Food Establishment Inspection Report Score: <u>94.5</u>

Establishment Name: GREAT FRIED CHICKEN	Establishment ID: 3034020746					
Location Address: 4116 INDIANA AVE		☑ Inspection ☐ Re-Inspection				
City: WINSTON SALEM	State: NC	Date: <u>Ø 8</u> / <u>Ø 5</u> / <u>2 Ø 2 Ø</u> Status Code: A				
Zip: 27105 County: 34 Forsyth		Time In: 09 : 40^{\otimes}_{pm} Time Out: 11 : 15^{\otimes}_{pm} m				
Permittee: KHODAL BUSINESS INC.		Total Time: 1 hr 35 minutes				
Telephone: (336) 744-0029		Category #: III				
Wastewater System: ⊠Municipal/Community □ On-	FDA Establishment Type: Fast Food Restaurant No. of Risk Factor/Intervention Violations: 5 No. of Repeat Risk Factor/Intervention Violations: 2					
	1.1					

Water Supply: Municipal/Community □ On-Site Supply No. of Risk Factor/Intervention Violations: 5 No. of Repeat Risk Factor/Intervention Violations: 2																			
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: Preventative measures to control the addition and physical objects into foods.										tices: Preventative measures to control the addition of patho	ger	ıs, ch	nemi	icals	·,				
IN OUT N/A N/O Compliance Status OUT CDI R VR				VR	IN	IN OUT N/A N/O Compliance Status						OUT CDI R VR							
S	upei	visi	on		.2652				Safe	Safe Food and Water .2653, .2655, .2658									
1		X			PIC Present; Demonstration-Certification by accredited program and perform duties				28 🗆		X		Pasteurized eggs used where required	1	0.5	0 [
E	mpl	oyee	He	alth	.2652				29 🔀				Water and ice from approved source	2	1	0 [
2	X				Management, employees knowledge; responsibilities & reporting	3 1.5 0			30 🗆		×		Variance obtained for specialized processing methods	1	0.5	0		丗	
3	\boxtimes				Proper use of reporting, restriction & exclusion	3 1.5 0			Food	Tem		ratur	e Control .2653, .2654		\perp				
C	ood	Нус	jieni	ic P	ractices .2652, .2653				31 🔀				Proper cooling methods used; adequate	1	0.5	οГ	٦١٢	ௗ	
4		×			Proper eating, tasting, drinking, or tobacco use	21			32 🔀	-	П	П	equipment for temperature control Plant food properly cooked for hot holding	1	0.5	0 [7 -	#	
5	X				No discharge from eyes, nose or mouth	1 0.5 0				-		H		1				\pm	
P	reve	ntin	g Co	onta	mination by Hands .2652, .2653, .2655, .2656					_			Approved thawing methods used	F	0.5	ᆈᆫ	4	44	
6		X			Hands clean & properly washed	4 🗶 0			34	\perp			Thermometers provided & accurate	1	0.5	0		<u> </u>	
7	X				No bare hand contact with RTE foods or pre- approved alternate procedure properly followed	3 1.5 0			Food		ntific	catio				_	_		
8	П	×			Handwashing sinks supplied & accessible	21 🔀		\Box	35	\perp		Ш	Food properly labeled: original container	2	1	0][
ш	ppro		l Soi	urce	1,1			ഥ			n of	f Foo	od Contamination .2652, .2653, .2654, .2656, .265	7		_	_		
9	×		300	uice	Food obtained from approved source	210		П	36				Insects & rodents not present; no unauthorized animals	2	1	0			
10	X				Food received at proper temperature	210			37				Contamination prevented during food preparation, storage & display	2	1	0 [
Н	×				Food in good condition, safe & unadulterated	+++	++-		38				Personal cleanliness	1	0.5	0 [
Н			×		Required records available: shellstock tags,	210			39 🔀				Wiping cloths: properly used & stored	1	0.5	0 [
12	□ roto			ш m (parasite destruction	2 1 0		ഥ	40 🔀				Washing fruits & vegetables	1	0.5	0 [回	
Protection from Contamination .2653, .2654							Ы	Prop	er Us	se o	f Ute	ensils .2653, .2654		\perp					
13		X	Ш	Ш	Food separated & protected	3 🗙 0			41	$\overline{}$			In-use utensils: properly stored	1	0.5	0 [7	可	
Н	X				Food-contact surfaces: cleaned & sanitized Proper disposition of returned, previously served,	3 1.5 0			42 🔀				Utensils, equipment & linens: properly stored, dried & handled	1	0.5	0 [一	
15	⊠ otor	tiall	v Ua	170r	reconditioned, & unsafe food dous Food Time/Temperature .2653	210		Ш	43 🔀	\Box	Single-use & single-service articles: properly stored & used	1	0.5	0 [7/1	丗			
16			_	X		3 1.5 0	1010	П	44 🔀	-			Gloves used properly	1	0.5	0 [7	丗	
17				\mathbf{X}	<u> </u>	3 1.5 0				Utensils and Equipment .2653, .2654, .2663									
18				×		3 1.5 0			45 🗆	×		Lqu	Equipment, food & non-food contact surfaces approved, cleanable, properly designed,	2	1	X [7		
19	\boxtimes				Proper hot holding temperatures	3 1.5 0		H		-			constructed, & used Warewashing facilities: installed, maintained, &			\perp		\equiv	
20	×				Proper cold holding temperatures	3 1.5 0	=		46	-			used; test strips	1	0.5	+		出	
Н	-		_] [47 🔀	\perp	F!	:1:4: -	Non-food contact surfaces clean	1	0.5	뗏	니니	44	
21	X	Ш		Ш	Proper date marking & disposition	3 1.5 0		Ш	Phys			ilities					715	-	
22			X		Time as a public health control: procedures & records	210			48 🔀	+			Hot & cold water available; adequate pressure	2		=		44	
\Box	ons		$\overline{}$	lvis	, *		-11-		49 🔀	_			Plumbing installed; proper backflow devices	2	1	<u>0</u> L		Ш	
23			X	1*1.	Consumer advisory provided for raw or undercooked foods	1 0.5 0			50				Sewage & waste water properly disposed	2	1	0 [][
	ighl	\neg	\neg	ptib	ple Populations .2653 Pasteurized foods used; prohibited foods not				51 🗷				Toilet facilities: properly constructed, supplied & cleaned	1	0.5	o c][
24	hom		X		offered	3 1.5 0	لاالالا	빌	52 🔀				Garbage & refuse properly disposed; facilities maintained	1	0.5	0 [1	<u> </u>	
\Box	hem	$\overline{}$	$\overline{}$.2653, .2657				mamamou							4	7/-	詽	
25			X		Food additives: approved & properly used	1 0.5 0			53	_			Physical facilities installed, maintained & clean Meets ventilation & lighting requirements;	1	0.5	+	_		
26	X onf	LI			Toxic substances properly identified stored, & used	210	كالكالا		54				designated areas used	1	0.5	ШΓ		끄	
27	Conformance with Approved Procedures2653, .2654, .2658 27																		





	Comme	nt Adde	<u>ndum to</u>	Food Es	<u>stablishme</u>	ent Ins	pection F	Report	
Establishmeı	nt Name: GREAT F	RIED CHICKE	N		Establishme	ent ID: 30	34020746		
Location Address: 4116 INDIANA City: WINSTON SALEM County: 34 Forsyth Wastewater System: ☑ Municipal/Com Water Supply: ☑ Municipal/Com Permittee: KHODAL BUSINESS		ommunity		ate: NC	☑ Inspection Comment Adde Water sample ta Email 1: steve Email 2:	e: A III			
Telephone:	(336) 744-0029				Email 3:				
			Tempe	erature Ol	oservations				
Item Hot water	Location 3 comp sink	Cold Hold Temp 141	_	perature Location	is now 41 □ ⊺	Degrees Temp Item		ocation	Temp
Quat sani	3 comp sink - ppm	200							
Chili	Walk-in cooler	37							
Wedges	Display	142							
Wings	Display	144							
Grits	Display	158							
Mashed	Display	143							
	iolations cited in this re				rrective Act		dana 0 405 44		_
authorit informa 4 2-401.1 prep tal	on manager (FPM) y to direct and cont tion through passin 1 Eating, Drinking, ole. An employee sl ean equipment, ute ult.	rol food prep g a test that or Using Tob nall eat, drink	aration and s is part of an a pacco - C Er s, or use any	service shall American Na nployee drinl form of toba	be a certified F tional Standard s without lid beil cco only in desi	PM who h Is Institute ng stored ignated ar	as shown pro (ANSI)-accr on shelving a eas where th	oficiency of re edited progra above clean use contaminat	equired m. Itensils and on ion of exposed
mask, v mask of engagir and sing Lock after en	4 When to Wash - I vithout removing glo n face and immedia ng in food preparation gle-use articles and gaging in other acti cleaned gloves.	oves and har tely donned on including v : after touchi vities that co	ndwashing. / gloves, witho working with ng bare hum ntaminate th	Food employ out handwas exposed foo an body par e hands. CD	ree washed har hing. A food em d, clean equipn ts other than cle I: REHS educa	nds, and the ployee shapent and upon the ployee shapent and upon the ployee shapens and shapens are shapens and shapens and shapens and shapens are shapens and shapens and shapens are shapens and shapens and shapens and shapens are shapens are shapens are shapens and shapens are shapens and shapens are shapens are shapens and shapens are shapens are shapens and shapens are shapens are shapens are shapens and shapens are shapens and shapens are shapens are shapens are shapens are shapens are sh	hen used cleanall wash han utensils, and and clean, e	aned hands to ds immediate unwrapped si exposed portio	o place face ely before ingle-service ons of arms and
Darson in Char	ge (Print & Sign):	Fir:	St	La Isaac	ast	4.	٨٨	N	_
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Regulatory Aut	hority (Print & Sign)	CHRISTY :	3 1	WHITLEY	- -	Chris	alyte	zulti	RSMS
	REHS ID	2610 - WI	nitley, Chris	ty	V	/erification	Required Date	://	

REHS Contact Phone Number: (336)703-3157

North Carolina Department of Health & Human Services • Division of Public Health • Environmental Health Section • Food Protection Program

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Establishment Name: GREAT FRIED CHICKEN Establishment ID: 3034020746

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.



- 6-301.12 Hand Drying Provision PF Women's restroom lacking paper towels in dispenser. Each handwashing sink shall be provided with: individual, disposable towels or a continuous towel system that supplies the user with a clean towel. CDI: Paper towels supplied.
- 3-302.11 Packaged and Unpackaged Food-Separation, Packaging, and Segregation P Raw shelled eggs stored on top of pasteurized liquid eggs and boxes of raw chicken stored above portioned desserts on shelving inside walk-in cooler. Food shall be protected from cross contamination by: separating raw animal foods during storage, preparation, holding, and display from ready-to-eat food. CDI: Person-in-charge separated shelled eggs and moved desserts above raw chicken. // 3-304.15 (A) Gloves, Use Limitation P Only food employee on several occasions touching face to adjust mask, without removing gloves and handwashing. If used, single-use gloves shall be used for only one task ... used for no other purpose, and discarded when damaged or soiled, or when interruptions occur in the operation. CDI: REHS educated employee. Employee washed hands and donned cleaned gloves.
- 45 4-501.11 Good Repair and Proper Adjustment-Equipment C Ice build up around frame of walk-in cooler on inside. Evaluate and repair. Equipment shall be maintained cleanable and in good repair.





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