

# Food Establishment Inspection Report

Score: 96.5

Establishment Name: HOLIDAY INN EXPRESS DOWNTOWN WEST

Establishment ID: 3034011927

Location Address: 110 MILLER STREET

City: WINSTON SALEM State: North Carolina

Zip: 27103 County: 34 Forsyth

Permittee: SALEM HOSPITALITY, INC

Telephone: (336) 721-0220

☒ Inspection ☐ Re-Inspection

## Wastewater System:

☒ Municipal/Community ☐ On-Site System

## Water Supply:

☒ Municipal/Community ☐ On-Site Supply

Date: 11/28/2022 Status Code: A

Time In: 8:30 AM Time Out: 11:00 AM

Category#: II

FDA Establishment Type: Fast Food Restaurant

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"/> IN <input checked="" type="checkbox"/> N/A	Certified Food Protection Manager	<input checked="" type="checkbox"/>	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"/> OUT	Procedures for responding to vomiting & diarrheal events	1	0.5	0
<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"/> IN OUT <input checked="" type="checkbox"/> N/A	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 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"/> IN OUT N/A <input checked="" type="checkbox"/> N/A	Food separated & protected	3	1.5	0
16	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Food-contact surfaces: cleaned & sanitized	3	<input checked="" type="checkbox"/>	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 OUT N/A <input checked="" type="checkbox"/> N/A	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 OUT N/A <input checked="" type="checkbox"/> N/A	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 OUT N/A <input checked="" type="checkbox"/> N/A	Time as a Public Health Control; procedures & records	3	1.5	0
<b>Consumer Advisory .2653</b>					
25	<input checked="" type="checkbox"/> IN 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 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 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 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 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 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"/> OUT N/A N/O	Plant food properly cooked for hot holding	1	0.5	0
35	<input checked="" type="checkbox"/> OUT N/A 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"/> IN <input checked="" type="checkbox"/> OUT	Personal cleanliness	1	0.5	<input checked="" type="checkbox"/>
41	<input checked="" type="checkbox"/> OUT	Wiping cloths: properly used & stored	1	0.5	0
42	<input checked="" type="checkbox"/> IN OUT <input checked="" type="checkbox"/> 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"/> OUT	Utensils, equipment & linens: properly stored, dried & handled	1	0.5	0
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	<input checked="" type="checkbox"/>	X
48	<input checked="" type="checkbox"/> OUT	Warewashing facilities: installed, maintained & used; test strips	1	0.5	0
49	<input checked="" type="checkbox"/> OUT	Non-food contact surfaces clean	1	0.5	0
<b>Physical Facilities .2654, .2655, .2656</b>					
50	<input checked="" type="checkbox"/> OUT 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"/> OUT N/A	Toilet facilities: properly constructed, supplied & cleaned	1	0.5	0
54	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Garbage & refuse properly disposed; facilities maintained	1	<input checked="" type="checkbox"/>	X
55	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Physical facilities installed, maintained & clean	1	0.5	<input checked="" type="checkbox"/>
56	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Meets ventilation & lighting requirements; designated areas used	1	0.5	<input checked="" type="checkbox"/>
<b>TOTAL DEDUCTIONS:</b>					3.5



# Comment Addendum to Food Establishment Inspection Report

Establishment Name: WEST  
 Location Address: 110 MILLER STREET  
 City: WINSTON SALEM State: NC  
 County: 34 Forsyth Zip: 27103  
 Wastewater System: ☒ Municipal/Community ☐ On-Site System  
 Water Supply: ☒ Municipal/Community ☐ On-Site System  
 Permittee: SALEM HOSPITALITY, INC  
 Telephone: (336) 721-0220

Establishment ID: 3034011927  
☒ Inspection ☐ Re-Inspection Date: 11/28/2022  
 Comment Addendum Attached? ☒ Status Code: A  
 Water sample taken? ☐ Yes ☒ No Category #: II  
 Email 1: mnewsome@cnhotels.net  
 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
yogurt	self service cooler	40						
egg	reheat	181						
sausage	serving line	140						
potato	serving line	137						
gravy	serving line	139						
sanitizer	3 comp	300						

Person in Charge (Print & Sign): *First*

*Last*

Regulatory Authority (Print & Sign): *First*  
 Cierra

*Last*  
 Elledge

*M. Newsome*  
*Cierra Elledge*

REHS ID: 2760 - Elledge, Cierra

Verification Required Date:

REHS Contact Phone Number:

Authorize final report to  
 be received via Email:



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:** HOLIDAY INN EXPRESS DOWNTOWN WEST

**Establishment ID:** 3034011927

**Date:** 11/28/2022 **Time In:** 8:30 AM **Time Out:** 11:00 AM

### 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.

- 2 2-102.12 (A) Certified Food Protection Manager. Observed no employees with food protection managers certification. The Person In Charge (PIC) shall be a certified food protection manager who has shown proficiency of required information through passing a test that is part of an accredited program.
- 16 4-703.11 Hot Water and Chemical - Methods (P) Observed facility washing and rinsing dishes before air drying all utensils. Facility was running low on sanitizer solution due to delivery coming tomorrow. After being cleaned equipment food contact surfaces and utensils shall be sanitized in chemical or hot water manual or mechanical. CDI- the remaining sanitizer solution was used in 3 compartment sink (at correct concentration) to sanitize dishes from breakfast service. All dishes that were previously washed without being sanitized were returned to the 3 comp sink to be properly washed, rinsed, and sanitized.
- 40 2-402.11 Effectiveness - Hair Restraints (C) Observed food employees with no effective hair restraint. Use head coverings, beard guards and clothing to restrain body hair from contacting exposed food, equipment, and utensils.
- 47 4-501.11 Good Repair and Proper Adjustment-Equipment - C- REPEAT- Observed gasket torn in the self service refrigerator. Equipment shall be maintained in good repair.
- 54 5-501.115 Maintaining Refuse Areas and Enclosures (C)- Observed garbage and debris and other items around dumpster and inside enclosure. Maintain dumpsters closed and a storage area and enclosure for refuse, recyclable, or returnables shall be maintained free of unnecessary items, and clean.
- 55 6-501.11 Repairing-Premises, Structures, Attachments, and Fixtures-Methods - C- REPEAT- Observed water damaged ceiling tiles in the kitchen. Observed caulking behind sinks with mildew buildup and cracking. Physical facilities shall be maintained in good repair. \*No points taken due to improvement from last inspection\*
- 56 6-403.11 Designated Areas - Employee Accommodations for eating / drinking / smoking (C) Observed employee beverage stored on a prep counter above plastic wrap. Areas designated for employees to eat, drink, and use tobacco shall be located so that food, equipment, linens, and single-service and single-use articles are protected from contamination.