## Food Establishment Inspection Report

Establishment Name: MCDONALD'S #12066								
Location Address: 290 S ST	RATFORD RD							
City: WINSTON SALEM	State: North Carolina							
Zip: 27103C	ounty: 34 Forsyth							
Permittee: 3 M 35 INC								
Telephone: (336) 725-4999								
Inspection	O Re-Inspection							
Wastewater System:								
Municipal/Community	On-Site System							
Water Supply:								
Municipal/Community	On-Site Supply							

Date: 03/17/2023 Time In: 11:37 AM	_Status Code: A _Time Out: _1:15 PM
Category#: II	
FDA Establishment Type	: Fast Food Restaurant
No. of Risk Factor/Intervi No. of Repeat Risk Factor	

Good Retail Practices

Establishment ID: 3034011345

Score:

				-	iioipai/Community Com-Cite Cuppiy						
	Ris	k fa	cto	rs: (	e Illness Risk Factors and Public Health In Contributing factors that increase the chance of developing foo Interventions: Control measures to prevent foodborne illness	db	orne	illi		S	
Compliance Status						OUT		Г	CDI	R	VR
Supervision .2652						_					
	Ė	П	Г		PIC Present, demonstrates knowledge, &	L	Π				
1		оит	_		performs duties	1		0			_
2	-	ОUТ	_		Certified Food Protection Manager	1		0			
E	np	loye	e H	ealt	h .2652  Management, food & conditional employee;	Т		Г			
3		оит			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						
	<u> </u>	OUT	-		Proper eating, tasting, drinking or tobacco use	1	0.5	_			<u> </u>
7_	-	OUT	_	Ш	No discharge from eyes, nose, and mouth	1	0.5	0			_
_	_	_	_	Con	tamination by Hands .2652, .2653, .2655, .265	_					
8	X	оит			Hands clean & properly washed	4	2	0			<u> </u>
9	X	оит	N/A	N/O	No bare hand contact with RTE foods or pre- approved alternate procedure properly followed	4	2	0			
0	M	оит	N/A		Handwashing sinks supplied & accessible	2	1	0			
A	pı	rove	d S	our	ce .2653, .2655						
1	X	оит			Food obtained from approved source	2	1	0			
2	IN	OUT		<b>Ŋ</b> ∕	Food received at proper temperature	2	1	0			
3	×	OUT			Food in good condition, safe & unadulterated	2	1	0			
4	IN	оит	ı)XA	N/O	Required records available: shellstock tags, parasite destruction						
Pı	ot	ectio	n fi	rom	Contamination .2653, .2654						
5	ıχ	оит	N/A	N/O	Food separated & protected	3	1.5	0			
6	×	OUT			Food-contact surfaces: cleaned & sanitized	3	1.5	0			
7	X	оит			Proper disposition of returned, previously served, reconditioned & unsafe food	2	1	0			
Р	ote	ntial	ly F	laza	rdous Food Time/Temperature .2653	•					
					Proper cooking time & temperatures	3	1.5	0			
		OUT				3	1.5	0			
0	IN	OUT	N/A	Ŋχ		3	1.5	0			
	٠.	OUT	-	-		3	1.5	-			
	-	OUT	_	-		3	1.5	-			_
_	-	оит		Н	Proper date marking & disposition  Time as a Public Health Control; procedures &		1.5	H			
				Ш	records	3	1.5	0			
	г			avi	Consumer advisory provided for raw/	Т					
25	IN	оит	NXA		Consumer advisory provided for raw/ undercooked foods	1	0.5	0			
Hi	gh	ly S	usc	epti	ble Populations .2653						
26	IN	оит	ŊΧĄ		Pasteurized foods used; prohibited foods not offered	3	1.5	0			
CI	ner	nica		_	.2653, .2657			_			
		OUT			Food additives: approved & properly used	1	0.5	0			
		оит			Toxic substances properly identified stored & used	2	1	0			
Conformance with Approved Procedures .2653, .2654, .2658											
	Г	оит			Compliance with variance, specialized process, reduced oxygen packaging criteria or HACCP plan	2	1	0			
	_	_	_	ш	.0. 10 0	_	_	_			

	G	ood	Ret	ail P	ractices: Preventative measures to control the addition of pa	tho	gens	, ch	nemic	als,	
					and physical objects into foods.	_					
					Status		OUT	_	CDI	R	VR
Sa				d Wa	ater .2653, .2655, .2658						
30		OUT	<b>ìX</b> A		Pasteurized eggs used where required	1	0.5	0			
31	X	OUT		Ш	Water and ice from approved source	2	1	0			
32	IN	оит	<b>)X</b> A		Variance obtained for specialized processing methods	2	1	0			
Fo	ood	Ten	npe	ratur	e Control .2653, .2654						
33	Ж	оит			Proper cooling methods used; adequate equipment for temperature control	1	0.5	0			
-	IN	OUT			Plant food properly cooked for hot holding	1	0.5	0			
35	IN	OUT	N/A	<b>ı</b> ) <b>X</b> 0	Approved thawing methods used	1	0.5	0			
36	)X	OUT		Ш	Thermometers provided & accurate	1	0.5	0		L	
Fo	ood	Ider	ntifi	catio	n .2653						
37	X	OUT			Food properly labeled: original container	2	1	0			
Pı	eve	entio	n o	f Foo	od Contamination .2652, .2653, .2654, .2656, .26	57					
38	M	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	OUT		П	Personal cleanliness	1	0.5	0			
41	M	OUT			Wiping cloths: properly used & stored	1	0.5	0			
42	M	OUT	N/A		Washing fruits & vegetables	1	0.5	0			
Pı	ор	er Us	se o	f Ute	ensils .2653, .2654						
43	M	оит		П	In-use utensils: properly stored	1	0.5	0			
44	M	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	ten	sils a	and	Equ	ipment .2653, .2654, .2663						
47	IN	<b>ох</b> (т			Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed & used	1	ð%5	0		X	
48	M	оит			Warewashing facilities: installed, maintained & used; test strips	1	0.5	0			
49	M	оит			Non-food contact surfaces clean	1	0.5	0			
Pi	nys	ical	Fac	ilitie	s .2654, .2655, .2656						
50	M	оит	N/A		Hot & cold water available; adequate pressure	1	0.5	0			
51	X	оит			Plumbing installed; proper backflow devices	2	1	0			
52	M	оит		Ш	Sewage & wastewater properly disposed	2	1	0		$\Box$	
53	M	оит	N/A		Toilet facilities: properly constructed, supplied & cleaned	1	0.5	0			
54	IN	о <b>)</b> (т			Garbage & refuse properly disposed; facilities maintained	1	0.5	⊢			
55	IN	о <b>)</b> (т		Ш	Physical facilities installed, maintained & clean	1	0%5	0		$\Box$	
56	M	оит			Meets ventilation & lighting requirements; designated areas used	1	0.5	0			
					TOTAL DEDUCTIONS:	1					
D .			41.		ronmental Health Section • Food Protection			_			





Comment Addendum to Food Establishment Inspection Report Establishment ID: 3034011345 Establishment Name: MCDONALD'S #12066 Location Address: 290 S STRATFORD RD Date: 03/17/2023 X Inspection Re-Inspection City: WINSTON SALEM State: NC Comment Addendum Attached? X Status Code: A Zip: 27103 County: 34 Forsyth Water sample taken? Yes X No Category #: II Email 1: Water Supply: Municipal/Community On-Site System Permittee: 3 M 35 INC Email 2: Telephone: (336) 725-4999 Email 3: Temperature Observations Effective January 1, 2019 Cold Holding is now 41 degrees or less Item Location Temp Item Location Temp Item Temp 38 Raw beef raw beef cooler 181 Quater pounder final cook 185 Chicken filet final cook 200 final cook Chicken nuggets 33 Candian bacon walk in cooler 38 Sliced tomato walk in cooler 36 Diced onions walk in cooler 36 walk in cooler Sausuage burrito Chlorine sanitizer kitchen (ppm) 100 hucket 120 Hot water 3 compartment sink 200 Quat sanitizer 3 compartment sink (ppm) First Last Coad Person in Charge (Print & Sign): Stacey Last Regulatory Authority (Print & Sign): Elizabeth Manning REHS ID:3136 - Manning, Elizabeth Verification Required Date:



Authorize final report to

be received via Email:

REHS Contact Phone Number: (336) 703-3135

## **Comment Addendum to Inspection Report**

Establishment Name: MCDONALD'S #12066 Establishment ID: 3034011345

**Date:** 03/17/2023 **Time In:** 11:37 AM **Time Out:** 1:15 PM

Certifications							
Name	Certificate #	Туре	Issue Date	Expiration Date			
Stacey Coad		Food Service		09/13/2024			
Violatio		servations and Corrected within the time frames		ns 8-405.11 of the food code.			

47 4-501.11 Good Repair and Proper Adjustment - Equipment (REPEAT)- Fry shoot on the left side is not working. One ice machine was not working. Equipment shall be maintained in good repair.

PIC stated that the ice machine will be removed from the premises.

- 54 5-501.113 Covering Receptacles (C) Lid left open on the blue dumpster. Receptacles and waste handling units for refuse, recyclables, and returnables shall be kept covered. CDI: Lid was closed during the inspection.
- 55 6-501.11 Repairing Premises, Structures, Attachments, and Fixtures C(REPEAT) with improvement Repair sink out of order in the womens restroom. Physical facilities shall be maintained in good repair.