Food Establishment Inspection Report Score: 99 Establishment Name: CAMINO BAKERY Establishment ID: 3034012153 Location Address: 310 B WEST 4TH STREET Date: 11/23/2020 Status Code: A City: WINSTON SALEM State: NC Time In: $1 \ 2 \ : \ 0 \ 0 \ \overset{\bigcirc{}\otimes}{\otimes} \ \overset{\mathsf{am}}{\mathsf{pm}}$ Time Out: Ø 1 : 25⊗ pm Zip: 27101 34 Forsyth County: . Total Time: 1 hr 25 minutes CAMINO BAKERY INC. Permittee: Category #: I Telephone: (336) 721-9990 FDA Establishment Type: Fast Food Restaurant Wastewater System:

✓ Municipal/Community

✓ On-Site System No. of Risk Factor/Intervention Violations: 0 No. of Repeat Risk Factor/Intervention Violations: Foodborne Illness Risk Factors and Public Health Interventions Good Retail Practices Risk factors: Contributing factors that increase the chance of developing foodborne illness. Good Retail Practices: Preventative measures to control the addition of pathogens, chemicals, and physical objects into foods. Public Health Interventions: Control measures to prevent foodborne illness or injury. IN OUT N/A N/O Compliance Status CDI R VR IN OUT N/A N/O Compliance Status CDI R VR Supervision .2652 Safe Food and Water .2653, .2655, .2658 PIC Present; Demonstration-Certification by accredited program and perform duties 1 🛛 🗀 28 1 0.5 0 Pasteurized eggs used where required **Employee Health** 29 🛛 🗆 Water and ice from approved source Management, employees knowledge; responsibilities & reporting 2 🛛 🗆 3 1.5 0 Variance obtained for specialized processing 30 □ □ □ ⊠ 1 0.5 0 \times Proper use of reporting, restriction & exclusion 3 1.5 0 **Food Temperature Control** .2653, .2654 Proper cooling methods used; adequate equipment for temperature control **Good Hygienic Practices** .2652, .2653 1 0.5 0 31 🛛 🗆 4 🛛 210 - -Proper eating, tasting, drinking, or tobacco use 32 □ X □ Plant food properly cooked for hot holding 1 0.5 0 🗆 🗆 5 П 1 0.5 0 No discharge from eyes, nose or mouth 1 0.5 0 🗆 🗆 Preventing Contamination by Hands .2652, .2653, .2655, .2656 34 🗵 🗆 1 0.5 0 - -Thermometers provided & accurate 420 ---6 | X | 🗆 Hands clean & properly washed Food Identification No bare hand contact with RTE foods or pre-X 3 1.5 0 approved alternate procedure properly followed 35 🔀 🗀 Food properly labeled: original container 210 - -8 🗵 210 - -Handwashing sinks supplied & accessible Prevention of Food Contamination .2652, .2653, .2654, .2656, .265 **Approved Source** .2653, .2655 Insects & rodents not present; no unauthorized 36 🗵 🗆 210000 9 🛛 🗆 Food obtained from approved source Contamination prevented during food 210 - -37 🗵 🗆 preparation, storage & display 10 Food received at proper temperature 38 🗷 🗆 Personal cleanliness 1 0.5 0 11 🛛 🗀 Food in good condition, safe & unadulterated 39 🛛 🗀 Wiping cloths: properly used & stored 1 0.5 0 Required records available: shellstock tags, 12 🗆 21000 parasite destruction 1 0.5 0 40 🛛 🗀 Washing fruits & vegetables **Protection from Contamination** .2653, .2654 Proper Use of Utensils Food separated & protected 3 1.5 0 41 🖾 🗀 1 0.5 0 In-use utensils: properly stored 14 🔀 3 1.5 0 Food-contact surfaces: cleaned & sanitized Utensils, equipment & linens: properly stored, dried & handled 1 0.5 0 42 🛛 🗆 Proper disposition of returned, previously served 15 🖾 🗀 210 - reconditioned, & unsafe food Single-use & single-service articles: properly stored & used 43 🗆 🔀 Potentially Hazardous Food Tlme/Temperature 16 ☐ ☐ ☐ ☐ Proper cooking time & temperatures 3 1.5 0 - - -44 🛛 🗆 1 0.5 0 ... Gloves used properly 17 🔲 **Utensils and Equipment** .2653, .2654, .2663 3150 - -Equipment, food & non-food contact surfaces approved, cleanable, properly designed, 45 🛛 🗆 210 -3 1.5 0 Proper cooling time & temperatures constructed, & used Warewashing facilities: installed, maintained, & used; test strips 19 🗆 3 1.5 0 - - -Proper hot holding temperatures 46 🛛 🗆 1 0.5 0 3 15 0 - -Proper cold holding temperatures 47 🛛 🗀 Non-food contact surfaces clean 1 0.5 0 21 🖾 🗀 🗀 ☐ Proper date marking & disposition 3 1.5 0 **Physical Facilities** .2654. .2655. .2656 48 🔀 🖂 🖂 Time as a public health control: procedures & Hot & cold water available; adequate pressure 2 1 0 49 🔀 2100 Plumbing installed: proper backflow devices Consumer Advisory .2653 Consumer advisory provided for raw or 23 🗆 🗆 🗷 1 0.5 0 ... 50 🗷 🗆 21000 Sewage & waste water properly disposed undercooked foods **Highly Susceptible Populations** .2653 Toilet facilities: properly constructed, supplied 1 0.5 0 51 🛛 🗀 Pasteurized foods used; prohibited foods not & cleaned |24| □ | □ | 🔀 Garbage & refuse properly disposed; facilities maintained 52 🛛 🗆 1 0.5 0 Chemical .2653, .2657 25 | | | | | | 53 🗆 🗷



26 🗵 🗆

|27| 🗆 | 🗆 | 🔀

Food additives: approved & properly used

Toxic substances properly identified stored, & used

Compliance with variance, specialized process, reduced oxygen packing criteria or HACCP plan

Conformance with Approved Procedures .2653, .2654, .2658



1 0.5 0

Physical facilities installed, maintained & clean Meets ventilation & lighting requirements; designated areas used

Total Deductions:

54

1 0.5 0

210 - -

	Comment	<u> Addendur</u>	n to Food E	<u>stablishment</u>	Inspection	Report	
Establishment Name: CAMINO BAKERY				Establishment ID: 3034012153			
Location Address: _310 B WEST 4TH STREET City: _WINSTON SALEM State: NC County: _34 Forsyth Zip: _27101 Wastewater System: ☑ Municipal/Community □ On-Site System				☑ Inspection ☐ Re-Inspection Date: 11/23/2020 Comment Addendum Attached? ☐ Status Code: A Water sample taken? ☐ Yes ☒ No Category #: I			
Water Supply: Municipal/Community □ On-Site System Permittee: CAMINO BAKERY INC. Telephone: (336) 721-9990				Email 1: ^{camino.bakery@gmail.com} Email 2: Email 3:			
		Te	emperature O				
	Co			is now 41 Deg	rees or less		
Item hot water	Location three comp sink	Temp Item 122	Location	Temp		Location	Temp
sanitizer (qac)	three comp sink (ppm)	200					
sanitizer (qac)	bottles (ppm)	200					
air temp	2 door cooler	32					
air temp	upright cooler						
air temp	display cooler	38					
air temp	walk in	39					
cups st ground 53 6-201.7 easily o	11 (A) and (C) Equipment to the cored on it is nearly to under the core of the	ching floor. All single to provide required to	ngle service single red clearance. ity - C Area where flooring to make i	e use utensils must be old oven was remove t seamless with tile f	ved is exposed s	num of six inches subfloor concrete oth and easily cle	s off the and not eanable. /
	rge (Print & Sign): thority (Print & Sign): ^{Jos}	First First seph		ast V ast	Moth	-GL	
	REHS ID: 2	2450 - Chrobak,	, Joseph	Verific	ation Required Da	te://	
REHS C	ontact Phone Number: (<u>336</u>) <u>703</u> -	3164				

North Carolina Department of Health & Human Services • Division of Public Health • Environmental Health Section • Food Protection Program
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Establishment Name: CAMINO BAKERY Establishment ID: 3034012153

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.





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