

# Food Establishment Inspection Report

Score: 96.5

Establishment Name: PANERA BREAD #4979

Establishment ID: 3034012519

Location Address: 970 S. MAIN STREET

City: KERNERSVILLE State: North Carolina

Zip: 27284 County: 34 Forsyth

Permittee: RAISING DOUGH NC, LLC

Telephone: (336) 993-4863

☒ Inspection ☐ Re-Inspection

## Wastewater System:

☒ Municipal/Community ☐ On-Site System

## Water Supply:

☒ Municipal/Community ☐ On-Site Supply

Date: 11/30/2022 Status Code: A

Time In: 8:30 AM Time Out: 11:45 AM

Category#: IV

FDA Establishment Type: Full-Service Restaurant

No. of Risk Factor/Intervention Violations: 0

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"/> 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"/> 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"/> 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"/> IN 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	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 OUT	Time as a Public Health Control; procedures & records	3	1.5	0
<b>Consumer Advisory .2653</b>					
25	<input checked="" type="checkbox"/> IN OUT	Consumer advisory provided for raw/undercooked foods	1	0.5	0
<b>Highly Susceptible Populations .2653</b>					
26	<input checked="" type="checkbox"/> OUT/N/A	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	Toxic substances properly identified stored & used	2	1	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	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	Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed & used	X	0.5	0
48	<input checked="" type="checkbox"/> IN	Warewashing facilities: installed, maintained & used; test strips	X	0.5	0
49	<input checked="" type="checkbox"/> IN	Non-food contact surfaces clean	1	0.5	X
<b>Physical Facilities .2654, .2655, .2656</b>					
50	<input checked="" type="checkbox"/> OUT	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"/> 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	Physical facilities installed, maintained & clean	X	0.5	0
56	<input checked="" type="checkbox"/> IN	Meets ventilation & lighting requirements; designated areas used	1	0.5	0
<b>TOTAL DEDUCTIONS:</b>					3.5



# Comment Addendum to Food Establishment Inspection Report

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Establishment ID: 3034012519  
☒ Inspection ☐ Re-Inspection Date: 11/30/2022  
 Comment Addendum Attached? ☒ Status Code: A  
 Water sample taken? ☐ Yes ☒ No Category #: IV  
 Email 1: kelly.stehura@covelli.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
tomato	salad prep	39						
chix patty	sandwich prep	39						
chix salad	sandwich prep	39						
liquid ice	cold well	40						
egg whites	cok temp	172						
cut fruit	barist cooler 1	38						
milk	milk cooler	37						
air temp	2 door barista cooler	30						
bread dough	bakery cooler	40						
cabbage and kale	walk in cooler	39						
chopped chicken	walk in cooler	40						
lactic acid sanitizer	3 compartment sink	172						
hot water	3 compartment sink	128						
chlorine	dish machine	100						

First  
 Person in Charge (Print & Sign): Destry  
 First  
 Regulatory Authority (Print & Sign): Amanda

Last  
 Brannock  
 Last  
 Stevens

*Destry Brannock*  
*ASG*

REHS ID: 2543 - Stevens, Amanda  
 REHS Contact Phone Number: (336) 703-3129

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

**Establishment Name:** PANERA BREAD #4979

**Establishment ID:** 3034012519

**Date:** 11/30/2022 **Time In:** 8:30 AM **Time Out:** 11:45 AM

### Certifications

Name	Certificate #	Type	Issue Date	Expiration Date
Mitch Destry Brannock	22347516	Food Service		07/07/2027

### 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.

- 47 4-501.11 Good Repair and Proper Adjustment - Equipment (C) Repeat violation. Unapproved wood shelves in back storage room still present. Replace rusted shelving in barista cooler 1. Have barista and cream cheese coolers serviced to address pooling water in bottom. Gasket torn on barista cooler 2.. Recondition rusted interior of door to walk in cooler. Re attach and seal small metal panel on interior of door to bakery cooler. Front leg of 3 compartment sink missing. Shelving under bagel display rusted/damaged and in need of refinishing. Equipment shall be in good repair.Minor damage on corner of countertop and cutting board near large unused oven. Splash guard at back hand sink in prep area broken. Repair to be smooth and easily cleanable.Rubber on casters of rack holding baking racks deteriorated. Recondition rusted casters on rack next to rethermalizer. Address ice buildup in walk in freezer. Equipment shall be in good repair.
- 48 4-501.14 Warewashing Equipment, Cleaning Frequency (C) Repeat violation. Excessive white buildup on all interior surfaces of dish machine. Warewashing machine shall be cleaned: before use, throughout the day at a frequency necessary to prevent recontamination of EQUIPMENT and UTENSILS and to ensure that the EQUIPMENT performs its intended function, and, if used, at least every 24 hours.
- 49 4-601.11 (B) and (C) Equipment, Food-Contact Surfaces, Nonfood Contact Surfaces, and Utensils (C) 0 points. Black buildup present on rolling baking racks throughout establishment. Non-food contact surfaces and utensils shall be clean to sight and touch.
- 55 6-201.11 Floors, Walls and Ceilings - Cleanability (C) Repeat violation. Large room in back of establishment that was once used for meetings is now used to house old equipment and extra food pans. Floor of room is carpeted. Shelving for equipment unapproved. Establishment must provide floors, floor coverings, walls, wall coverings, and ceilings that are designed, constructed and installed so they are smooth and easily cleanable. Antislip floor coverings may be used for safety reasons. Relocate equipment or replace flooring. Replace shelving, including built-ins.
- Repair broken/cracked tiles in walk in cooler. Replace water damaged tiles above self service area. Replace missing/loose light lenses outside of walk in cooler. Repaint/resurface rusted back door. 6-501.11 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.
- 56 6-303.11 Intensity - Lighting (C) Repeat violation. Lighting at mens toilet only 13 foot candles. Lighting at tea dispenser 15 foot candles. Increase lighting to 20 foot candles at plumbing fixtures and self service areas. 0 points.