Food Establishment Inspection Report

Establishment Na	me:PB'S	TAKE OUT	
Location Address: 14	112 S. HA	WTHORNE RI	D
City: WINSTON SAL	EM	State: Nort	th Carolina
Zip: 27103	Cou	ınty: 34 Forsytl	n
Permittee: P B'S TA	KE OUT I	INC	
Telephone: (336) 74	8-8990		
Inspection	○ Re-Ir	nspection	 Educational Visit
Wastewater System	1:		
Municipal/Comr	nunity	On-Site Sy	vstem .
Water Supply:			
Municipal/Comr	nunity	On-Site Su	apply

Date: 04/16/2024 Time In: 2:20 PM	_Status Code: A Time Out: 3:50 PM
	Time Out. C.SC T W
Category#: III	
FDA Establishment Type:	Fast Food Restaurant
No. of Risk Factor/Interve No. of Repeat Risk Factor/I	

Establishment ID: 3034011702

Score:

_		· C	, IV	Iui	icipal/Community						
	Ris	k fa	cto	rs: (e Illness Risk Factors and Public Health Ir 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	_	וטס	Γ_	CDI	R	VR
s	ире	ervis	ion		.2652						
1	×	оит	N/A		PIC Present, demonstrates knowledge, & performs duties	1		0			
2	M	оит	N/A	-	Certified Food Protection Manager	1		0			
E	mp	loye	e H	ealt	h .2652						
3	×	оит			Management, food & conditional employee; knowledge, responsibilities & reporting	2	1	0			
4	X	оит			Proper use of reporting, restriction & exclusion	3	1.5	0			
5	iX	оит			Procedures for responding to vomiting & diarrheal events	1	0.5	0			
-				nic	Practices .2652, .2653	_					
7		OUT			Proper eating, tasting, drinking or tobacco use No discharge from eyes, nose, and mouth	1	0.5	0			
			_	<u> </u>	<u> </u>	_	0.3	U			
8		OUT	_	Joni	tamination by Hands .2652, .2653, .2655, .2656 Hands clean & properly washed	4	2	0			
9	Ĺ	оит		N/O	No bare hand contact with RTE foods or pre- approved alternate procedure properly followed	4	2	0			
10	M	OUT	N/A	Н	Handwashing sinks supplied & accessible	2	1	0			
		rove	_	our		_	1				
11	X	оит		П	Food obtained from approved source	2	1	0			
12	IN	оит		Ŋ ∕	Food received at proper temperature	2	1	0			
13	X	оит			Food in good condition, safe & unadulterated	2	1	0			
14	IN	оит)X (4	N/O	Required records available: shellstock tags, parasite destruction	2	1	0			
P	rote	ectio	n f	rom	Contamination .2653, .2654						
15	įχ	оит	N/A	N/O		3	1.5	0			
16	X	оит			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						
⊢	٠,	-	-	-	Proper cooking time & temperatures	3	1.5	-			
	_	OUT				3	1.5				III.
20 21	-	OUT	_			3	1.5 1.5	-	\vdash		\vdash
22	٠,	ООТ	-	-	<u> </u>	3	1.5	-	\vdash		\vdash
23	1 .	оит	-	-	:	3	1.5	0	\Box		$\vdash \vdash$
24	IN	оит	ŊXĄ	N/O	Time as a Public Health Control; procedures & records	3	1.5	0			
С	ons	sum	er A	dvi	sory .2653						
-	т	оит	Т .		Consumer advisory provided for raw/ undercooked foods	1	0.5	0			
Н	igh	ly S	usc	epti	ble Populations .2653						
26	IN	оит	r)X (4		Pasteurized foods used; prohibited foods not offered	3	1.5	0			
С	her	nica	ı		.2653, .2657						
		оит			Food additives: approved & properly used	1	0.5	-			
28	X	оит	N/A		Toxic substances properly identified stored & used	2	1	0	Ш		
С	onf	orm	and	e w	ith Approved Procedures .2653, .2654, .2658				, ,		
29	IN	оит	ŊXĄ		Compliance with variance, specialized process, reduced oxygen packaging criteria or HACCP plan	2	1	0			

					Good Retail Practices						
	G	ood	Reta	ail P	ractices: Preventative measures to control the addition of pa	tho	gens	, ch	nemic	als,	
					and physical objects into foods.						
С	or	npl	iar	ice	Status		OUT	Г	CDI	R	VR
Sa	ıfe	Food	d an	d W	ater .2653, .2655, .2658						
30	IN	OUT	n X (A		Pasteurized eggs used where required	1	0.5	0			
31	X	_	,		Water and ice from approved source	2	1	0			
32	IN	оит)X A		Variance obtained for specialized processing methods	2	1	0			
F	ood	Ten	nper	atur	e Control .2653, .2654			_			
33	Ж	оит			Proper cooling methods used; adequate equipment for temperature control	1	0.5	0			
34	IN	оит	N/A	Ŋχ	Plant food properly cooked for hot holding	1	0.5	0			
35	IN	OUT	N/A	%	Approved thawing methods used	1	0.5	0			
36	X	оит			Thermometers provided & accurate	1	0.5	0			
F	ood	lder	ntific	atio	n .2653						
37	ìХ	оит			Food properly labeled: original container	2	1	0			
Pı	eve	entio	n of	Foo	od Contamination .2652, .2653, .2654, .2656, .26	57					
38	×	оит			Insects & rodents not present; no unauthorized animals	2	1	0			
39	M	оит			Contamination prevented during food preparation, storage & display	2	1	0			
40	M	оит			Personal cleanliness	1	0.5	0			
41	M	OUT			Wiping cloths: properly used & stored	1	0.5	0			
42	M	оит	N/A		Washing fruits & vegetables	1	0.5	0			
Pi	оре	er Us	se o	f Ute	ensils .2653, .2654						
43	M	оит			In-use utensils: properly stored	1	0.5	0			
44	×	оит			Utensils, equipment & linens: properly stored, dried & handled	1	0.5	0			
45	M	оит			Single-use & single-service articles: properly stored & used	1	0.5	0			
46	M	OUT			Gloves used properly	1	0.5	0			
U	tens	sils a	and	Equ	ipment .2653, .2654, .2663						
47	×	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	IN	о Х (т			Non-food contact surfaces clean	1	0,5	0		X	
PI	nys	ical	Faci	litie	s .2654, .2655, .2656						
50	M	оит	N/A		Hot & cold water available; adequate pressure	1	0.5	0			
		оит			Plumbing installed; proper backflow devices	2	1	0			
52	M	оит			Sewage & wastewater properly disposed	2	1	0		Щ	
53	×	оит	N/A		Toilet facilities: properly constructed, supplied & cleaned	1	0.5	0			
		оит			Garbage & refuse properly disposed; facilities maintained	1	0.5	∟			
55	IN	о х (т		\vdash	Physical facilities installed, maintained & clean	1	0%5	0		Х	
56	×	оит			Meets ventilation & lighting requirements; designated areas used	1	0.5	0			
					TOTAL DEDUCTIONS:	1					
			MI.		ronmental Health Section • Food Protection						





Comment Addendum to Food Establishment Inspection Report Establishment ID: 3034011702 Establishment Name: PB'S TAKE OUT Location Address: 1412 S. HAWTHORNE RD. Date: 04/16/2024 X Inspection Re-Inspection City: WINSTON SALEM State: NC Educational Visit Status Code: A Zip: 27103 County: 34 Forsyth Category #: III Comment Addendum Attached? Email 1:ppate05@aol.com Municipal/Community On-Site System Water Supply: Permittee: P B'S TAKE OUT INC Email 2: Telephone: (336) 748-8990 Email 3: Temperature Observations Item/Location Temp Item/Location Temp Item/Location Temp 130 hot water /three compartment sink chlorine sanitizer /three compartment sink in 100 187 chicken wings /final cook temp 202 french fries /final cook temp french fries /hot holding 157 hamburger /hot holding 160 149 hot dogs /hot holding 155 chili/hot holding 40 sliced tomatoes /make unit cole slaw /make unit 37 40 sliced tomatoes /2 door refrigerator hamburger /2 door refrigerator 37 34 hot dogs /2 door refrigerator 40 sliced cheese/2 door refrigerator First Last

Person in Charge (Print & Sign): Brandon Pate Last Regulatory Authority (Print & Sign): Craig **Bethel**

Verification Dates: Priority: Priority Foundation: Core: REHS ID:1766 - Bethel, Craig

REHS Contact Phone Number: (336) 703-3143

Authorize final report to be received via Email:



Comment Addendum to Inspection Report

Establishment Name: PB'S TAKE OUT Establishment ID: 3034011702

Date: 04/16/2024 Time In: 2:20 PM Time Out: 3:50 PM

		Certificatio	ns	
Name	Certificate #	Туре	Issue Date	Expiration Date
Brandon Pate		Food Service	03/16/2021	03/16/2026

^{49 4-601.11 (}B) and (C) Equipment, Food-Contact Surfaces, Nonfood Contact Surfaces, and Utensils (C)(Repeat) Additional cleaning needed along the sides and undersides of equipment along the grill and make line. Non-food contact surfaces and utensils shall be clean to sight and touch.

55 6-501.12 Cleaning, Frequency and Restrictions (C) (Repeat)
Cleaning needed under and behind equipment and shelving units throughout the kitchen area. - Improved over last inspection.
Physical facilities shall be cleaned as often as necessary to keep them clean.