

Food Establishment Inspection Report

Score: 98

Establishment Name: AU BON PAIN
Establishment ID: 3034020876
 Location Address: ONE MEDICAL CENTER BLVD ARDMORE TOWER
 City: WINSTON SALEM State: North Carolina
 Zip: 27157 County: 34 Forsyth
Permittee: ABP OPCO LLC
Telephone: (469) 917-3800

Date: 08/04/2022 Status Code: A
 Time In: 10:00 AM Time Out: 1:00 PM
 Category#: IV
 FDA Establishment Type: _____
 No. of Risk Factor/Intervention Violations: 1
 No. of Repeat Risk Factor/Intervention Violations: 0

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

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
2	<input checked="" type="checkbox"/> OUT/N/A					Certified Food Protection Manager
Employee Health .2652						
3	<input checked="" type="checkbox"/> OUT					Management, food & conditional employee; knowledge, responsibilities & reporting
4	<input checked="" type="checkbox"/> OUT					Proper use of reporting, restriction & exclusion
5	<input checked="" type="checkbox"/> OUT					Procedures for responding to vomiting & diarrheal events
Good Hygienic Practices .2652, .2653						
6	<input checked="" type="checkbox"/> OUT					Proper eating, tasting, drinking or tobacco use
7	<input checked="" type="checkbox"/> OUT					No discharge from eyes, nose, and mouth
Preventing Contamination by Hands .2652, .2653, .2655, .2656						
8	<input checked="" type="checkbox"/> OUT					Hands clean & properly washed
9	<input checked="" type="checkbox"/> OUT/N/A/N/O					No bare hand contact with RTE foods or pre-approved alternate procedure properly followed
10	<input checked="" type="checkbox"/> OUT/N/A					Handwashing sinks supplied & accessible
Approved Source .2653, .2655						
11	<input checked="" type="checkbox"/> OUT					Food obtained from approved source
12	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O					Food received at proper temperature
13	<input checked="" type="checkbox"/> OUT					Food in good condition, safe & unadulterated
14	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O					Required records available: shellstock tags, parasite destruction
Protection from Contamination .2653, .2654						
15	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O					Food separated & protected
16	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT					Food-contact surfaces: cleaned & sanitized
17	<input checked="" type="checkbox"/> OUT					Proper disposition of returned, previously served, reconditioned & unsafe food
Potentially Hazardous Food Time/Temperature .2653						
18	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O					Proper cooking time & temperatures
19	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O					Proper reheating procedures for hot holding
20	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O					Proper cooling time & temperatures
21	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O					Proper hot holding temperatures
22	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O					Proper cold holding temperatures
23	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O					Proper date marking & disposition
24	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O					Time as a Public Health Control; procedures & records
Consumer Advisory .2653						
25	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A					Consumer advisory provided for raw/undercooked foods
Highly Susceptible Populations .2653						
26	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A					Pasteurized foods used; prohibited foods not offered
Chemical .2653, .2657						
27	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A					Food additives: approved & properly used
28	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A					Toxic substances properly identified stored & used
Conformance with Approved Procedures .2653, .2654, .2658						
29	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A					Compliance with variance, specialized process, reduced oxygen packaging criteria or HACCP plan

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 type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A					Pasteurized eggs used where required
31	<input checked="" type="checkbox"/> OUT					Water and ice from approved source
32	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A					Variance obtained for specialized processing methods
Food Temperature Control .2653, .2654						
33	<input checked="" type="checkbox"/> OUT					Proper cooling methods used; adequate equipment for temperature control
34	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O					Plant food properly cooked for hot holding
35	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O					Approved thawing methods used
36	<input checked="" type="checkbox"/> OUT					Thermometers provided & accurate
Food Identification .2653						
37	<input checked="" type="checkbox"/> OUT					Food properly labeled: original container
Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657						
38	<input checked="" type="checkbox"/> OUT					Insects & rodents not present; no unauthorized animals
39	<input checked="" type="checkbox"/> OUT					Contamination prevented during food preparation, storage & display
40	<input checked="" type="checkbox"/> OUT					Personal cleanliness
41	<input checked="" type="checkbox"/> OUT					Wiping cloths: properly used & stored
42	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A					Washing fruits & vegetables
Proper Use of Utensils .2653, .2654						
43	<input checked="" type="checkbox"/> OUT					In-use utensils: properly stored
44	<input checked="" type="checkbox"/> OUT					Utensils, equipment & linens: properly stored, dried & handled
45	<input checked="" type="checkbox"/> OUT					Single-use & single-service articles: properly stored & used
46	<input checked="" type="checkbox"/> OUT					Gloves used properly
Utensils and Equipment .2653, .2654, .2663						
47	<input checked="" type="checkbox"/> OUT					Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed & used
48	<input checked="" type="checkbox"/> OUT					Warewashing facilities: installed, maintained & used; test strips
49	<input checked="" type="checkbox"/> OUT					Non-food contact surfaces clean
Physical Facilities .2654, .2655, .2656						
50	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A					Hot & cold water available; adequate pressure
51	<input checked="" type="checkbox"/> OUT					Plumbing installed; proper backflow devices
52	<input checked="" type="checkbox"/> OUT					Sewage & wastewater properly disposed
53	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A					Toilet facilities: properly constructed, supplied & cleaned
54	<input checked="" type="checkbox"/> OUT					Garbage & refuse properly disposed; facilities maintained
55	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT					Physical facilities installed, maintained & clean
56	<input checked="" type="checkbox"/> OUT					Meets ventilation & lighting requirements; designated areas used
TOTAL DEDUCTIONS:						2



Comment Addendum to Food Establishment Inspection Report

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~~TOWER MAIN FLOOR~~
City: WINSTON SALEM **State:** NC
County: 34 Forsyth **Zip:** 27157
Wastewater System: Municipal/Community On-Site System
Water Supply: Municipal/Community On-Site System
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Establishment ID: 3034020876
 Inspection Re-Inspection **Date:** 08/04/2022
Comment Addendum Attached? **Status Code:** A
Water sample taken? Yes No **Category #:** IV
Email 1: sean_blankenship@aubonpain.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
chicken	cooling @ 11:31	43						
chicken	cooling @ 11:45	40						
sanitizer	3 comp	43						
cheese	salad display	41						
egg	salad display	38						
lettuce	salad display	39						
cheese	salad cooler	41						
egg	salad cooler	41						
cheese	make table	40						
egg	make table	40						
mozzarella	make table	38						
chicken salad	make table	39						
tomato	make table	39						
guacamole	reach in	39						
cheese	reach in	38						
egg	reach in	39						
milk	reach in	38						
milk	reach in 2	39						
turkey	display	41						

First
Person in Charge (Print & Sign): David

Last
Gordon-Wright

David Gordon-Wright

First
Regulatory Authority (Print & Sign): Cierra

Last
Elledge

Cierra Elledge

REHS ID: 2760 - Elledge, Cierra

Verification Required Date:

REHS Contact Phone Number:

Authorize final report to be received via Email:

[Signature]



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.

- 16 4-601.11(A) Equipment, Food-Contact Surfaces, Nonfood Contact Surfaces, and Utensils Equipment. Observed egg slicer in salad make unit with dried food debris. Observed inside of ice machine with soil beginning to build up. Food contact surfaces and utensils shall be clean to sight and touch. Pf CDI- egg slicer was placed in 3 comp sink to be washed, rinsed, and sanitized. Ice machine was deemed not in use until machine is cleaned.
- 55 6-501.11 Repairing - Premises, Structures, Attachments, and Fixtures - Methods (C) Observed caulking on 3 comp sink dirty and in poor repair. Floors, walls, and ceilings including the attachments such as soap and towel dispensers; light fixtures; and heat/ac vents shall be maintained in good repair.