevent accumulation of soil residue.
- 53 6-501.18 Cleaning of Plumbing Fixtures (C) Cleaning needed under the middle urinal in the men's room. Maintain clean toilets and urinals in the facility.
- 54 5-501.115 Maintaining Refuse Areas and Enclosures (C) Clean the accumulation buildup around the trash dumpster. A storage area and enclosure for refuse, recyclable, or returnables shall be maintained free of unnecessary items, and clean.
- 55 3 6-501.11 Repairing-Premises, Structures, Attachments, and Fixtures-Methods (C) REPEAT Replace missing floor tiles under dish machine. Repair hole in flashing behind cookline. Replace missing ceiling tiles above drink station. Floors, walls, and ceilings shall be maintained in good repair.
- 6-501.12 Cleaning, Frequency and Restrictions (C) REPEAT Cleaning needed on walls especially in the dish area. Clean floor under equipment. Physical facilities shall be cleaned as often as necessary to keep them clean.