Food Establishment Inspection Report

Establishment Name: KIT	CHENOLOGY	Establishment ID: 3034020885
Location Address: 106 SHOR City: KERNERSVILLE Zip: 27284 Co Permittee: KITCHENOLOGY Telephone: (336) 609-6947	State: North Carolina unty: 34 Forsyth	Date: 03/23/2023 Status Code: Time In: 11:55 AM Time Out: Category#: IV
⊗ Inspection	○ Re-Inspection	FDA Establishment Type: Full-Service
Wastewater System: ⊗ Municipal/Community Water Supply: ⊗ Municipal/Community	On-Site System	No. of Risk Factor/Intervention Violation No. of Repeat Risk Factor/Intervention Vio
W Mullicipal/Community	On-one oupply	

Date: 03/23/2023 Time In: 11:55 AM Category#: IV	_Status Code: A _Time Out: _1:15 PM
FDA Establishment Type:	Full-Service Restaurant
No. of Risk Factor/Interve No. of Repeat Risk Factor/I	

Good Retail Practices

Score:

_		_			incipal/continuinty Continue cappiy						
	Ris	sk fa	cto	rs: (e Illness Risk Factors and Public Health In Contributing factors that increase the chance of developing foo Interventions: Control measures to prevent foodborne illness	db	orne	illi		s	
C	o	mp	lia	nc	e Status		OUT	Г	CDI	R	۷R
S	up	ervis	ion		.2652						
1	·	ОПТ	N/A		PIC Present, demonstrates knowledge, &	1	Π	0			
Ŀ	-	-		\vdash	performs duties	•		ľ			
2	ľ	ОUТ	_	ш	Certified Food Protection Manager	1		0			
E	mp	loye	e H	ealt	h .2652 Management, food & conditional employee;	Т	Π	Г			l .
3	Ĺ	ОПТ	_		knowledge, responsibilities & reporting	2	1	0			
4	Ť	ОUТ			Proper use of reporting, restriction & exclusion Procedures for responding to vomiting &	3	1.5	0			
5	ıλ	ОUТ			diarrheal events	1	0.5	0			
G				nic	Practices .2652, .2653	_		_			
6	+ *	OUT	_		Proper eating, tasting, drinking or tobacco use	1	0.5	0			
7	ĮХ	ОUТ			No discharge from eyes, nose, and mouth	1	0.5	0			
	_	_	_	Con	tamination by Hands .2652, .2653, .2655, .265	_					
8	IN	⊘ (T	_		Hands clean & properly washed	4	X	0	Х		
9	M	ОUТ	N/A	N/O	No bare hand contact with RTE foods or pre- approved alternate procedure properly followed	4	2	0			
10	IN	о х (т	N/A		Handwashing sinks supplied & accessible	2	1	X	Х		
Α	pp	rove	d S	our	ce .2653, .2655						
11	Ņ	ОUТ	П		Food obtained from approved source	2	1	0			
12	IN	OUT		Ŋφ	Food received at proper temperature	2	1	0			
13	×	OUT			Food in good condition, safe & unadulterated	2	1	0			
14	IN	оит	r X A	N/O	Required records available: shellstock tags, parasite destruction	2	1	0			
Pi	rot	ectio	n f	rom	Contamination .2653, .2654						
15	ıχ	ОUТ	N/A	N/O	Food separated & protected	3	1.5	0			
16	×	ОUТ			Food-contact surfaces: cleaned & sanitized	3	1.5	0			
17	M	оит			Proper disposition of returned, previously served, reconditioned & unsafe food	2	1	0			
P	ote	ntia	lly H	laza	ardous Food Time/Temperature .2653						
		оит				3	1.5	0			
19	IN	оит	N/A	N)(Proper reheating procedures for hot holding	3	1.5	0			
	IN	оит	N/A	NXO		3	1.5	₩			
21	+-	оит	-	-		3	1.5	-			
	-	ОUТ				3	1.5	0			
	+	оит		/ `	Proper date marking & disposition Time as a Public Health Control; procedures &	3	1.5	0			
24	IN	оит	Ŋĸ	N/O	records	3	1.5	0			
C	on	sum	er A	ldvi							
25	IN	оит	ŊX		Consumer advisory provided for raw/ undercooked foods	1	0.5	0			
Н	igh	ly S	usc	epti	ble Populations .2653						
26	IN	оит	¹ X⁴		Pasteurized foods used; prohibited foods not offered	3	1.5	0			
С	he	mica	i		.2653, .2657	-		_			
		оит			Food additives: approved & properly used	1	0.5	0			
28	N	ОUТ	N/A		Toxic substances properly identified stored & used	2	1	0			
С	on	form	and	e w	ith Approved Procedures .2653, .2654, .2658						
	Π	оит	l		Compliance with variance, specialized process, reduced oxygen packaging criteria or HACCP plan	2	1	0			
	_	_	_	_		-	_	-			

	G	hoo	Pot:	ail D	ractices: Preventative measures to control the addition of pa	tho	ane	cł	amic	ale	
	•	oou	Neu	an r	and physical objects into foods.	uio	gens	, 01	IGITIIC	aio,	
С	or	npl	iar	ice	Status		OUT	Γ	CDI	R	VF
Sa	fe I	Food	d an	d Wa	ater .2653, .2655, .2658				<u> </u>	ш	
30	IN	оит	N/A	П	Pasteurized eggs used where required	1	0.5	0	Ι		
_		OUT	74.		Water and ice from approved source	2	1	0			
			24		Variance obtained for specialized processing			Ė			
32	IN	OUT	1 X A		methods	2	1	0			
Fo	od	Ten	nper	atur	e Control .2653, .2654						
33	X	оит			Proper cooling methods used; adequate equipment for temperature control	1	0.5	0			
34	IN	OUT	N/A	ıχφ	Plant food properly cooked for hot holding	1	0.5	0			
		OUT	N/A	ı) X∕0	Approved thawing methods used	1	0.5	0			
36	X	OUT			Thermometers provided & accurate	1	0.5	0			
Fo	od	lder	ntific	catio				_			
		оит	_		Food properly labeled: original container	2	1	0			
Pre	eve	entio	n of	f Foo	od Contamination .2652, .2653, .2654, .2656, .26	57		_			
38	M	оит			Insects & rodents not present; no unauthorized animals	2	1	0			
	_	оит			Contamination prevented during food preparation, storage & display	2	1	0			
_	<u>- `</u>	OUT			Personal cleanliness	1	0.5	0			
- 1		OUT			Wiping cloths: properly used & stored	1	0.5	0			
42	JN,	оит	N/A		Washing fruits & vegetables	1	0.5	0			
Pre	ор	er Us	se o	f Ute	ensils .2653, .2654						
43	M	OUT			In-use utensils: properly stored	1	0.5	0			
44	M	оит			Utensils, equipment & linens: properly stored, dried & handled	1	0.5	0			
	M	оит			Single-use & single-service articles: properly stored & used	1	0.5	0			
46	×	оит			Gloves used properly	1	0.5	0			
Uto	ens	sils a	and	Equi	pment .2653, .2654, .2663						
47	M	оит			Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed & used	1	0.5	0			
48	M	оит			Warewashing facilities: installed, maintained & used; test strips	1	0.5	0			
49	×	OUT			Non-food contact surfaces clean	1	0.5	0			
Ph	ıys	ical	Faci	ilities	.2654, .2655, .2656						
50	M	оит	N/A		Hot & cold water available; adequate pressure	1	0.5	0			
51	X	оит			Plumbing installed; proper backflow devices	2	1	0			
52	×	OUT			Sewage & wastewater properly disposed	2	1	0			
53	M	оит	N/A		Toilet facilities: properly constructed, supplied & cleaned	1	0.5	0			
		оит			Garbage & refuse properly disposed; facilities maintained	1	0.5	0			
55	M	оит			Physical facilities installed, maintained & clean	1	0.5	0			
-				ıl	Meets ventilation & lighting requirements;			l			
Ť	×	OUT			designated areas used	1	0.5	0			





	Commei	nt Addend	um to F	ood E	<u>stablishmen</u>	t Inspec	tion	Report	
Establishn	nent Name: KITCHEN	NOLOGY			Establishment	ID: <u>303402</u>	0885		
	Address: 106 SHORT				X Inspection	Re-Insp	ection	Date: 03/23/2	2023
City: KEF	RNERSVILLE			e: <u>NC</u>	Comment Addendo	um Attached?	X	Status Code	: <u>A</u>
	34 Forsyth		p: <u>27284</u>		Water sample take	n? Yes	x No	Category #:	IV
Wastewate Water Sup	er System: Municipal/Co	ommunity On-S			Email 1:kitchenole	ogync@gmail.	com		
	e: KITCHENOLOGY	minumy _ one	no oystom		Email 2:angel@p	rojectshortstre	et.com		
Telephor	ne: <u>(336)</u> 609-6947				Email 3:				
			Tempera	ature O	bservations				
14					olding is now				T
Item ambient	Location walk in cooler	Temp Iten 41	1	Location	Tem	np Item	L	ocation.	Temp
hot water	three comp sink	122							
quat sanitizer	three comp sink	200							
		First	1 :	ast			Ala	1.1.	
Person in	Charge (Print & Sign): J			eelig	(- JOHO	WW	Huy	
	- ,	First		ast		V			
Regulatory A	uthority (Print & Sign): N	Michelle	Ве	ell	(Michell	i Bell	res	
REHS ID:246	4 - Bell, Michelle		Verifica	ation Requi	red Date:		1100	ires	
REHS Contac	t Phone Number: (336) 7	703-3134			Authorize final re	eport to	ΨV	10/VVV	KM



be received via Email:

Comment Addendum to Inspection Report

Establishment Name: KITCHENOLOGY Establishment ID: 3034020885

Date: 03/23/2023 Time In: 11:55 AM Time Out: 1:15 PM

		Certifications	5	
Name	Certificate #	Туре	Issue Date	Expiration Date
Jonathan Seelig	20898178	Food Service	08/13/2021	08/13/2021

- 8 2-301.14 When to Wash (P): Employee placed liner in the trash can then touched food wrap box and continued handling items without first washing hands. Hands shall be washed when contaminated. CDI: Employee was stopped by REHS and washed hands properly.
- 10 5-202.12 Handwashing Sinks, Installation (C): Hot water valve had been turned off in women's restroom and hot water was measuring at 68F. Handwashing sinks shall have water of at least 100F. CDI: Maintenance staff turned water valve on.//6-301.12 Hand Drying Provision (Pf): Paper towel dispenser in men's restroom missing towels. Handwashing sinks shall be supplied with paper towels or other approved drying devices. CDI: Paper towels re-stocked.

Additional Comments

During the inspection today, I noticed that food employees go from the prep room to the cooking room while wearing gloves. These employees then contaminate their gloves by coming into contact with the doorknob(s) in between the door. I highly recommend this door is either left open, changed to foot peddle access, swinging door, etc. to prevent glove contamination during food preparation. Until the door is changed, please remind all employees that gloves will need to be changed after contacting door knobs and hands washed.