

Food Establishment Inspection Report

Score: 99

Establishment Name: TACO BELL 30298

Establishment ID: 3034012333

Location Address: 3409 PEARL VIEW DRIVE

☒ Inspection ☐ Re-Inspection

City: WALKERTOWN

State: NC

Date: 01/19/2021

Status Code: A

Zip: 27051

County: 34 Forsyth

Time In: 9:30 AM

Time Out: 11:30 AM

Permittee: BURGER BUSTERS INC.

Total Time: 2 hrs 0 min

Telephone: (336) 442-1950

Category #: IV

Wastewater System: ☒ Municipal/Community ☐ On-Site System

FDA Establishment Type: Fast Food Restaurant

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										Good Retail Practices									
Risk factors: Contributing factors that increase the chance of developing foodborne illness.										Good Retail Practices: Preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.									
IN	OUT	N/A	NC	Compliance Status	OUT	CDI	R	VR		IN	OUT	N/A	NC	Compliance Status	OUT	CDI	R	VR	
Supervision .2652										Safe Food and Water .2653, .2655, .2658									
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PIC Present; Demonstration-Certification by accredited program and perform duties	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		28	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pasteurized eggs used where required	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Employee Health .2652										Food Temperature Control .2653, .2654									
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, employees knowledge; responsibilities & reporting	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		29	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of reporting, restriction & exclusion	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		30	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Variance obtained for specialized processing methods	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Good Hygienic Practices .2652, .2653										Food Identification .2653									
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco use	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		31	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose or mouth	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		32	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Plant food properly cooked for hot holding	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Preventing Contamination by Hands .2652, .2653, .2655, .2656										Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657									
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean & properly washed	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		33	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No bare hand contact with RTE foods or pre-approved alternate procedure properly followed	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		34	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided & accurate	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Handwashing sinks supplied & accessible	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Proper Use of Utensils .2653, .2654									
Approved Source .2653, .2655										Utensils and Equipment .2653, .2654, .2663									
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		41	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food received at proper temperature	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		42	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Utensils, equipment & linens: properly stored, dried & handled	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe & unadulterated	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		43	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Single-use & single-service articles: properly stored & used	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Required records available: shellstock tags, parasite destruction	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		44	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Protection from Contamination .2653, .2654										Physical Facilities .2654, .2655, .2656									
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated & protected	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		48	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot & cold water available; adequate pressure	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized	3	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		49	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, & unsafe food	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		50	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage & waste water properly disposed	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Potentially Hazardous Food Time/Temperature .2653										Sanitation .2653, .2654, .2655, .2656, .2657									
16	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooking time & temperatures	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		51	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied & cleaned	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper reheating procedures for hot holding	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		52	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Garbage & refuse properly disposed; facilities maintained	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooling time & temperatures	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		53	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained & clean	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		54	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Meets ventilation & lighting requirements; designated areas used	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Total Deductions: 1									
21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking & disposition	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Time as a public health control: procedures & records	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
Consumer Advisory .2653																			
23	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consumer advisory provided for raw or undercooked foods	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
Highly Susceptible Populations .2653																			
24	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pasteurized foods used; prohibited foods not offered	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
Chemical .2653, .2657																			
25	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food additives: approved & properly used	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
26	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified stored, & used	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
Conformance with Approved Procedures .2653, .2654, .2658																			
27	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Compliance with variance, specialized process, reduced oxygen packing criteria or HACCP plan	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											



North Carolina Department of Health & Human Services

Division of Public Health

Environmental Health Section

Food Protection Program

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Food Establishment Inspection Report, 3/2013



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Location Address: 3409 PEARL VIEW DRIVE	<input checked="" type="checkbox"/> Inspection <input type="checkbox"/> Re-Inspection Date: 01/19/2021
City: WALKERTOWN State: NC	Comment Addendum Attached? <input checked="" type="checkbox"/> Status Code: A
County: 34 Forsyth Zip: 27051	Water sample taken? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Category #: IV
Wastewater System: <input checked="" type="checkbox"/> Municipal/Community <input type="checkbox"/> On-Site System	Email 1: ncwill3@gmail.com
Water Supply: <input checked="" type="checkbox"/> Municipal/Community <input type="checkbox"/> On-Site System	Email 2:
Permittee: BURGER BUSTERS INC.	Email 3:
Telephone: (336) 442-1950	

Effective January 1, 2019 Cold Holding is now 41 degrees or less

Person in Charge (Print & Sign): Heidi Casinger

Regulatory Authority (Print & Sign): Amanda Taylor

Verification Required Date:



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Comment Addendum to Food Establishment Inspection Report

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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.

- 14 4-601.11 (A) Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils - P 0 points. 2 pans on clean dish rack had marker residue on them from date/time marking. Equipment food contact surfaces and utensils shall be clean to sight and touch. CDI. Pans sent to 3 compartment sink for additional cleaning.
- 42 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.
- 45 4-501.11 Good Repair and Proper Adjustment-Equipment - C 0 points. Identify cause of ice buildup in bottom of upright freezer and make repairs. Equipment shall be in good repair.