

# Food Establishment Inspection Report

Score: 96.5

Establishment Name: TACO BELL

Establishment ID: 3034012803

Location Address: 2437 LEWISVILLE-CLEMMONS ROAD

City: CLEMMONS State: North Carolina

Zip: 27012 County: 34 Forsyth

Permittee: CHARTER CENTRAL, LLC

Telephone: (336) 766-0107

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

Date: 01/14/2022 Status Code: U

Time In: 10:15 AM Time Out: 12:30 PM

Category#: IV

FDA Establishment Type: \_\_\_\_\_

No. of Risk Factor/Intervention Violations: 2

No. of Repeat Risk Factor/Intervention Violations: 0

**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"/> IN <input checked="" type="checkbox"/> OUT	Procedures for responding to vomiting & diarrheal events	1	0.5	X
<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"/> OUT	N/O 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 <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A/N/O	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 <input checked="" type="checkbox"/> OUT	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"/> IN <input checked="" type="checkbox"/> OUT/N/A/N/O	Proper cooking time & temperatures	3	1.5	0
19	<input checked="" type="checkbox"/> OUT/N/A/N/O	Proper reheating procedures for hot holding	3	1.5	0
20	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> 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"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> 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"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Pasteurized foods used; prohibited foods not offered	3	1.5	0
<b>Chemical .2653, .2657</b>					
27	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	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 <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	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 <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	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 <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	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"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Plant food properly cooked for hot holding	1	0.5	0
35	<input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> 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"/> OUT	Insects & rodents not present; no unauthorized animals	2	1	0
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"/> OUT	Wiping cloths: properly used & stored	1	0.5	0
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"/> IN <input checked="" type="checkbox"/> OUT	Utensils, equipment & linens: properly stored, dried & handled	1	0	X
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 <input checked="" type="checkbox"/> OUT	Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed & used	1	0	X
48	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Warewashing facilities: installed, maintained & used; test strips	1	0.5	X
49	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Non-food contact surfaces clean	1	0	X
<b>Physical Facilities .2654, .2655, .2656</b>					
50	<input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Toilet facilities: properly constructed, supplied & cleaned	1	0.5	X
54	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Garbage & refuse properly disposed; facilities maintained	1	0.5	X
55	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Physical facilities installed, maintained & clean	1	0	X
56	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Meets ventilation & lighting requirements; designated areas used	1	0.5	X
TOTAL DEDUCTIONS:					3.5



# Comment Addendum to Food Establishment Inspection Report

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City: CLEMMONS State: NC

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Wastewater System: ☒ Municipal/Community ☐ On-Site System

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☒ Inspection ☐ Re-Inspection Date: 01/14/2022

Comment Addendum Attached? ☒ Status Code: U

Water sample taken? ☐ Yes ☒ No Category #: IV

Email 1:

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
shredded cheese	make line	40						
diced tomatoes	make line	40						
jalapenos (only food open)	walk-in cooler	37						
boxed taco meat	DELIVERY - between boxes	36						
refried beans	steam table	164						
taco meat	REHEAT	168						
chicken	REHEAT	192						
hot water	prep sink	122						
quat sani	3 comp sink (ppm)	200						
quat sani	towel bucket (ppm)	150						
ServSafe	Valerie Lindsay 1/18/24	0						

Person in Charge (Print & Sign): Valerie Lindsay

Regulatory Authority (Print & Sign): Aubrie Welch

REHS ID: 2519 - Welch, Aubrie Verification Required Date: \_\_\_\_\_

REHS Contact Phone Number: (336) 703-3131



North Carolina Department of Health & Human Services

● Division of Public Health ● Environmental Health Section  
 DHHS is an equal opportunity employer.  
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● Food Protection Program



## Comment Addendum to Inspection Report

**Establishment Name:** TACO BELL

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### 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.

- 5 2-501.11 Clean-up of Vomiting and Diarrheal Event (Pf) Establishment does not have written procedures. A food establishment shall have written procedures for employees to follow when responding to vomiting or diarrheal events that involve the discharge of vomitus or fecal matter onto surfaces in the food establishment. The procedures shall address the specific actions employees must take to minimize the spread of contamination and the exposure of employees, consumers, food, and surfaces to vomitus or fecal matter. CDI- education about this new requirement; REHS provided example clean-up plan.
- 16 4-601.11 (A) Equipment, Food-Contact Surfaces, Nonfood Contact Surfaces, and Utensils (P) Plastic and metal containers on clean dish rack with food debris present, lever-type scoops with dried food debris. Food contact surfaces shall be clean to sight and touch. CDI - placed at sink for re-cleaning.
- 44 4-901.11 Equipment and Utensils, Air-Drying Required (C) Majority of metal pans on clean dish rack were stacked together and still wet from last night. Allow dishes to air dry.
- 47 4-202.11 Food-Contact Surfaces - Cleanability (Pf) - food debris collecting in groove at make unit - recaulk with approved equipment caulk to be smooth/easily cleanable. Equipment that is fixed because it is not easily moveable shall be sealed to adjoining equipment or walls, if the equipment is exposed to spillage or seepage.  
4-501.11 Good Repair and Proper Adjustment - Equipment (C) Replace damaged/missing pvc wrap in walk-in freezer. Address icing issue in 2 door freezer - today there is frozen condensation at top interior of unit and ice accumulation in the base. Damaged smallwares such as spatula, tongs with damaged coating on handles, beige cambros. Equipment shall be maintained in good repair.
- 48 4-302.14 Sanitizing Solutions, Testing Devices (Pf) No quat test strips available in the establishment. A test kit or other device that accurately measures the concentration of sanitizing solutions shall be provided. PIC stated that test strips can be brought from another location. CDI - test strips arrived while REHS was doing paperwork.
- 49 4-602.13 Nonfood Contact Surfaces (C) Clean undersides of shelving above steam unit and cold make line. Clean base of cabinet under drink machine in dining room. Clean inside warming cabinet with plexiglass doors. Nonfood contact surfaces of equipment shall be cleaned at a frequency necessary to preclude accumulation of soil residues.
- 53 6-501.18 Cleaning of Plumbing Fixtures (C) Clean base of urinal. Replace damaged toilet seat in women's room (stall to the right). Plumbing fixtures shall be cleaned as often as necessary to keep them clean.
- 54 5-501.114 Using Drain Plugs (C) Orange dumpster is missing its drainplug. Drains in receptacles and waste handling units shall have drain plugs in place.
- 55 6-501.11 Repairing - Premises, Structures, Attachments, and Fixtures - Methods (C) Grout is low in areas, such as in front of 3 comp sink and rethermalizers. Re-caulk hand sink in men's room, re-caulk base of toilet in men's room, re-caulk base of toilet (left stall) in women's room. Physical facilities shall be maintained in good repair.  
6-501.12 Cleaning, Frequency and Restrictions (C) Clean ceiling where dust accumulation is present; clean dusty wall near drive-thru. Clean other walls as needed, such as behind front hand sink. Physical facilities shall be cleaned as often as necessary to keep them clean.
- 56 6-303.11 Intensity - Lighting (C) Replace burned out bulb in women's restroom at sink - lighting in this area should be 20 foot-candles, today it is only 3-4.

### Additional Comments

Key drop deliveries - If no employees are on site when cold foods are delivered, the delivery driver needs to document a delivery temperature on the invoice - ensure that all cold foods arrive at 41F or below.

Establishment is under a transitional permit, all items on transitional permit must be completed within 180 days of date of issuance.