

# Food Establishment Inspection Report

Score: 97.5

Establishment Name: CHICK-FIL-A EXPRESS

Establishment ID: 3034012442

Location Address: 301 MEDICAL CENTER BLVD  
 City: WINSTON SALEM State: North Carolina  
 Zip: 27157 County: 34 Forsyth  
 Permittee: WAKE FOREST BAPTIST HOSPITAL JOANNE KELLY  
 Telephone: (336) 713-3009

Date: 04/10/2024 Status Code: A  
 Time In: 2:30 PM Time Out: 5:15 PM  
 Category#: III  
 FDA Establishment Type: Fast Food Restaurant

Inspection  Re-Inspection  Educational Visit

**Wastewater System:**

Municipal/Community  On-Site System

**Water Supply:**

Municipal/Community  On-Site Supply

No. of Risk Factor/Intervention Violations: 1  
 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"/> OUT/N/A				
Certified Food Protection Manager		1	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				
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				
Required records available: shellstock tags, parasite destruction		2	1	0	
<b>Protection from Contamination .2653, .2654</b>					
15	<input checked="" type="checkbox"/> OUT/N/A/N/O				
Food separated & protected		3	1.5	0	
16	<input checked="" type="checkbox"/> IN				
Food-contact surfaces: cleaned & sanitized		3	0	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"/> OUT/N/A/N/O				
Proper cooking time & temperatures		3	1.5	0	
19	<input checked="" type="checkbox"/> IN OUT/N/A/N/O				
Proper reheating procedures for hot holding		3	1.5	0	
20	<input checked="" type="checkbox"/> IN OUT/N/A/N/O				
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				
Time as a Public Health Control; procedures & records		3	1.5	0	
<b>Consumer Advisory .2653</b>					
25	<input checked="" type="checkbox"/> IN OUT				
Consumer advisory provided for raw/undercooked foods		1	0.5	0	
<b>Highly Susceptible Populations .2653</b>					
26	<input checked="" type="checkbox"/> IN OUT				
Pasteurized foods used; prohibited foods not offered		3	1.5	0	
<b>Chemical .2653, .2657</b>					
27	<input checked="" type="checkbox"/> OUT/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				
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				
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				
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"/> IN OUT				
Plant food properly cooked for hot holding		1	0.5	0	
35	<input checked="" type="checkbox"/> OUT				
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"/> OUT				
Personal cleanliness		1	0.5	0	
41	<input checked="" type="checkbox"/> OUT				
Wiping cloths: properly used & stored		1	0.5	0	
42	<input checked="" type="checkbox"/> OUT/N/A				
Washing fruits & vegetables		1	0.5	0	
<b>Proper Use of Utensils .2653, .2654</b>					
43	<input checked="" type="checkbox"/> IN				
In-use utensils: properly stored		1	0.5	X	
44	<input checked="" type="checkbox"/> IN				
Utensils, equipment & linens: properly stored, dried & handled		1	0.5	X	
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				
Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed & used		1	0.5	X	
48	<input checked="" type="checkbox"/> OUT				
Warewashing facilities: installed, maintained & used; test strips		1	0.5	0	
49	<input checked="" type="checkbox"/> IN				
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"/> IN				
Plumbing installed; proper backflow devices		2	1	X	
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"/> OUT				
Garbage & refuse properly disposed; facilities maintained		1	0.5	0	
55	<input checked="" type="checkbox"/> IN				
Physical facilities installed, maintained & clean		1	0.5	0	X
56	<input checked="" type="checkbox"/> OUT				
Meets ventilation & lighting requirements; designated areas used		1	0.5	0	
<b>TOTAL DEDUCTIONS:</b>					<b>2.5</b>



# Comment Addendum to Food Establishment Inspection Report

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 Telephone: (336) 713-3009

Establishment ID: 3034012442  
 Inspection  Re-Inspection Date: 04/10/2024  
 Educational Visit Status Code: A  
 Comment Addendum Attached?  Category #: III  
 Email 1: jtrahan@wakehealth.edu  
 Email 2:  
 Email 3:

## Temperature Observations

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Kale mix/walk in cooler	40				
mac & cheese/walk in cooler	41				
sausage patties/walk in cooler	37				
grilled chx/walk in cooler	40				
sliced tomato/make unit	34				
nuggets/hot hold	145				
spicy filet/hot hold	160				
filet/final cook	200				
chx strips /final cook	168				
salad/cold hold	41				
batter dip/chicken prep unit	37				
raw chx/chicken prep unit	39				
hot water /3-comp sink	119				
sink & surface sani/3-comp sink	272				
chx wrap/backup cooler	41				
salad x 2 /front service line cooler	41				
ice dream/soft serve machine	41				

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

*Last* Trahan



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

*Last* Easter



REHS ID: 1908 - Easter, Leslie Verification Dates: Priority: \_\_\_\_\_ Priority Foundation: \_\_\_\_\_ Core: \_\_\_\_\_

REHS Contact Phone Number: (336) 703-3138 Authorize final report to be received via Email: \_\_\_\_\_

## Comment Addendum to Inspection Report

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**Date:** 04/10/2024 **Time In:** 2:30 PM **Time Out:** 5:15 PM

### Certifications

Name	Certificate #	Type	Issue Date	Expiration Date
Jennifer Trahan		Food Service		03/20/2029

### 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.

- 16 4-601.11 (A) Equipment, Food-Contact Surfaces, Nonfood Contact Surfaces, and Utensils (Pf). Soiled mac & cheese scoop; metal pans, and plastic hot holding pans w/debris and/or grease residue present. Food contact surfaces shall be clean to sight and touch. CDI - items taken to warewashing to be thoroughly cleaned.
- 43 3-304.12 In-Use Utensils, Between-Use Storage (C). Ice scoop at large ice machine stored in soiled metal pan. Store in-use utensils in a clean, dry place, in food with handles out, in 135F or greater water or in running water which quickly moves food particles to the drain. CDI - scoop and container taken to warewashing area.
- 44 4-901.11 Equipment and Utensils, Air-Drying Required (C). Plastic hot holding pans were stacked wet. Allow adequate time for air drying prior to stacking.
- 47 4-501.12 Cutting Surfaces (C). Green cutting board is scored deeply. Needs resurfaced or replaced.
- 4-501.11 Good Repair and Proper Adjustment - Equipment (C). Broken gasket on middle door of chicken prep unit. Condensate drip in walk in freezer, beginning to drip on boxes. Maintain equipment in good repair.
- 49 4-601.11 (B) and (C) Equipment, Food-Contact Surfaces, Nonfood Contact Surfaces, and Utensils (C). Detailed cleaning needed on bread (tortilla) drawers and frames, bottom of raw chicken 2-door reach in, and on raw chicken cart. Nonfood contact surfaces of equipment shall be kept free of an accumulation of dust, dirt, food residue, and other debris.
- 51 5-205.15 (B) System maintained in good repair. Repeat. Leak present at 3-comp sink on water line leading to detergent and sanitizer dispenser. A plumbing system shall be maintained in good repair. (Note: different leak than observed during prior inspection)
- 55 6-501.11 Repairing. Repeat. Observed low floor grout near side handwashing sink and shelving units. Dry stock room has wall damage. Physical facilities shall be maintained in good repair.