Food Establishment Inspection Report

Establishment Name: GO	ODYS RESTAURANT	Establishment ID: 3034011154					
Location Address: 599 BETH City: WINSTON SALEM Zip: 27103 Co Permittee: AUSTINS INC	State: North Carolina	Date: 11/28/2022 Status Code: A Time In: 2:00 PM Time Out: 4:35 PM					
Telephone: (336) 765-3100		 Category#: IV FDA Establishment Type: Full-Service Restaurant 					
	○ Re-Inspection						
Municipal/Community Water Supply:	On-Site System	No. of Risk Factor/Intervention Violations: 1 No. of Repeat Risk Factor/Intervention Violations: 1					
Municipal/Community	On-Site Supply						

	_		_	nicipal/Community On-Site Suppl	у											_
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								Good Retail Practices Good Retail Practices: Preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.								
Compliance Status 00				OUT	CDI	R	۷R	С	Con	nplianc	e Status Ou	JT	CDI	R		
Supervision .2652									Sa	afe l	Food and V	Water .2653, .2655, .2658				
1	iM	ou.	ΓN/A	PIC Present, demonstrates knowledge, &	1		0					OUT IXA	Pasteurized eggs used where required 1 0.5	5 0	П	Т
L	_	_		performs duties	-1	\vdash				31	Ж	ОИТ	Water and ice from approved source 2 1	_	_	T
		_	ΓN/A	Certified Food Protection Manager	X	Ш	0	Х		32	IN	OUT NA	Variance obtained for specialized processing methods 2 1	0		
Employee Health .2652 Management, food & conditional employee;										Ш		ľ	'	L		
3)X	OU.	r	knowledge, responsibilities & reporting	2	1	0			F	ood	Temperati	ure Control .2653, .2654	_		
4	Ņ	OU'	r	Proper use of reporting, restriction & exclusion	3	1.5	0			33	Ιx	оит	Proper cooling methods used; adequate equipment for temperature control	. ا		
5	įχ	ou:	r	Procedures for responding to vomiting & diarrheal events	1	0.5	0					OUT N/A N	- quipment to temperature control	┸		╀
	ioo	d H	raienia	: Practices .2652, .2653								OUT N/A N/		_		╁
		OU.		Proper eating, tasting, drinking or tobacco use	1	0.5	0					OUT	Thermometers provided & accurate 1 0.5	_	_	t
7	7 No discharge from eyes, nose, and mouth 1 0.5 0								Food Identification .2653							
			_	ntamination by Hands .2652, .2653, .2655, .26	656					37 X out Food properly labeled: original container 2 1 0						
8	×	COUT Hands clean & properly washed 4 2 0						Pı	reve	ention of Fe	ood Contamination .2652, .2653, .2654, .2656, .2657		•			
9	M	ou ¹	N/AN/	No bare hand contact with RTE foods or pre- approved alternate procedure properly followed	4	2	0						Insects & rodents not present; no unauthorized	Т	Τ	Т
10	M	ou.	ΓN/A	Handwashing sinks supplied & accessible	2	1	0		-	38	J.N.	оит	animals 2 1	. 0)	
		_	oved Source .2653, .2655							39	M	оит	Contamination prevented during food	L		
11	i)	OU	r	Food obtained from approved source	2	1	0			<u> </u>			preparation, storage & display 2 1	_		퇶
		OU.			2		0					OUT	Personal cleanliness 1 0.5 Wiping cloths: properly used & stored 1 0.5	_		╁
13	×	OU'	r	Food in good condition, safe & unadulterated	2	1	0					OUT N/A	Washing fruits & vegetables 1 0.5	5 0		╁
14	IN	ou:	r NXAN/	Required records available: shellstock tags, parasite destruction	2	1	0			 	_	er Use of U		, Io	'-	
Protection from Contamination .2653, .2654							i				5 0		_			
				Food separated & protected	3	1.5	0	$\overline{}$			1		Utensils, equipment & linens: properly stored,	3 0	+	+
		ou.		Food-contact surfaces: cleaned & sanitized		1.5			\dashv	44	M out	ОПТ		5 0)	
-	+-	ou	+ +	Proper disposition of returned, previously served, reconditioned & unsafe food	2	1	0			45	M	оит	Single-use & single-service articles: properly stored & used 1 0.8	5 0	,	Г
	Potentially Hazardous Food Time/Temperature .2653				46	M	оит	Gloves used properly 1 0.8	5 0	,	T					
		X Out Walvo Proper cooking time & temperatures 3 1.5 0			U	quipment .2653, .2654, .2663										
	_			Proper reheating procedures for hot holding Proper cooling time & temperatures		1.5					П		Equipment, food & non-food contact surfaces	Т	T	Т
		-	N/AN/			1.5			\dashv	47	IN	⊘ X(T	approved, cleanable, properly designed, 1 0%	5 0)	X
				Proper cold holding temperatures	_	1.5	_		\Box		Н		constructed & used	╀		╄
23	i)X	OU'	N/AN/	Proper date marking & disposition	3	1.5	0			48	M	оит	Warewashing facilities: installed, maintained & used; test strips	5 0	•	
24	IN	ou:	r yX aN/	Time as a Public Health Control; procedures & records	3	1.5	0			49	M	оит		5 0	,	+
(Consumer Advisory .2653									PI	hysi	ical Faciliti	ies .2654, .2655, .2656		1	
				Consumer advisory provided for raw/	1	0.5	0			50	X	OUT N/A	Hot & cold water available; adequate pressure 1 0.0	5 0)	Т
25		00	N/A	undercooked foods	1	0.5	<u> </u>		Ш	51	X	OUT	Plumbing installed; proper backflow devices 2 1	. 0)	I
H	ligh	lly S	uscep	tible Populations .2653			_			52	M	оит		. 0)	퇶
26	IN	ou.	r NXA	Pasteurized foods used; prohibited foods not offered	3	1.5	0			53	×	OUT N/A	Toilet facilities: properly constructed, supplied & cleaned 1 0.3	5 0	,	
		mica		.2653, .2657						54	M	оит	Garbage & refuse properly disposed; facilities maintained 1 0.3	5 0		
			ΓNXA ΓN/A	Food additives: approved & properly used Toxic substances properly identified stored & used		0.5			\sqcup		ш	о х (т	mamamod	5 Ø		X
		_			2 ر	1	U				т		Meets ventilation & lighting requirements;	1	+	Ť
	$\overline{}$	$\overline{}$	nance	with Approved Procedures .2653, .2654, .2658 Compliance with variance, specialized process,	2	1	0			56	×	оит	designated areas used 1 0.3	5 0	-	
				reduced oxygen packaging criteria or HACCP pla	" [TOTAL DEDUCTIONS: 1.5						





Score: 98.5

Comment Addendum to Food Establishment Inspection Report Establishment ID: 3034011154 Establishment Name: GOODYS RESTAURANT Date: 11/28/2022 Location Address: 599 BETHESDA RD X Inspection Re-Inspection City: WINSTON SALEM State: NC Comment Addendum Attached? X Status Code: A County: 34 Forsyth Zip: 27103 Water sample taken? Yes X No Category #: IV Email 1:goodysgrill@gmail.com Municipal/Community On-Site System Water Supply: Permittee: AUSTINS INC Email 2: Telephone: (336) 765-3100 Email 3: Temperature Observations Effective January 1, 2019 Cold Holding is now 41 degrees or less Item Location Temp Item Location Temp Item Temp 39 140 hot watrer three compartment sink cheese 37 173 final rinse dishmachine meat sauce spray bottle and bucket in ppm 50 38 chlorine sanitizer baked potato 39 46 cooling @ 2:15 pm milk noodles 42 noodles cooling @ 2:45 pm 182 chicken final cook temp 40 cole slaw make unit 39 diced tomatoes 36 sliced tomatoes 40 shredded cheese 39 cooked onions 41 shredded lettuce 39 hamburger 39 beef 40 marinated chicken 40 cheese 172 chili hot holding 156 meat sauce 163 gravy 39 marinated chicken walk-in cooler First Last **Nikitas** Person in Charge (Print & Sign): Pano

Last Regulatory Authority (Print & Sign): Craig **Bethel**

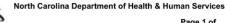
Verification Required Date:

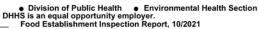
Authorize final report to be received via Email:



REHS ID: 1766 - Bethel, Craig

REHS Contact Phone Number: (336) 703-3143









Comment Addendum to Inspection Report

Establishment Name: GOODYS RESTAURANT Establishment ID: 3034011154

Date: 11/28/2022 Time In: 2:00 PM Time Out: 4:35 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.

2 2-102.12 (A) Certified Food Protection Manager (C)(Repeat)

CFPM certification has expired. The Person In Charge shall be a certified Food protection manager who has shown proficiency of required information through passing a test that is part of an ACCREDITED PROGRAM.

47 4-501.11 Good Repair and Proper Adjustment - Equipment- C (Repeat)

Shelving in walk in cooler beginning to rust/oxidize/lose protective coating. Walk in cooler floor straps beginning to raise. Protective coating on the legs of prep sinks and tables beginning top wear down and off.

Equipment shall be maintained in a state of repair and condition that meets the requirements specified under Parts 4-1 and 4-2 of the 2017 FDA Food Code.

55 6-501.12 Cleaning, Frequency and Restrictions (C)(Repeat)

Detail cleaning needed along the baseboards under and behind equipment and shelving units.