

Food Establishment Inspection Report

Score: 95

Establishment Name: FAIRFIELD INN AND SUITES

Establishment ID: 3034012254

Location Address: 1680 WESTBROOK PLAZA DRIVE

City: WINSTON SALEM State: North Carolina

Zip: 27103 County: 34 Forsyth

Permittee: INNKEEPER OF WINSTON SALEM WEST

Telephone: (336) 714-3000

Inspection Re-Inspection

Wastewater System:

Municipal/Community On-Site System

Water Supply:

Municipal/Community On-Site Supply

Date: 05/19/2022 Status Code: A

Time In: 9:20 AM Time Out: 12:25 PM

Category#: II

FDA Establishment Type: _____

No. of Risk Factor/Intervention Violations: 4

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
Supervision .2652					
1	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	PIC Present, demonstrates knowledge, & performs duties	1	0	
2	<input checked="" type="checkbox"/> IN <input type="checkbox"/> N/A	Certified Food Protection Manager	<input checked="" type="checkbox"/>	0	
Employee Health .2652					
3	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OX	Management, food & conditional employee; knowledge, responsibilities & reporting	2	1	<input checked="" type="checkbox"/> X
4	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OX	Proper use of reporting, restriction & exclusion	3	1.5	0
5	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OX	Procedures for responding to vomiting & diarrheal events	1	0.5	<input checked="" type="checkbox"/> X
Good Hygienic Practices .2652, .2653					
6	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OX	Proper eating, tasting, drinking or tobacco use	1	0.5	0
7	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OX	No discharge from eyes, nose, and mouth	1	0.5	0
Preventing Contamination by Hands .2652, .2653, .2655, .2656					
8	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OX	Hands clean & properly washed	4	2	0
9	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OX	No bare hand contact with RTE foods or pre-approved alternate procedure properly followed	4	2	0
10	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OX	Handwashing sinks supplied & accessible	2	1	0
Approved Source .2653, .2655					
11	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OX	Food obtained from approved source	2	1	0
12	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OX	Food received at proper temperature	2	1	0
13	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OX	Food in good condition, safe & unadulterated	2	1	0
14	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OX	Required records available: shellstock tags, parasite destruction	2	1	0
Protection from Contamination .2653, .2654					
15	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OX	Food separated & protected	3	1.5	0
16	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OX	Food-contact surfaces: cleaned & sanitized	3	1.5	0
17	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OX	Proper disposition of returned, previously served, reconditioned & unsafe food	2	1	0
Potentially Hazardous Food Time/Temperature .2653					
18	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OX	Proper cooking time & temperatures	3	1.5	0
19	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OX	Proper reheating procedures for hot holding	3	1.5	0
20	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OX	Proper cooling time & temperatures	3	1.5	0
21	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OX	Proper hot holding temperatures	<input checked="" type="checkbox"/>	1.5	<input checked="" type="checkbox"/> X
22	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OX	Proper cold holding temperatures	3	1.5	0
23	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OX	Proper date marking & disposition	3	1.5	0
24	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OX	Time as a Public Health Control; procedures & records	3	1.5	0
Consumer Advisory .2653					
25	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OX	Consumer advisory provided for raw/undercooked foods	1	0.5	0
Highly Susceptible Populations .2653					
26	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OX	Pasteurized foods used; prohibited foods not offered	3	1.5	0
Chemical .2653, .2657					
27	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OX	Food additives: approved & properly used	1	0.5	0
28	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OX	Toxic substances properly identified stored & used	2	1	0
Conformance with Approved Procedures .2653, .2654, .2658					
29	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OX	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
Safe Food and Water .2653, .2655, .2658					
30	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OX	Pasteurized eggs used where required	1	0.5	0
31	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OX	Water and ice from approved source	2	1	0
32	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OX	Variance obtained for specialized processing methods	2	1	0
Food Temperature Control .2653, .2654					
33	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OX	Proper cooling methods used; adequate equipment for temperature control	1	0.5	0
34	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OX	Plant food properly cooked for hot holding	1	0.5	0
35	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OX	Approved thawing methods used	1	0.5	0
36	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OX	Thermometers provided & accurate	1	0.5	0
Food Identification .2653					
37	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OX	Food properly labeled: original container	2	1	0
Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657					
38	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OX	Insects & rodents not present; no unauthorized animals	2	1	0
39	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OX	Contamination prevented during food preparation, storage & display	2	1	0
40	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OX	Personal cleanliness	1	0.5	0
41	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OX	Wiping cloths: properly used & stored	1	0.5	0
42	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OX	Washing fruits & vegetables	1	0.5	0
Proper Use of Utensils .2653, .2654					
43	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OX	In-use utensils: properly stored	1	0.5	0
44	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OX	Utensils, equipment & linens: properly stored, dried & handled	1	0.5	0
45	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OX	Single-use & single-service articles: properly stored & used	1	0.5	<input checked="" type="checkbox"/> X
46	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OX	Gloves used properly	1	0.5	0
Utensils and Equipment .2653, .2654, .2663					
47	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OX	Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed & used	1	0.5	0
48	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OX	Warewashing facilities: installed, maintained & used; test strips	1	0.5	0
49	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OX	Non-food contact surfaces clean	1	0.5	0
Physical Facilities .2654, .2655, .2656					
50	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OX	Hot & cold water available; adequate pressure	1	0.5	0
51	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OX	Plumbing installed; proper backflow devices	2	1	0
52	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OX	Sewage & wastewater properly disposed	2	1	0
53	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OX	Toilet facilities: properly constructed, supplied & cleaned	1	0.5	<input checked="" type="checkbox"/> X
54	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OX	Garbage & refuse properly disposed; facilities maintained	1	0.5	0
55	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OX	Physical facilities installed, maintained & clean	1	0.5	<input checked="" type="checkbox"/> X
56	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OX	Meets ventilation & lighting requirements; designated areas used	1	0.5	0
TOTAL DEDUCTIONS:					5



Comment Addendum to Food Establishment Inspection Report

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 County: 34 Forsyth Zip: 27103
 Wastewater System: Municipal/Community On-Site System
 Water Supply: Municipal/Community On-Site System
 Permittee: INNKEEPER OF WINSTON SALEM WEST
 Telephone: (336) 714-3000

Establishment ID: 3034012254
 Inspection Re-Inspection Date: 05/19/2022
 Comment Addendum Attached? Status Code: A
 Water sample taken? Yes No Category #: II
 Email 1: victor.duarte@dalyseven.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	3-comp sink	123						
qt sanitizer (ppm)	3-comp sink	300						
scrambled eggs (discarded)	-serving line	130						
turkey sausage (discarded)	-serving line	122						
oatmeal	-serving line	186						
turkey sausage	1-door cooler	41						
2% milk	2-door cooler	41						
ambient temp	milk/yogurt cooler	39						

Person in Charge (Print & Sign): Jackie *First* *Last*
Collins
 Regulatory Authority (Print & Sign): Travis *First* *Last*
Addis

JG Collins

Travis Addis

REHS ID: 3095 - Addis, Travis Verification Required Date: _____

REHS Contact Phone Number: _____



North Carolina Department of Health & Human Services

● Division of Public Health ● Environmental Health Section ● Food Protection Program
 DHHS is an equal opportunity employer.
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Comment Addendum to Inspection Report

Establishment Name: FAIRFIELD INN AND SUITES

Establishment ID: 3034012254

Date: 05/19/2022 **Time In:** 9:20 AM **Time Out:** 12:25 PM

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 (C) A certified food protection manager was not present during inspection. 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.
- 3 2-201.11 (A), (B), (C), and (E) Responsibility of Permit Holder, Person in Charge and Conditional Employees (P) Employee health policy does not include salmonella non-typhoidal as a reportable illness. A food employee shall report to the person in charge if they have any of the "big 6" reportable illnesses; norovirus, hepatitis A, shigella spp., shiga-toxin producing E. Coli, salmonella typhi, or salmonella non-typhoidal. CDI: Education and a new employee health policy were provided.
- 5 2-501.11 Clean-up of Vomiting and Diarrheal Event (Pf) Establishment does not have a written procedure and kit for the clean-up of vomiting and diarrheal events. A food establishment shall have a written procedure for employees to follow when responding to vomiting and diarrheal events that involve the discharge of vomitus or fecal matter onto surfaces in the food establishment. The procedure shall address the specific actions employees must take to minimize the spread of contamination and exposure to employees, consumers, food, and surfaces to vomitus or fecal matter. CDI: Education and a written procedure were provided to the person in charge.
- 21 3-501.16 (A) (1) Time / Temperature Control for Safety Food, Hot and Cold Holding (P) Repeat. On serving line: turkey sausage patties were measured 116-122F, scrambled eggs were measured at 113-130F. Time/temperature control for safety food shall be maintained at 135F or above. Breakfast service hours are 6am-10am; establishment would benefit from a Time as a Public Health Control (TPHC) procedure in lieu of temperature control. A TPHC procedure will be formulated with the PIC before end of inspection and used for hot holding foods in the establishment going forward. CDI: Sausage was discarded.
- 45 4-903.11 (A) and (C) Equipment, Utensils, Linens and Single-Service and Single-Use Articles - Storing (C) Repeat. Coffee cups stacked above level of dispenser. Single-service and single-use articles shall be kept in the original protective package or stored by using other means that afford protection from contamination until used.
- 53 5-501.17 Toilet Room Receptacle, Covered (C) There is no covered receptacle in the women's restroom in hotel lobby. A toilet room used by females shall be provided with a covered receptacle for sanitary napkins.
- 55 6-501.11 Repairing - Premises, Structures, Attachments, and Fixtures - Methods (C) Repeat. Cinderblock wall behind mop sink in the laundry area is heavily damaged and needs repair. Physical facilities shall be maintained in good repair.