

# Food Establishment Inspection Report

Score: 98

Establishment Name: WSSU ANDERSON CENTER CATERING

Establishment ID: 3034060021

Location Address: 601 S. MARTIN LUTHER KING JR. DR.

City: WINSTON SALEM State: North Carolina

Zip: 27110 County: 34 Forsyth

Permittee: WINSTON SALEM STATE

Telephone: (336) 750-2846

☒ Inspection ☐ Re-Inspection**Wastewater System:**☒ Municipal/Community ☐ On-Site System**Water Supply:**☒ Municipal/Community ☐ On-Site Supply

Date: 01/26/2023 Status Code: A

Time In: 1:40 PM Time Out: 3:25 PM

Category#: IV

FDA Establishment Type: Full-Service Restaurant

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"/> IN <input checked="" type="checkbox"/> OUT/N/A	Handwashing sinks supplied & accessible	2	X	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 <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	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 <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A/N/O	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"/> 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
<b>Potentially Hazardous Food Time/Temperature .2653</b>					
18	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT/N/A/N/O	Proper cooking time & temperatures	3	1.5	0
19	<input checked="" type="checkbox"/> OUT/N/A/N/O	Proper reheating procedures for hot holding	3	1.5	0
20	<input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A/N/O	Time as a Public Health Control; procedures & records	3	1.5	0
<b>Consumer Advisory .2653</b>					
25	<input checked="" type="checkbox"/> OUT/N/A	Consumer advisory provided for raw/undercooked foods	1	0.5	0
<b>Highly Susceptible Populations .2653</b>					
26	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Pasteurized foods used; prohibited foods not offered	3	1.5	0
<b>Chemical .2653, .2657</b>					
27	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	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 <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	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 <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	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 <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Plant food properly cooked for hot holding	1	0.5	0
35	<input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	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 <input checked="" type="checkbox"/> OUT	In-use utensils: properly stored	1	0.5	X
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
<b>Utensils and Equipment .2653, .2654, .2663</b>					
47	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed & used	1	X	0
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	X
<b>Physical Facilities .2654, .2655, .2656</b>					
50	<input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Hot & cold water available; adequate pressure	1	0.5	0
51	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	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 <input checked="" type="checkbox"/> OUT	Physical facilities installed, maintained & clean	1	X	0
56	<input checked="" type="checkbox"/> OUT	Meets ventilation & lighting requirements; designated areas used	1	0.5	0
TOTAL DEDUCTIONS: 2					



# Comment Addendum to Food Establishment Inspection Report

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Location Address: 601 S. MARTIN LUTHER KING JR. DR.

☒ Inspection ☐ Re-Inspection Date: 01/26/2023

City: WINSTON SALEM State: NC

Comment Addendum Attached? ☒ Status Code: A

County: 34 Forsyth Zip: 27110

Water sample taken? ☐ Yes ☒ No Category #: IV

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

Email 1: adipahnhyira-elfreda@aramark.com

Water Supply: ☒ Municipal/Community ☐ On-Site System

Email 2: barnes-lajerias@aramark.com

Permittee: WINSTON SALEM STATE

Email 3:

Telephone: (336) 750-2846

## Temperature Observations

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

Item	Location	Temp	Item	Location	Temp	Item	Location	Temp
ServSafe	Elfreda Adipah-Nhyira 10/1/23	0						
hot water	3 comp sink	134						
quat sanitizer	3 comp sink	400						
chili	hot box	149						
hotdogs	hot box	177						
turkey	walk in cooler	39						
shredded cheese	outdoor walk in cooler	41						
salad	walk in cooler	41						

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

*Last*  
Barnes

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

*Last*  
Pleasants

REHS ID: 2809 - Pleasants, Lauren

Verification Required Date: 02/05/2023

REHS Contact Phone Number: (336) 703-3144

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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### 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.

- 10 6-301.12 Hand Drying Provision (Pf) - Four handwashing sinks did not have accessible paper towels. New dispensers have been delivered but not installed. Disposable towels or an approved hand-drying device shall be provided at all handwashing sinks. VERIFICATION required by 2/5/23. Contact Lauren Pleasants at (336) 462-7783 or pleasaml@forsyth.cc when complete. Paper towels provided at one handwashing sink during the inspection.
- 43 3-304.12 In-Use Utensils, Between-Use Storage (C) - Scoop handles stored touching food in 3 containers. During pauses in food preparation or dispensing, utensils shall be stored with handles out of food that is non-TCS in containers that can be closed, such as bins of sugar, flour, etc. CDI- Scoops removed by PIC and taken to 3 compartment sink.
- 47 4-501.11 Good Repair and Proper Adjustment - Equipment (C) - REPEAT- In the warmer, replace shelves if rusted after cleaning. The warewashing machine is out of order and is going to be replaced (Contact plan review at FLIplanreview@forsyth.cc with new dish machine specs). Ice buildup present in both walk in freezers. Maintain equipment in good repair.
- 49 4-601.11 (B) and (C) Equipment, Food-Contact Surfaces, Nonfood Contact Surfaces, and Utensils (C) - Additional cleaning needed on the produce shelf in the indoor walk in cooler, on the prep table where large bowls are stored, on shelving inside the warmer, and the front right corner of the outdoor walk in cooler. Nonfood-contact surfaces shall be maintained free of dust, dirt, food residue, and debris.
- 51 5-205.15 (B) Maintain a plumbing system in good repair (C) - Old dish machine has been removed and a floor remodel is scheduled over the weekend. Pipe is leaking and one floor drain is clogged with standing water present. Maintain plumbing fixtures and systems in good repair.
- 55 6-501.11 Repairing - Premises, Structures, Attachments, and Fixtures - Methods (C) - Repaint the wall in the employee storage closet. Repair ceiling damage in the outdoor storage room. Repair the floor and wall at the location of the old dish machine. Maintain physical facilities in good repair. Submit all plans for remodel and new equipment.
- 6-501.12 Cleaning, Frequency and Restrictions (C)- Floor cleaning needed in the old dish machine area, indoor can wash area, and underneath hood equipment. Floor cleaning needed in outdoor storage room. Physical facilities shall be maintained clean.

### Additional Comments

Establishment (and campus) are under new management for equipment maintenance, and are undergoing a remodel and replacement of several pieces of equipment. New dish machine is being delivered March 22nd, 2023. Contact our plan review department at FLIplanreview@forsyth.cc with plans and equipment schedules.