Food Establishment Inspection Report

Establishment Name: MCDONALD'S 4306								
Location Address: 840 SOUTH MAIN STREET								
City: KERNERSVILLE	State: North Carolina							
Zip: 27284C	ounty: 34 Forsyth							
Permittee: JBN ENTERPRISES INC.								
Telephone : (336) 996-4611								
Inspection	○ Re-Inspection							
Wastewater System:								
Municipal/Community	On-Site System							
Water Supply:								
Municipal/Community	On-Site Supply							

Establishment ID:	3034012146						
Date: 12/02/2022	_Status Code: A						
Time In: 9:30 AM	_Time Out: _ 12:30 PM						
Category#: II							
FDA Establishment Type:	Fast Food Restaurant						
No. of Risk Factor/Interve	ention Violations: 4						
No. of Repeat Risk Factor/Intervention Violations: 2							

Score:

		Ø) IV	1un	icipal/Community On-Site Supply						
	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										
С	Compliance Status				OUT		Г	CDI	R	VR	
Sı	Supervision .2652										
1	IN	οχτ	N/A		PIC Present, demonstrates knowledge, & performs duties	x		0	х		
2	X	оит	N/A		Certified Food Protection Manager	1		0			
Employee Health .2652											
3	Г	оит			Management, food & conditional employee; knowledge, responsibilities & reporting	2	1	0			
4	X	оит		П	Proper use of reporting, restriction & exclusion	3	1.5	0			
5	X	оит			Procedures for responding to vomiting & diarrheal events	1	0.5	0			
				nic	Practices .2652, .2653						
_	-	о)х(т	-	Ц	Proper eating, tasting, drinking or tobacco use	1	0)(5	-			
7	_	оит	_	Ш	No discharge from eyes, nose, and mouth	1	0.5	0			L
	_		_	Conf	tamination by Hands .2652, .2653, .2655, .265	1					
8	IN	0 X(T	_	Ш	Hands clean & properly washed	X	2	0	X	X	
		оит			No bare hand contact with RTE foods or pre- approved alternate procedure properly followed	4	2	0			
10	×	оит	N/A	Ш	Handwashing sinks supplied & accessible	2	1	0			
A	ppi	rove	d S	our	ce .2653, .2655						
	-	ОUТ	-		Food obtained from approved source	2	1	0			
	⊢	OUT	_	1 00€		2	1	0			
	<u></u>	оит		N/O	Food in good condition, safe & unadulterated Required records available: shellstock tags,	2	1	0			
	L		٠,	Ш	parasite destruction	L	L				
	_		_		Contamination .2653, .2654	_					
	—	о х (т	-	N/O		-	1.5	-	X	<u>X</u>	_
16	×	оит		Н	Food-contact surfaces: cleaned & sanitized	3	1.5	0			
17	X	оит			Proper disposition of returned, previously served, reconditioned & unsafe food	2	1	0			
					rdous Food Time/Temperature .2653	-					
	-	-	-	-	Proper cooking time & temperatures Proper reheating procedures for hot holding	3	1.5	-	\vdash		
		OUT	_			3	1.5	-			
		ООТ				3	1.5	₩	\vdash		\vdash
	<u> </u>	OUT	-	-		3	1.5	-			
		оит	_	-		3	1.5	-			
24	Ņ	оит	N/A	N/O	Time as a Public Health Control; procedures & records	3	1.5	0			
C	ons	sum	er A	ldvi	sory .2653						
25	IN	оит	ŊXĄ		Consumer advisory provided for raw/ undercooked foods	1	0.5	0			
Hi	gh	ly S	usc	epti	ble Populations .2653						
26	IN	оит	ı)XA		Pasteurized foods used; prohibited foods not offered	3	1.5	0			
CI	ner	nica	ı		.2653, .2657						
27	IN	оит	N)XA		Food additives: approved & properly used	1	0.5	0			
28	X	оит	N/A		Toxic substances properly identified stored & used	2	1	0			
		orm	I		ith Approved Procedures .2653, .2654, .2658 Compliance with variance, specialized process,	2	1	0			
		551	· y *		reduced oxygen packaging criteria or HACCP plan		1	Ľ		_	L

Good Retail Practices											
Good Retail Practices: Preventative measures to control the addition of pathogens, chemicals,											
and physical objects into foods.											
С	Compliance Status			OUT	Γ	CDI	R	VR			
Safe Food and Water .2653, .2655, .2658											
		оит	ìX A		Pasteurized eggs used where required	1	0.5	0			
31	X	OUT			Water and ice from approved source	2	1	0	\vdash		
32	IN	оит	i X A		Variance obtained for specialized processing methods	2	1	0			
Food Temperature Control .2653, .2654											
33	×	оит			Proper cooling methods used; adequate equipment for temperature control	1	0.5	0			
34	<i>_</i> , ,	оит			Plant food properly cooked for hot holding	1	0.5	0			
i—		OUT	N/A	1) (0	Approved thawing methods used	1	0.5	0		Ц	
36		OUT		Ш	Thermometers provided & accurate	1	0.5	0	_	Ш	
		Ide	ntific	catio							
		оит		Щ	Food properly labeled: original container	2	1	0	<u> </u>	Ш	
Pı	reve	entic	n of	f Fo	od Contamination .2652, .2653, .2654, .2656, .26	57				_	
38	×	оит			Insects & rodents not present; no unauthorized animals	2	1	0			
39	×	оит			Contamination prevented during food preparation, storage & display	2	1	0			
		оит			Personal cleanliness	1	0.5	0			
i—	<i>•</i>	оит			Wiping cloths: properly used & stored	1	0.5	0		Ш	
42	IN	оит	ΝX		Washing fruits & vegetables	1	0.5	0		Ш	
Pı	rop	er Us	se o	f Ute	ensils .2653, .2654						
43	×	оит			In-use utensils: properly stored	1	0.5	0			
44	×	оит			Utensils, equipment & linens: properly stored, dried & handled	1	0.5	0			
45	^				Single-use & single-service articles: properly stored & used	1	0.5	0			
46	M	оит			Gloves used properly	1	0.5	0	L_	Ш	
U	tens	sils a	and	Equ	ipment .2653, .2654, .2663						
47	IN	ѻҗт			Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed & used	1	0.5	X			
48	M	оит			Warewashing facilities: installed, maintained & used; test strips	1	0.5	0			
49	IN	о) (т			Non-food contact surfaces clean	1	96	0			
PI	hys	ical	Faci	ilitie	s .2654, .2655, .2656						
-	<i>,</i> ,	OUT	N/A		Hot & cold water available; adequate pressure	1	0.5	0			
51		οχίτ		Ш	Plumbing installed; proper backflow devices	2	Ж	0	<u> </u>	Ц	Х
52	×	OUT		Ш	Sewage & wastewater properly disposed	2	1	0		Н	
\vdash	_	оит	N/A		Toilet facilities: properly constructed, supplied & cleaned	1	0.5	0		Ц	
		оит			Garbage & refuse properly disposed; facilities maintained	1	0.5	0			
55	×	OUT		\vdash	Physical facilities installed, maintained & clean	1	0.5	0	\vdash	Н	
56	M	оит			Meets ventilation & lighting requirements; designated areas used	1	0.5	0			
	TOTAL DEDUCTIONS: 10										





Comment Addendum to Food Establishment Inspection Report Establishment ID: 3034012146 Establishment Name: MCDONALD'S 4306 Location Address: 840 SOUTH MAIN STREET Date: 12/02/2022 X Inspection Re-Inspection State: NC City: KERNERSVILLE Comment Addendum Attached? X Status Code: A County: 34 Forsyth Zip: 27284 Water sample taken? Yes X No Category #: II Wastewater System:

Municipal/Community

On-Site System Email 1:john.nash@partners.ncd.com Water Supply: Permittee: JBN ENTERPRISES INC. Email 2: Telephone: (336) 996-4611 Email 3: Temperature Observations Effective January 1, 2019 Cold Holding is now 41 degrees or less Item Location Temp Item Location Temp Item Temp 38 creamer upright 2 door cooler 37 frappe mix frappe cooler 1 38 middle cooler-coffee station air temp 38 coffee cooler 3 lemons 37 air temp drive thru cooler 208 chix nuggets cook temp 199 french fries cook temp 167 hot holding eggs 162 chicken patty hot holding 38 canadian bacon walk in cooler 39 4 door cooler cheese 50 chlorine bucket 300 quat sanitizer 3 compartment sink 128 hot water 3 compartment sink First Last Person in Charge (Print & Sign): Fernando Valente

Regulatory Authority (Print & Sign): Amanda

REHS ID:2543 - Stevens, Amanda

REHS Contact Phone Number: (336) 703-3129

Last

Stevens

Verification Required Date: 12/05/2022

Authorize final report to be received via Email:



Comment Addendum to Inspection Report

Establishment Name: MCDONALD'S 4306 Establishment ID: 3034012146

Date: 12/02/2022 Time In: 9:30 AM Time Out: 12:30 PM

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.

- 1 2-103.11 (A) (P) (Pf) Several critical hand washing violations observed this inspection. PIC is responsible for ensuring rules for food safety are followed. CDI. PIC educated on expectations.
- 6 2-401.11 Eating, Drinking, or Using Tobacco (C) Employee observed walking through prep line consuming beverage from cup. Employees shall eat, drink, or use any form of tobacco only in designated area to prevent cross contamination.
- 8 2-301.14 When to Wash (P): Repeat violation. Employee observed wiping bare hands on apron, hen putting on gloves to start food prep. Employee observed handling dirty cleaning brush with gloved hands, then attempting to return to food prep. When instructed to wash hands and change gloves, employee used bare hands to turn off faucet. Food Employees must wash hands after handling soiled equipment or utensils and before food preparation, handling clean equipment and utensils and unwrapped single-use/single-service articles. Food employees shall wash hands when they become contaminated. Use paper towels to shut off faucets after hand washing to avoid recontamination of hands on dirty faucet. CDI. All employees halted and washed hands properly.
- 15 3-302.11 Packaged and Unpackaged Food Separation, Packaging, and Segregation (P): REPEAT: Raw hamburger patties stored in drawer cooler next to ready to eat tomato, onion and sauce.. Foods shall be protected from cross contamination by separating raw animal foods during storage, preparation, holding, and display from cooked ready-to-eat food. CDI: Foods rearranged to prevent contamination.
- 47 4-501.11 Good Repair and Proper Adjustment Equipment (C) 0 points. Shelving inside of coffee cooler and small cooler to left of grill chipping and in need of repair or replacement. Hinge cover missing on true freezer. Equipment shall be in good repair.
- 49 4-601.11 (B) and (C) Equipment, Food-Contact Surfaces, Nonfood Contact Surfaces, and Utensils (C) Underside (next to dispenser spout) of orange juice dispenser excessively soiled with black buildup. Spills present in bottom of coffee cooler. Food contact surfaces of cooking equipment and pans shall be kept free of encrusted grease deposits and accumulations.
- 51 5-203.14 Backflow Prevention Device, When Required (P) Steamer for fish connected to water line with no detectable backflow prevention device. Steamer must have ASSE 1024 check valve that is rated for continuous pressure. Prevent backflow or backsiphonage at each point of use in a water supply system by installing an approved backflow device. Verification required within 72 hours. Contact Amanda Stevens at 336-703-3129 or stevenar@forsyth.cc when compliant.