## **Food Establishment Inspection Report**

Establishment Name: TWI	STED PINE
Location Address: 527 N LIBE	RTY ST
City: WINSTON SALEM	State: North Carolina
Zip: 27101 Cou	unty: 34 Forsyth
Permittee: TWISTED PINE	
Telephone: (336) 893-7069	
	○ Re-Inspection
Wastewater System:	
Municipal/Community	On-Site System
Water Supply:	
	On-Site Supply

Date: 05/24/2023 Time In: 1:30 PM Category#: IV	Status Code: A Time Out: 4:30 PM	<u>-</u>
FDA Establishment Ty	/pe:	_
	ervention Violations: 2 ctor/Intervention Violations: 0	

**Good Retail Practices** 

Establishment ID: 3034010321

**Score:** 95.5

_				-	icipal/Community On-Site Supply						
	Ris	sk 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	
Compliance Status					(	0U1	Γ	CDI	R	VR	
s	up	ervis	ion		.2652						
1	Ņ	ОUТ	N/A		PIC Present, demonstrates knowledge, & performs duties	1		0			
2	M	ОUТ	N/A		Certified Food Protection Manager	1		0			
Е	mp	loye	e H	ealt	h .2652						
3	Ņ	ОПТ			Management, food & conditional employee; knowledge, responsibilities & reporting	2	1	0			
4	Ņ	OUT			Proper use of reporting, restriction & exclusion	3	1.5	0			
5	_	ОUТ			Procedures for responding to vomiting & diarrheal events	1	0.5	0			
			gie	nic	Practices .2652, .2653	1	36	١.			
7	+-	OX(T OUT	$\vdash$	Н	Proper eating, tasting, drinking or tobacco use  No discharge from eyes, nose, and mouth	1	0.5	-	$\vdash$		$\vdash$
	-		an C	Conf	tamination by Hands .2652, .2653, .2655, .265	_	51.5				
8	_	OX(T	_		Hands clean & properly washed	4	X	0	X		
9	T	ОПТ		N/O	No bare hand contact with RTE foods or pre- approved alternate procedure properly followed	4	2	0			
10	M	оит	N/A		Handwashing sinks supplied & accessible	2	1	0			
А	pp	rove	d S	our							
	•	ОИТ	_		Food obtained from approved source	2	1	0	П		
12	+-	оит	_	ŊΦ	Food received at proper temperature	2	1	0			
13	M	OUT			Food in good condition, safe & unadulterated	2	1	0			
14	IN	оит	• <b>X</b> ⁄	N/O	Required records available: shellstock tags, parasite destruction	2	1	0			
Р	rot	ectio	n fi	rom	Contamination .2653, .2654						
15	įχ	OUT	N/A	N/O		3	1.5	-			
16	M	оит			Food-contact surfaces: cleaned & sanitized	3	1.5	0			
17	X	ОUТ			Proper disposition of returned, previously served, reconditioned & unsafe food	2	1	0			
					rdous Food Time/Temperature .2653	_	L =				
⊢	-	OUT	-	-	Proper cooking time & temperatures  Proper reheating procedures for hot holding	3	1.5	-	$\vdash$		
					Proper cooling time & temperatures	3	1.5	_	$\vdash$		$\vdash$
21	+	OUT	_	_	Proper hot holding temperatures	3	1.5				$\vdash$
22	-	ОUТ	_	-	Proper cold holding temperatures	3	1.5	-			
23	Ņ	ОUТ	N/A	N/O	Proper date marking & disposition	3	1.5	0			
24	IN	оит	ŊΧĄ	N/O	Time as a Public Health Control; procedures & records	3	1.5	0			
С	on	sum	er A	dvi							
25	X	оит	N/A		Consumer advisory provided for raw/ undercooked foods	1	0.5	0			
Н	igh	ly S	usc	epti	ble Populations .2653						
26	IN	оит	ŊΆ		Pasteurized foods used; prohibited foods not offered	3	1.5	0			
_	_	mica			.2653, .2657						
_	-	OUT	-	-	Food additives: approved & properly used	1	0.5	-	$\square$		
	_	ОUТ	_	ш	Toxic substances properly identified stored & used	2	1	0	Щ		
С	on	form	anc	e w	ith Approved Procedures .2653, .2654, .2658						
29	IN	оит	ΝX		Compliance with variance, specialized process, reduced oxygen packaging criteria or HACCP plan	2	1	0			

					Good Retail Fractices						
	G	ood	Reta	ail P	ractices: Preventative measures to control the addition of pa	tho	gens	, cł	nemic	als,	
_			_		and physical objects into foods.	_	_		I.		
С	or	npl	iar	ıce	Status		OU	Г	CDI	R	VR
Sa	afe	Food	d an	d W	ater .2653, .2655, .2658						
	IN	OUT	ŋ <b>X</b> (A		Pasteurized eggs used where required	1	0.5	0			
31	X	OUT			Water and ice from approved source	2	1	0			
32	IN	оит	1 <b>)X</b> A		Variance obtained for specialized processing methods	2	1	0			
F	ood	Ten	nper	atur	re Control .2653, .2654						
33	Ж	оит			Proper cooling methods used; adequate equipment for temperature control	1	0.5	0			
34	IN	OUT	N/A	Ŋφ	Plant food properly cooked for hot holding	1	0.5	0			
_		OUT	N/A	N/O	3	1	0.5	0			
		оит		Ш	Thermometers provided & accurate	1	0.5	0		$\Box$	
		lder		catio							
		OUT	_		Food properly labeled: original container	2	1	0			
Pı	reve	entio	n o	f Foo	od Contamination .2652, .2653, .2654, .2656, .26	57				_	
38	×	оит			Insects & rodents not present; no unauthorized animals	2	1	0			
		оит			Contamination prevented during food preparation, storage & display	2	1	0			
_	-	OUT		Ш	Personal cleanliness	1	0.5	0			
_	<del></del>	OUT			Wiping cloths: properly used & stored	1	0.5	0			
42	×	оит	N/A		Washing fruits & vegetables	1	0.5	0		L	
Pı	rop	er Us	se o	f Ute	ensils .2653, .2654						
43	×	оит			In-use utensils: properly stored	1	0.5	0			
44	IN	о <b>)</b> (т			Utensils, equipment & linens: properly stored, dried & handled	x	0.5	0		х	
45	M	оит			Single-use & single-service articles: properly stored & used	1	0.5	_			
46	M	OUT		Ш	Gloves used properly	1	0.5	0		L	
U	ten	sils a	and	Equ	ipment .2653, .2654, .2663						
47	IN	о <b>)</b> ∢т			Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed & used	x	0.5	0		х	
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			
PI	hys	ical	Faci	ilitie	s .2654, .2655, .2656						
50	M	OUT	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		Ш	Sewage & wastewater properly disposed	2	1	0		L	
53	×	оит	N/A		Toilet facilities: properly constructed, supplied & cleaned	1	0.5	0			
54	M	оит			Garbage & refuse properly disposed; facilities maintained	1	0.5	0			
55	X	OUT		Ш	Physical facilities installed, maintained & clean	1	0.5	0		H	
56	M	оит			Meets ventilation & lighting requirements; designated areas used	1	0.5	0			
					TOTAL DEDUCTIONS:	4.	5				
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Comment Addendum to Food Establishment Inspection Report Establishment ID: 3034010321 Establishment Name: TWISTED PINE Date: 05/24/2023 Location Address: 527 N LIBERTY ST X Inspection Re-Inspection City: WINSTON SALEM State: NC Comment Addendum Attached? X Status Code: A Zip: 27101 County: 34 Forsyth Water sample taken? Yes X No Category #: IV Email 1:ADAM4THSTREET@YAHOO.COM Municipal/Community On-Site System Water Supply: Permittee: TWISTED PINE Email 2: Telephone: (336) 893-7069 Email 3:ADAM4THSTREET@YAHOO.COM Temperature Observations Effective January 1, 2019 Cold Holding is now 41 degrees or less Item Location Temp Item Temp Item Temp 40 upright cooler veggie taco mix 41 cooling 15 min in ice 136 hot water 3 compartment sink 38 walk in cooler cheese 39 lettuce walk in cooler 41 rice right worktop 41 cooked vegetables left worktop 39 cold drawer unit chorizo 40 tuna prep unit 39 1 door near soda machine dressina 300 3 compartment sink quat sanitizer 210 cook temp pasta 183 butternut squash cook temp 40 expo cooler red peppers 100 dish macine chlorine First Last Zbiegien Person in Charge (Print & Sign): Daniel Last Regulatory Authority (Print & Sign): Amanda Stevens REHS ID:2543 - Stevens, Amanda Verification Required Date:



REHS Contact Phone Number: (336) 703-3129

Authorize final report to

be received via Email:

## Comment Addendum to Inspection Report

Establishment Name: TWISTED PINE Establishment ID: 3034010321

Date: 05/24/2023 Time In: 1:30 PM Time Out: 4:30 PM

Certifications								
Name	Name Certificate # Type Issue Date Expiration Date							
John Danziger	16906029	Food Service		09/10/2023				
Violations	Obsecited in this report must be corn	ervations and Corrected within the time frames be		s 8-405.11 of the food code.				

- 6 2-401.11 Eating, Drinking, or Using Tobacco (C) Employee beverages observed on shelf with serving trays and clean pitchers as well as on top of small cooler next to soda dispenser. 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) Two employees observed washing hands then using bare hands to turn off faucets. Use paper towels to turn off faucet after washing hands to avoid recontaminating hands on dirty faucet handles. CDI. Employees washed hands using correct procedure.
- 44 4-901.11 Equipment and Utensils, Air-Drying Required (C) Many pans on clean dish rack stacked wet. Air dry equipment and utensils after cleaning and sanitizing. Repeat violation.
- 47 4-501.11 Good Repair and Proper Adjustment Equipment (C) Recondition legs of produce prep sink as well as 3-compartment sink and legs and bottom shelf of back prep table to remove oxidation. Equipment shall be in good repair.
  - 4-205.10 Food Equipment, Certification and Classification (C) Remove domestic Vitamix blender from kitchen. Except for toasters, mixers, microwave ovens, water heaters, and hoods, food equipment shall be used in accordance with the manufacturer's intended use and certified or classified for sanitation by an ANSI-accredited certification program.