

# Food Establishment Inspection Report

Score: 95.5

Establishment Name: GOLDEN CORRALEstablishment ID: 3034011576Location Address: 180 HANES MALL CIRCLECity: WINSTON SALEM State: North CarolinaZip: 27103 County: 34 ForsythPermittee: G C PARTNERS INCTelephone: (336) 760-8040☒ Inspection ☐ Re-Inspection ☐ Educational Visit**Wastewater System:**☒ Municipal/Community ☐ On-Site System**Water Supply:**☒ Municipal/Community ☐ On-Site SupplyDate: 03/20/2024Status Code: ATime In: 1:40 PMTime Out: 4:09 PMCategory#: IVFDA Establishment Type: Full-Service RestaurantNo. of Risk Factor/Intervention Violations: 3No. 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
<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"/> OUT/N/A	Handwashing sinks supplied & accessible	2	1	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 OUT	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	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"/> IN OUT	Food-contact surfaces: cleaned & sanitized	3	1.5	X
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"/> 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"/> IN OUT/N/A/N/O	Proper hot holding temperatures	3	0	X
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"/> OUT/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 OUT	Pasteurized foods used; prohibited foods not offered	3	1.5	0
<b>Chemical .2653, .2657</b>					
27	<input checked="" type="checkbox"/> OUT/N/A	Food additives: approved & properly used	1	0.5	0
28	<input checked="" type="checkbox"/> IN OUT/N/A	Toxic substances properly identified stored & used	2	X	0
<b>Conformance with Approved Procedures .2653, .2654, .2658</b>					
29	<input checked="" type="checkbox"/> IN OUT	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 OUT	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	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 OUT	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"/> 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"/> 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
<b>Utensils and Equipment .2653, .2654, .2663</b>					
47	<input checked="" type="checkbox"/> IN OUT	Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed & used	X	0.5	0
48	<input checked="" type="checkbox"/> OUT	Warewashing facilities: installed, maintained & used; test strips	1	0.5	0
49	<input checked="" type="checkbox"/> OUT	Non-food contact surfaces clean	1	0.5	0
<b>Physical Facilities .2654, .2655, .2656</b>					
50	<input checked="" type="checkbox"/> OUT/N/A	Hot & cold water available; adequate pressure	1	0.5	0
51	<input checked="" type="checkbox"/> IN 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 OUT	Physical facilities installed, maintained & clean	X	0.5	0
56	<input checked="" type="checkbox"/> OUT	Meets ventilation & lighting requirements; designated areas used	1	0.5	0
<b>TOTAL DEDUCTIONS:</b>					<b>4.5</b>



# Comment Addendum to Food Establishment Inspection Report

Establishment Name: GOLDEN CORRAL  
Location Address: 180 HANES MALL CIRCLE  
City: WINSTON SALEM State: NC  
County: 34 Forsyth Zip: 27103  
Wastewater System: ☒ Municipal/Community ☐ On-Site System  
Water Supply: ☒ Municipal/Community ☐ On-Site System  
Permittee: G C PARTNERS INC  
Telephone: (336) 760-8040

Establishment ID: 3034011576  
☒ Inspection ☐ Re-Inspection Date: 03/20/2024  
☐ Educational Visit Status Code: A  
Comment Addendum Attached? ☒ Category #: IV  
Email 1: Rest2474@goldencorral.net  
Email 2:  
Email 3:

## Temperature Observations

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
mac n cheese /reheat for hot hold	176	chicken/walk in cooler	36		
broccoli /reheat for hot hold	185	cabbage/walk in cooler	41		
spaghetti/cooling for 15 minutes 1:59	68	ribs /walk in cooler	38		
spaghetti/walk in cooler 2:59	62	coleslaw /walk in cooler	38		
ham/meat walk in cooler	38	pork loin /walk in cooler	38		
cheese sauce/buffet	157	tomatoes /walk in cooler	40		
rice/buffet	167	milk /bakery walk in cooler	38		
chicken and dumplings /buffet	152	fish /final cook	183		
chicken stir fry/buffet	150	final rinse /dish machine	161		
clam chowder/buffet	147	hot water/3 comp sink	151		
mac n cheese /buffet	145				
lima beans /buffet	145				
chicken/buffet	138				
green beans /hot hold cabinet	186				
sweet potato casserole /hot hold cabinet	139				
pizza sauce /make top	40				
cheese /reach in cooler	35				
sauce /reach in cooler	39				
chicken/reach in cooler	41				
chicken/hot hold cabinet	161				

First  
Person in Charge (Print & Sign): Francis  
First  
Regulatory Authority (Print & Sign): Shannon

Last  
Traver  
Last  
Craver

REHS ID: 2848 - Craver, Shannon Verification Dates: Priority:  
REHS Contact Phone Number: (743) 236-0012

[Signature]  
Shannon Craver

Priority Foundation: Core:

Authorize final report to  
be received via Email: [Signature]



North Carolina Department of Health & Human Services

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DHHS is an equal opportunity employer.  
Food Establishment Inspection Report, 12/2023

● Food Protection Program



## Comment Addendum to Inspection Report

**Establishment Name:** GOLDEN CORRAL

**Establishment ID:** 3034011576

**Date:** 03/20/2024 **Time In:** 1:40 PM **Time Out:** 4:09 PM

### Certifications

Name	Certificate #	Type	Issue Date	Expiration Date
Francis Traver		Food Service	06/28/2021	06/28/2026

### 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.

- 16 4-601.11 (A) Equipment, Food-Contact Surfaces, Nonfood Contact Surfaces, and Utensils (Pf). Metal pans and trays found soiled on clean utensil racks.  
\*\*(A) Equipment, Food-contact surfaces shall be clean to sight and touch.  
CDI: pans and trays were moved to the dish room to be rewashed.
- 21 3-501.16 (A) (1) Time / Temperature Control for Safety Food, Hot and Cold Holding (P). Steak and black beans were in the hot hold cabinet at 123F and 131F.  
\*\*(A)(1) Time/temperature control for safety food shall be maintained at 135F or above.  
CDI: the foods were removed from the hot hold cabinet and reheated to 165F.
- 28 7-204.11 Sanitizers, Criteria - Chemicals (P). The sanitizer at the 3 compartment sink was registering at 2258 ppm.  
\*\*Chemical sanitizers, including chemical sanitizing solutions generated on-site, and other chemical antimicrobials applied to food-contact surfaces shall: (A) meet the requirements specified in 40 CFR 180.940 Tolerance exemptions for active and inert ingredients for use in antimicrobial formulation (Food-contact surface sanitizing solutions), or (B) meet the requirements as specified in 40 CFR 180.2020 Pesticide Chemicals Not Requiring a Tolerance or Exemption from Tolerance-Non-food determinations.  
CDI: the sanitizer was remade to 1875 ppm.
- 47 4-501.11 Good Repair and Proper Adjustment-Equipment (C). Shelves inside walk-in cooler and meat cooler are rusting.  
\*\*(A) Equipment shall be maintained in a state of repair and condition.
- 51 5-203.14 Backflow Prevention Device, When Required (P). The hose at the can wash had a spray nozzle attached to the hose with only an atmospheric backflow preventer.  
\*\*A plumbing system shall be installed to preclude backflow of a solid, liquid, or gas contaminant into the water supply system at each point of use at the food establishment, including on a hose bibb if a hose is attached or on a hose bibb if a hose is not attached  
and backflow prevention is required by law, by: (A) Providing an air gap as specified under § 5-202.13 ; or (B) Installing an approved backflow prevention device as specified under § 5-202.14.  
CDI: The nozzle was removed from the hose.
- 55 6-501.12 Cleaning, Frequency and Restrictions (C) REPEAT Wall and ceiling cleaning needed throughout kitchen. Clean floor under equipment.  
\*\*Physical facilities shall be cleaned as often as necessary to keep them clean.
- 6-501.11 Repairing - Premises, Structures, Attachments, and Fixtures - Methods (C). Repair/replace broken floor tiles in dish area. RegROUT floor throughout where low (dish area, under sinks, next to can rack, in front of hot wells).  
\*\*Physical facilities shall be maintained in good repair.