Establishment Name：SIMPLY SOUTHERN CUISINE
Location Address：3570－C CLEMMONS RD
City： ..... CLEMMONSState：NC
Zip： 27012County： 34 ForsythPermittee：HAMPTON SQUARE CATERING \＆TAKE
Telephone： （336）712－4636Wastewater System：【Municipal／Community $\square$ On－Site SystemWater Supply： XMunicipal／Community $\square$ On－Site SupplyEstablishment ID： 3034020582

Establishment ID： 3034020582
XInspection $\square$ Re－Inspection
Date： 04 ／ $16 / 2 \emptyset 21$ Status Code：A Time In：$\underline{\varnothing} 2: 15 \mathrm{O}_{\otimes \mathrm{pm}}^{\mathrm{am}}$ Time Out：$\underline{\square 4: \underline{0} \otimes \mathrm{am}}$ Total Time： 1 hr 45 minutes
Category \＃：IV
FDA Establishment Type：Full－Service Restaurant
No．of Risk Factor／Intervention Violations： 1
No．of Repeat Risk Factor／Intervention Violations：
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．


|  | in | OUT | N／A | N／O | Compliance Status | OUT CDI R VR |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Supervision 2652 |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 区 |  | $\square$ |  | PIC Present；Demonstration－Certification by accredited program and perform duties |  |  |  |  |  |  |  |
| Employee Health 2652 |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 区 | $\square$ |  |  | Management，employees knowledge； responsibilities \＆reporting | 3 |  | 0 | $\square$ |  |  | $\square$ |
|  | 区 | $\square$ |  |  | Proper use of reporting，restriction \＆exclusion | 3 | （1．5） | 0 | $\square$ |  |  |  |

Good Retail Practices
Good Retail Practices：Preventative measures to control the addition of pathogens，chemicals， and physical objects into foods．

| ｜n Out Na／ No |  |  |  | Compliance Status |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Safe Food and Wat |  |  |  | ter ． $2653, .2655,2658$ |  |  |
| $28 \square$ |  | 区 |  | Pasteurized eggs used where required | $10^{\circ 05} 0$ |  |
| 29 ® | $\square$ |  |  | Water and ice from approved source | 210 |  |
| $30 \square$ |  | 区 |  | Variance obtained for specialized processing | $10^{0} 0$ |  |
| Food T | Temperature Control ． 2653,2654 |  |  |  | － |  |
|  | $\square$ |  |  | Proper cooling methods used；adequate equipment for temperature control | 10.0 |  |
| $32 \square$ | ㅁ | X |  | Plant food properly cooked for hot holding | $10^{\circ 50} 0$ |  |
| $33 \square$ | 민 | 区 | $\triangle$ Ap | Approved thawing methods used | 100 |  |
| 34 区 | $\square$ |  |  | Thermometers provided \＆accurate | 10900 | $\square$ |
| Food Identification |  |  |  | n ． 2653 |  |  |
| $35 \times$ | $\square$ |  |  | Food properly labeled：original container | ［2］ 10 |  |


| Prevention of Food Contamination ．2652，．2653，．2654，．2656， 2657 |  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 36 | 【 | $\square$ |  | Insects \＆rodents not present；no unauthorized animals | （2） | 1 |  | $\square$ |  |
| 37 | 区 | $\square$ |  | Contamination prevented during food preparation，storage \＆display | 2 | 1 | 0 | $\square$ |  |
| 38 | $\square$ | 】 |  | Personal cleanliness | 1 | 0.5 | x $\square$ | $\square$ |  |
| 39 | 区 | $\square$ |  | Wiping cloths：properly used \＆stored | （1） | 0.5 | $0 \square$ | $\square$ |  |
| 40 | 区 | $\square$ | $\square$ | Washing fruits \＆vegetables | 1 |  |  |  | $\square$ |

Proper Use of Utensils $.2653, .2654$




North Carolina Department of Health \＆Human Services • Division of Public Health－Environmental Health Section •Food Protection Program DHHS is an equal opportunity employer．

# Comment Addendum to Food Establishment Inspection Report 

| Establishment Name: SIMPLY SOUTHERN CUISINE |  |  | Establishment ID: 3034020582 |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Location Address: 3 370-C CLEMMONS RD |  |  | XInspection $\square$ Re-Inspection Date: 04/16/2021 |  |  |
| City: CLEMMONS |  |  | Comment Addendum Attached? $\square$ Status Code: A |  |  |
| County:34 Forsyth Zip |  |  | Water sample taken? $\square$ Yes No Category \#: $\qquad$ IV |  |  |
| Wastewater System: $\mathbb{X}$ Municipal/Community $\square$ On-Site System Water Supply: $\quad \mathbf{X}$ Municipal/Community $\square$ On-Site System |  |  | Email 1: my_simply_southern@yahoo.com |  |  |
| Permittee: HAMPTON SQUARE CATERING \& TAKE |  |  | Email 2: |  |  |
| Telephone: (336) 712-4636 |  |  | Email 3: |  |  |
| Temperature Observations |  |  |  |  |  |
| Cold Holding Temperature is now 41 Degrees or less |  |  |  |  |  |
| Item chicken | Location cooling (since 2PM) | ${ }_{83}$ Temp Item Location | Temp Item | Location | Temp |
| chicken | cooling (1 hour later) | 62 |  |  |  |
| green beans | upright cooler | 39 |  |  |  |
| green beans | cooling (since 12PM) | 61 |  |  |  |
| pimiento | retail cooler | 38 |  |  |  |
| hot water | 3-compartment sink | 145 |  |  |  |
| chlorine (ppm) | 3-compartment sink | 100 |  |  |  |
| ServSafe | Kory Miller 11-7-24 | 0 |  |  |  |

## 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.
21 3-501.17 Ready-To-Eat Potentially Hazardous Food (Time/Temperature Control for Safety Food), Date Marking - PF - Pimiento cheese marked with use by date of August 6 th. Since pimiento cheese is prepared in establishment it must be discarded 7 days from preparation with day 1 being the date the oldest TCS ready-to-eat food was opened or cooked. CDI - Pimiento cheese date marked with a discard date of 4-20 since it was made 2 days ago.

2-402.11 Effectiveness-Hair Restraints - C-2 employees with no hair restraint. Food employees must wear a hair restraint such as a hat or hair net. 0 pts.

42 4-901.11 Equipment and Utensils, Air-Drying Required - C-1 stack of pans were stacked while the pans were still wet to touch. Utensils shall be air dried. Do not nest pans on top of each other until they are dried. 0 pts.

## Lock

Text
$\bigcirc$

|  | First | Miller | Last |  |
| :--- | :--- | :--- | :--- | :--- |
| Person in Charge (Print \& Sign): | Kory |  |  | Last |
| Regulatory Authority (Print \& Sign): Andrew | First | Lee |  |  |

REHS ID: 2544 - Lee, Andrew
Verification Required Date: $\qquad$ , $\qquad$ / $\qquad$
REHS Contact Phone Number: ( 336 ) 703-3128
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Establishment Name: SIMPLY SOUTHERN CUISINE<br>Establishment ID: 3034020582

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.
54 6-303.11 Intensity-Lighting - C - Repeat - Lighting low in restroom (6-10 foot candles). Lighting shall be at least 20 foot candles at plumbing fixtures in restrooms. 0 pts.

Observations and Corrective Actions
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North Carolina Department of Health \& Human Services - Division of Public Health - Environmental Health Section • Food Protection Program

Observations and Corrective Actions
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