

Food Establishment Inspection Report

Score: 93.5

Establishment Name: HARDEE'S #1500831

Establishment ID: 3034012651

Location Address: 1590 FIRST ST.

City: WINSTON SALEM State: North Carolina

Zip: 27104 County: 34 Forsyth

Permittee: HARDEE'S RESTAURANTS, LLC

Telephone: (336) 723-2514

☒ Inspection ☐ Re-Inspection

Wastewater System:

☒ Municipal/Community ☐ On-Site System

Water Supply:

☒ Municipal/Community ☐ On-Site Supply

Date: 01/23/2023 Status Code: A

Time In: 9:25 AM Time Out: 11:45 AM

Category#: III

FDA Establishment Type: Fast Food Restaurant

No. of Risk Factor/Intervention Violations: 5

No. of Repeat Risk Factor/Intervention Violations: 1

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
Supervision .2652					
1	<input checked="" type="checkbox"/> OUT N/A	PIC Present, demonstrates knowledge, & performs duties	1	0	
2	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> N/A	Certified Food Protection Manager	<input checked="" type="checkbox"/>	0	
Employee Health .2652					
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
Good Hygienic Practices .2652, .2653					
6	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Proper eating, tasting, drinking or tobacco use	1	<input checked="" type="checkbox"/> 0	
7	<input checked="" type="checkbox"/> OUT	No discharge from eyes, nose, and mouth	1	0.5	0
Preventing Contamination by Hands .2652, .2653, .2655, .2656					
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"/> IN <input checked="" type="checkbox"/> OUT N/A	Handwashing sinks supplied & accessible	2	1	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
Approved Source .2653, .2655					
11	<input checked="" type="checkbox"/> OUT	Food obtained from approved source	2	1	0
12	<input checked="" type="checkbox"/> IN OUT <input checked="" type="checkbox"/>	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 <input checked="" type="checkbox"/> N/A N/O	Required records available: shellstock tags, parasite destruction	2	1	0
Protection from Contamination .2653, .2654					
15	<input checked="" type="checkbox"/> OUT N/A N/O	Food separated & protected	3	1.5	0
16	<input checked="" type="checkbox"/> OUT	Food-contact surfaces: cleaned & sanitized	3	1.5	0
17	<input checked="" type="checkbox"/> OUT	Proper disposition of returned, previously served, reconditioned & unsafe food	2	1	0
Potentially Hazardous Food Time/Temperature .2653					
18	<input checked="" type="checkbox"/> IN OUT N/A <input checked="" type="checkbox"/>	Proper cooking time & temperatures	3	1.5	0
19	<input checked="" type="checkbox"/> IN OUT N/A <input checked="" type="checkbox"/>	Proper reheating procedures for hot holding	3	1.5	0
20	<input checked="" type="checkbox"/> IN OUT N/A <input checked="" type="checkbox"/>	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"/> IN <input checked="" type="checkbox"/> OUT N/A N/O	Proper cold holding temperatures	3	<input checked="" type="checkbox"/> 0	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
23	<input checked="" type="checkbox"/> OUT N/A N/O	Proper date marking & disposition	3	1.5	0
24	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT N/A N/O	Time as a Public Health Control; procedures & records	3	<input checked="" type="checkbox"/> 0	<input checked="" type="checkbox"/>
Consumer Advisory .2653					
25	<input checked="" type="checkbox"/> IN OUT <input checked="" type="checkbox"/>	Consumer advisory provided for raw/undercooked foods	1	0.5	0
Highly Susceptible Populations .2653					
26	<input checked="" type="checkbox"/> IN OUT <input checked="" type="checkbox"/>	Pasteurized foods used; prohibited foods not offered	3	1.5	0
Chemical .2653, .2657					
27	<input checked="" type="checkbox"/> IN OUT <input checked="" type="checkbox"/>	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
Conformance with Approved Procedures .2653, .2654, .2658					
29	<input checked="" type="checkbox"/> IN OUT <input checked="" type="checkbox"/>	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
Safe Food and Water .2653, .2655, .2658					
30	<input checked="" type="checkbox"/> IN OUT <input checked="" type="checkbox"/>	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 <input checked="" type="checkbox"/>	Variance obtained for specialized processing methods	2	1	0
Food Temperature Control .2653, .2654					
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 N/A <input checked="" type="checkbox"/>	Plant food properly cooked for hot holding	1	0.5	0
35	<input checked="" type="checkbox"/> OUT N/A N/O	Approved thawing methods used	1	0.5	0
36	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Thermometers provided & accurate	1	0.5	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
Food Identification .2653					
37	<input checked="" type="checkbox"/> OUT	Food properly labeled: original container	2	1	0
Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657					
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
Proper Use of Utensils .2653, .2654					
43	<input checked="" type="checkbox"/> OUT	In-use utensils: properly stored	1	0.5	0
44	<input checked="" type="checkbox"/> OUT	Utensils, equipment & linens: properly stored, dried & handled	1	0.5	0
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
Utensils and Equipment .2653, .2654, .2663					
47	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed & used	1	0.5	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
48	<input checked="" type="checkbox"/> OUT	Warewashing facilities: installed, maintained & used; test strips	1	0.5	0
49	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Non-food contact surfaces clean	1	0.5	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
Physical Facilities .2654, .2655, .2656					
50	<input checked="" type="checkbox"/> OUT N/A	Hot & cold water available; adequate pressure	1	0.5	0
51	<input checked="" type="checkbox"/> OUT	Plumbing installed; proper backflow devices	2	1	0
52	<input checked="" type="checkbox"/> OUT	Sewage & wastewater properly disposed	2	1	0
53	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT N/A	Toilet facilities: properly constructed, supplied & cleaned	1	<input checked="" type="checkbox"/> 0	<input checked="" type="checkbox"/>
54	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Garbage & refuse properly disposed; facilities maintained	<input checked="" type="checkbox"/>	0.5	0 <input checked="" type="checkbox"/>
55	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Physical facilities installed, maintained & clean	1	<input checked="" type="checkbox"/> 0	<input checked="" type="checkbox"/>
56	<input checked="" type="checkbox"/> OUT	Meets ventilation & lighting requirements; designated areas used	1	0.5	0
TOTAL DEDUCTIONS:					6.5



Comment Addendum to Food Establishment Inspection Report

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 Permittee: HARDEE'S RESTAURANTS, LLC
 Telephone: (336) 723-2514

Establishment ID: 3034012651
☒ Inspection ☐ Re-Inspection Date: 01/23/2023
 Comment Addendum Attached? ☒ Status Code: A
 Water sample taken? ☐ Yes ☒ No Category #: III
 Email 1: businesslicense@ckr.com
 Email 2:
 Email 3:

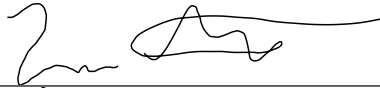

Temperature Observations

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

Item	Location	Temp	Item	Location	Temp	Item	Location	Temp
hash browns	fryer hot hold	137						
gravy	steam table	168						
sausage	"	147						
egg	hot hold unit above prep area	153						
steak	"	167						
tomato	walk in	40						
mushroom gravy	"	41						
omelette mix	grill work top	40						
liquid eggs	on work top by grill	52						
ham	2 door upright	38						
raw chicken	breeding station	40						
hot dogs	biscuit cooler	38						
water	3 ocmp	151						
quat-ppm	3 comp	200						
ambient	cooler at front	33						

First
 Person in Charge (Print & Sign): tom
 First
 Regulatory Authority (Print & Sign): Nora

Last
 Stewart
 Last
 Sykes

REHS ID: 2664 - Sykes, Nora
 REHS Contact Phone Number: (336) 703-3161

Verification Required Date:

Authorize final report to
 be received via Email: _____



North Carolina Department of Health & Human Services

Page 1 of _____
 Division of Public Health • Environmental Health Section
 DHHS is an equal opportunity employer.
 Food Establishment Inspection Report, 10/2021

• Food Protection Program



Comment Addendum to Inspection Report

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Establishment ID: 3034012651

Date: 01/23/2023 **Time In:** 9:25 AM **Time Out:** 11:45 AM

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)- No one on staff at beginning of inspection with CFPM Certification.
- 6 2-401.11 Eating, Drinking, or Using Tobacco (C)- Employee drink cup on prep line and one above hot well on shelf. Employees shall eat, drink, or use any form of tobacco only in designated area to prevent cross contamination.
- 10 6-301.12 Hand Drying Provision (Pf)- No paper towels, and hand dryer was not able to be turned on in ladies restroom. Provide a hand drying provision at lavatories. CDI-Towles placed in dispenser.
- 22 3-501.16 (A) (2) and (B) Time / Temperature Control for Safety Food, Hot and Cold Holding (P)- REPEAT- Liquid eggs on work top at 52F. Maintain TCS foods at 41F or below. CDI-Discarded by PIC. Maintain an ice bath or keep in cooler, or write and use a TPHC procedure.
- 24 3-501.19 Time as a Public Health Control (P) (Pf)- Cheese unlabeled upon arrival. Foods that were on TPHC previous night were in walk in cooler for use next day. When using TPHC, follow procedures that are written and posted, including discard of foods if they are placed out for use, even if time did not reach 4 hours; and labeling. CDI-Cheese labeled on line, and foods (tomato and cheese) were discarded.
- 36 4-302.12 Food Temperature Measuring Devices (Pf)- All thermometers were out of battery power and not working, rendering them inaccessible. Provide an accessible thermometer for use. Provide a thin probe thermometer for accurate measure of thin foods. CDI-Battery placed in thermometer for use.. Obtain more batteries.
- 47 4-501.11 Good Repair and Proper Adjustment - Equipment (C)- REPEAT- Torn gasket on fry freezer. Microwave with cracked top and peeling coating on door (both inside). Small tear on omelette cooler gasket. Maintain equipment in good repair.
- 49 4-602.13 Nonfood Contact Surfaces-C- REPEAT- Cleaning necessary in following areas: inside of both upright freezer, shelves, microwave. Nonfood contact surfaces of equipment shall be cleaned at a frequency necessary to maintain them clean. Improvement in this area.
- 53 6-501.18 Cleaning of Plumbing Fixtures (C)- REPEAT- Clean urinal in men's room and toilets in ladies room. Maintain fixtures clean.
- 54 5-501.115 Maintaining Refuse Areas and Enclosures-C-REPEAT- Dumpster area is littered with trash and thick layer of grease residue on ground. Refuse area shall be maintained clean and free of unnecessary items that may become a pest harborage.
- 55 6-501.12 Cleaning, Frequency and Restrictions-C-REPEAT- Clean floors under equipment, especially at fryer, near drive through and behind drive through soda machine. Clean vents and ceilings at vents from dust accumulation. All physical facilities shall be maintained in good repair and shall be cleaned as often as necessary to keep them clean and by methods that prevent contamination of food products.
6-501.11 Repairing - Premises, Structures, Attachments, and Fixtures - Methods (C) REPEAT-Replace missing ceiling tile at water heater area. Broken tiles at mop sink. Broken light shield at drive through area. Missing wall tile in can wash area at faucet. Hole in wall near soda bag in box storage. Floor sink cover broken at 3 comp sink.

Additional Comments

New piece of equipment has been added to kitchen beside of fryers. Contact fliplanreview@forsyth.cc to have it added to floor plan and for approval.