# Food Establishment Inspection Report

### Establishment Name: BISTRO 3333

	L	00	cat	io	n,	Address: 3333 SILAS CREEK PKWY, C	/0	D	IE	TAF	XY E	DEPT						
	С	ity	y:\	N	IN	STON-SALEM State: North Ca	aro	lin	а						П	oto	. 1 <sup>7</sup>	1/30/201
Zip: 27103 County: 34 Forsyth												Date: <u>11/30/20</u> Time In: 9:45 A						
	Ρ	eı	rm	it	te	: NOVANT HEALTH OF THE TRIAD												
	т	el	ep	bh	or	e: (336) 718-2852											-	ry#: <u>IV</u>
						ection O Re-Inspection									FI	DA	Es	stablishr
	V					ter System:												
						icipal/Community O On-Site System	n								N	0. 0	of F	Risk Fac
	v		-			ipply:									N	o. c	of F	Repeat R
						icipal/Community On-Site Supply												
=					un								_					
	Fc	00	db	0	rne	e Illness Risk Factors and Public Health	nte	erv	er	ntion	s							
						contributing factors that increase the chance of developing fo				ness.				G	ood	Reta	ail Pi	ractices: P
	Pul	blic	c H	ea	th	nterventions: Control measures to prevent foodborne illnes	s or	inju	ry									
C	Col	m	pli	aı	าต	e Status	(	OU	Т	CDI	R	VR	C	Cor	npl	ian	ice	Status
s	upe	rvi	isic	n		.2652		_	_				S	afe	Food	d an	d Wa	ater
1	×	ου	лти	/A		PIC Present, demonstrates knowledge, & performs duties	1		0						OUT		$\square$	Pasteuri
2	X	ου	JT N	/A		Certified Food Protection Manager	1		0				31	1	OUT		$\vdash$	Water a Variance
Е	mp	loy	/ee	He	alt	n .2652							32	IN	OUT	¢¥4		methods
3	IN	oþ	¢			Management, food & conditional employee; knowledge, responsibilities & reporting	2	x	0	х			F	000	l Ten	nper	atur	e Control
4	X			+		Proper use of reporting, restriction & exclusion	3	1.5					33		охт			Proper of
5	X	ου	л			Procedures for responding to vomiting & diarrheal events	1	0.5	0									equipme
G	000	зн	lvai	ien	ic I	Practices .2652, .2653	-							-	OUT			Plant for Approve
6	Ņ	ου	Л			Proper eating, tasting, drinking or tobacco use	1		-				· · · · · ·	1 .	оυт	-		Thermo
	X	-	_			No discharge from eyes, nose, and mouth	1	0.5	0						lder		atio	
	rev X	_	_	, С	on	amination by Hands .2652, .2653, .2655, .26 Hands clean & properly washed	4	2	0						OUT			Food pr
			JTN	/A	N/O	No bare hand contact with RTE foods or pre-	4	2					Р	rev	entio	n of	Foc	od Contami
			JTN			approved alternate procedure properly followed Handwashing sinks supplied & accessible	2	1	0				38	M	оит			Insects a animals
			ed	-	ourc		4	1	10				30	м	оит			Contam
	X					Food obtained from approved source	2	1	0								$\square$	prepara
12	_			1	≫	Food received at proper temperature	2	1	0						OUT OUT		$\vdash$	Persona Wiping of
13	-			_	_	Food in good condition, safe & unadulterated Required records available: shellstock tags,	2	1						1	оит			Washing
14	IN	ou	IT N	XA I	N/O	parasite destruction	2	1	0				Ρ	rop	er Us	se o	f Ute	ensils
						Contamination .2653, .2654			_				43	M	OUT			In-use u
15 16				/AI	N/O	Food separated & protected Food-contact surfaces: cleaned & sanitized		1.5 1)\$		x	x		44	M	оит			Utensils dried & I
17	+	-	-	┥		Proper disposition of returned, previously served,	2				~		45		¢х∕т			Single-u
						reconditioned & unsafe food	-	1	U				<u> </u>		<i>.</i>		$\square$	stored & Gloves
						rdous Food Time/Temperature .2653 Proper cooking time & temperatures	3	1.5	0					1	OUT		Fau	ipment
			JT N					1.5									Lqu	Equipme
20 21			TN NTN			Proper cooling time & temperatures Proper hot holding temperatures	3	1.5	<b>X</b>	X			47	IN	¢ <b>X</b> ⊺			approve
22	X	ου	JT N	/A	N/O	Proper cold holding temperatures	-	1.5	-								$\vdash$	construc
23	X	ου	JTN	/A1	N/O	Proper date marking & disposition Time as a Public Health Control; procedures &	3	1.5	0				48	M	оит			Warewa used; te
24	X	ου	JTN	/AI	N/O	records	3	1.5	0				49	M	OUT			Non-foo
С	ons	sun	ner	A	dvis	sory .2653	_		_						ical		lities	
25	IN	ου	лты	Xa		Consumer advisory provided for raw/ undercooked foods	1	0.5	0					1.	OUT		$\square$	Hot & co Plumbin
н	igh	ly s	Sus	sce	epti	ble Populations .2653	-								OUT		$\vdash$	Sewage
	Ť	Ē	JT N	Т		Pasteurized foods used; prohibited foods not offered	3	1.5	0					-	оит			Toilet fa
C	her	nic	al			.2653, .2657	1						-	⊢			$\vdash$	& cleane Garbage
27	IN	ου	IT N			Food additives: approved & properly used	1						54		<b>0)∕(</b> ⊺		Щ	maintair
	-	-	JT N			Toxic substances properly identified stored & used	2	1	0						OUT		┝─┤	Physica Moete v
	Г			Т	e w	th Approved Procedures .2653, .2654, .2658 Compliance with variance, specialized process,	Т						56	M	OUT			Meets v designa
29	IN	ou	JTN	A		reduced oxygen packaging criteria or HACCP plan	2	1	0									

Establishment ID: 3034010130

Date: <u>11/30/2022</u> Time In: 9:45 AM	_Status Code: Time Out: 4	
Category#: IV		-
FDA Establishment Type:	Hospital	

No. of Risk Factor/Intervention Violations: <u>3</u> No. of Repeat Risk Factor/Intervention Violations: <u>1</u>

	-				Good Retail Practices						
	G	ood	Reta	ail P	ractices: Preventative measures to control the addition of pa and physical objects into foods.	tho	gens	, ch	nemic	als,	
С	or	npl	iar	ice	Status		OUT	Г	CDI	R	V
Sa	afe	Food	l an	d Wa	ater .2653, .2655, .2658						
30	X	OUT	N/A		Pasteurized eggs used where required	1	0.5	0			
31	X	OUT			Water and ice from approved source	2	1	0			
32	IN	оυт	×		Variance obtained for specialized processing methods	2	1	0			
Fo	ood	Ten	nper	atur	e Control .2653, .2654						
33	IN	<b>%</b> (т			Proper cooling methods used; adequate equipment for temperature control	1	0,¥5	0		x	
34	IN	OUT	N/A	N)X0	Plant food properly cooked for hot holding	1	0.5	0			
35	X	OUT	N/A	N/O	Approved thawing methods used	1	0.5	0			
36	X	OUT			Thermometers provided & accurate	1	0.5	0			
Fo	ood	Ider	ntific	catio	n .2653						
37	X	OUT			Food properly labeled: original container	2	1	0			
Р	reve	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			
39	×	оυт			Contamination prevented during food preparation, storage & display	2	1	0			
40	X	OUT			Personal cleanliness	1	0.5	0			
41	X	OUT			Wiping cloths: properly used & stored	1	0.5	0			
42	M	ουτ	N/A		Washing fruits & vegetables	1	0.5	0			
Р	op	er Us	se o	fUte	ensils .2653, .2654						
43	M	OUT			In-use utensils: properly stored	1	0.5	0			
44	M	оυт			Utensils, equipment & linens: properly stored, dried & handled	1	0.5	0			
45		<b>%</b> т			Single-use & single-service articles: properly stored & used	1	0.5	x			
46	M	OUT			Gloves used properly	1	0.5	0			
U	ten	sils a	and	Equ	ipment .2653, .2654, .2663						
47	IN	<b>%</b> T			Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed & used	1	ð%5	0		x	
48	X	оит			Warewashing facilities: installed, maintained & used; test strips	1	0.5	0			
49	M	OUT			Non-food contact surfaces clean	1	0.5	0			
P	hys	ical	Faci	litie	s .2654, .2655, .2656						
50	M	OUT	N/A		Hot & cold water available; adequate pressure	1	0.5	0			
51	IN	оXт			Plumbing installed; proper backflow devices	2	1	Х			
52	×	ουτ			Sewage & wastewater properly disposed	2	1	0			
53	M	оит	N/A		Toilet facilities: properly constructed, supplied & cleaned	1	0.5	0			
54	IN	<b>0)≹</b> ⊺			Garbage & refuse properly disposed; facilities maintained	1	<i>i</i> %5	0			
55	X	OUT			Physical facilities installed, maintained & clean	1	0.5	0			
56	M	оит			Meets ventilation & lighting requirements; designated areas used	1	0.5	0			
					TOTAL DEDUCTIONS:	4					

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## Comment Addendum to Food Establishment Inspection Report

Establishment Name: BISTRO 3333										
3333 SILAS CREEK PKWY, C/O DIETARY										
City: WINSTON-SALEM	State:NC									
County: 34 Forsyth	Zip: 27103									
Wastewater System: 🛛 Municipal/Comm	unity 🗌 On-Site System									
Water Supply: X Municipal/Commu	unity 🗌 On-Site System									
Permittee: NOVANT HEALTH OF	THE TRIAD									

Establishment ID: 3034010130

X Inspection Re-Inspection	Date: <u>11/30/2022</u>
Comment Addendum Attached? X	Status Code: A
Water sample taken? Yes X No	Category #: IV

Email 1:Josephbott@lammorrison.com

Email	2
LING	~

Email 3:

#### Telephone: (336) 718-2852

### **Temperature Observations**

	Effectiv	e Janu	ary 1, 2019	<b>Cold Holding is</b>	now 4	1 degrees	or less	
Item sliced turkey	Location blast chiller	Temp 33		Location cooling @ 11:00 am	Temp 79	Item baked potato	Location	Temp 185
bacon	"	37	hamburger	low boy cook line	40	baked beans	"	170
shrimp	п	29	sliced tomatoes	n	39	baked chicken	11	150
sliced tomatoes	leftover prep cooler	37	salad	stand up cooler	40	chicken	"	140
pasta	cooling @ 10:30 am	52	slaw	catering walk-in	38	green beans	11	170
rice	11	50	milk	beverage walk-in	37	ground beef	n	150
potatoes	11	49	lettuce	cater to you	40	mac and cheese	n	170
diced ham	II	53	pepperoni	п	39	mashed potatoes	"	170
diced turkey	n	53	shredded cheese	н	40	chicken	final cook temp	189
mac and cheese	II	51	tuna salad	u	38	beef	n	202
pasta	cooling @ 11:00 am/ immedate service	52	chicken salad	n	37	chicken tenders	"	183
rice	II	50	rice	hot holding	168	ribs	n	158
potatoes	n	49	mac and cheese	u	159	pepperoni	servery	40
diced ham	n	45	baked potato	u	183	cheese	n	40
diced turkey	Π	45	green beans	u	179	lettuce	n	40
ground beef	meat cooler	35	turnip greens	u	170	slice tomatoes	n	37
bean salsa	produce cooler	37	salisbury steak	"	158	shredded cheese	"	39
slaw	H	39	mashed potato	H	163	boiled egg	H	37
lettuce	II	38	bbq chicken	u	186	rice	"	159
gravy	cooling @ 10:30	123	fried rice	n	186	green beans	"	150

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

Regulatory Authority (Print & Sign): Craig

Ukia James Cin Bettel ALIS

Food Protection Program

REHS ID:1766 - Bethel, Craig

Verification Required Date:

Last

Last

Bethel

James

REHS Contact Phone Number: (336) 703-3143

Authorize final report to be received via Email:



North Carolina Department of Health & Human Services Page 1 of

Division of Public Health 
 Environmental Health Section
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#### Establishment ID: 3034010130

Date: 11/30/2022 Time In: 9:45 AM Time Out: 4:00 PM

		Certificati	ons	
Name	Certificate #	Туре	Issue Date	Expiration Date
Akiia James		Food Service	08/02/2020	08/02/2025
Violati		corrected within the time frame		ons 8-405.11 of the food code.
An updated e Did not provid A FOOD EMI CONDITION/ allows the PE disease trans information, s or of a diagno CONDITION/ Reportable D (2) Has an illi (a) Norovirus fever (caused	mployee health policy agride the six reportable disea PLOYEE or AL EMPLOYEE shall report RSON IN CHARGE to recommission, including providing such as the date of onset of posis without symptoms, if the AL EMPLOYEE: iagnosis ness diagnosed by a HEAI ,P (b) Hepatitis A virus,P ( I by Salmonella Typhi)P or	rt the information in a man duce the RISK of foodborne ng necessary additional of symptoms and an illness the FOOD EMPLOYEE or LTH PRACTITIONER due t	at the time of inspection. ner that ; ; GA TOXIN-PRODUCING dal).	
the mixer atta Equipment fo	chments, small slicer and	l choppers, several dishes a itensils shall be clean to sig	and metal pans.	(Pf). Component of the steam kettles
Cooked TIME (A) (1) Withir	mac and cheese 51F coo /TEMPERATURE CONTR 2 hours from 57C (135F)	oling at 10:30 am and meas ROL FOR SAFETY FOOD s to 21C (70F); P and (2) W plast chiller and cooled belo	shall be cooled: /ithin a total of 6 hours fro	ure 30 minutes later. om 57C (135F) to 5C (41F) or less. F
Pasta, rice ar Quickly cool (3)Using rapi that facilitate methods are	foods. (1) Placing the FOC d cooling EQUIPMENT; P	(4) Stirring the FOOD in a ng ice as an ingredient; Pf c	Separating the FOOD into container placed in an ic	also in deep pans. o smaller or thinner portions; Pf e water bath; Pf (5) Using containers hods. Pf Ensure proper cooling
SINGLE-SEF (1) In a clean	VICE and SINGLEUSE A	hey are not exposed to spla		les - Storing (C)
	od Repair and Proper Adju t working with no food beir		the produce walk-in coole	er. Top of the pizza unit and make un

in the servery not working properly. Coating on shelving units in walk-ins has worn down and starting to show signs of rust. A few gaskets at the stand up cooler and hor holding unit. The seams and metal trim are properly sealed in the walk-in freezer. Wrap all condensation piping in plastic wrap.

- 51 5-205.15 System Maintained in Good Repair (C) Noticed that majority of the handwashing sinks were slow to drain.
   Redirect the discharged pipe under the dishmachine so that water is not coming onto the floor.
   Plumbing fixtures shall be kept in good repair.
- 54 5-501.115 Maintaining Refuse Areas and Enclosures (C)

Cleaning needed around trash compactors A storage area and enclosure for REFUSE, recyclables, or returnables shall be maintained free of unnecessary items, as specified under § 6-501.114, and clean. 5-501.113 Covering Receptacles (C) Trash coming out of the compactor and not being properly covered.