

Food Establishment Inspection Report

Score: 98.5

Establishment Name: CHICK-FIL-A #00159

Establishment ID: 3034020852

Location Address: 3320 SILAS CREEK PARKWAY, SUITE FC7

City: WINSTON SALEM State: North Carolina

Zip: 27103 County: 34 Forsyth

Permittee: CHICK FIL A, INC.

Telephone: (336) 760-9412

Inspection Re-Inspection Educational Visit

Wastewater System:

Municipal/Community On-Site System

Water Supply:

Municipal/Community On-Site Supply

Date: 04/10/2024 Status Code: A

Time In: 10:20 AM Time Out: 1:05 PM

Category#: III

FDA Establishment Type: Fast Food 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 |
|--|--|-----|-----|---|----|
| Supervision .2652 | | | | | |
| 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 | | |
| 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"/> 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 | |
| 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"/> OUT/N/A | | | | |
| Handwashing sinks supplied & accessible | | 2 | 1 | 0 | |
| 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 | | | | |
| 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 | |
| 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"/> OUT/N/A/N/O | | | | |
| Proper cooking time & temperatures | | 3 | 1.5 | 0 | |
| 19 | <input checked="" type="checkbox"/> IN 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 OUT | | | | |
| Time as a Public Health Control; procedures & records | | 3 | 1.5 | 0 | |
| Consumer Advisory .2653 | | | | | |
| 25 | <input checked="" type="checkbox"/> IN OUT | | | | |
| Consumer advisory provided for raw/undercooked foods | | 1 | 0.5 | 0 | |
| Highly Susceptible Populations .2653 | | | | | |
| 26 | <input checked="" type="checkbox"/> IN OUT | | | | |
| Pasteurized foods used; prohibited foods not offered | | 3 | 1.5 | 0 | |
| Chemical .2653, .2657 | | | | | |
| 27 | <input checked="" type="checkbox"/> IN OUT | | | | |
| 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 | | | | |
| 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 | | | | |
| 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 | |
| Food Temperature Control .2653, .2654 | | | | | |
| 33 | <input checked="" type="checkbox"/> IN | | | | |
| Proper cooling methods used; adequate equipment for temperature control | | 1 | 0.5 | 0 | X |
| 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 | |
| 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"/> IN | | | | |
| Insects & rodents not present; no unauthorized animals | | 2 | 1 | X | X |
| 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 | | | | |
| Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed & used | | 1 | 0.5 | 0 | X |
| 48 | <input checked="" type="checkbox"/> OUT | | | | |
| Warewashing facilities: installed, maintained & used; test strips | | 1 | 0.5 | 0 | |
| 49 | <input checked="" type="checkbox"/> IN | | | | |
| Non-food contact surfaces clean | | 1 | 0.5 | X | |
| 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"/> 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 | | 1 | 0.5 | 0 | |
| 56 | <input checked="" type="checkbox"/> OUT | | | | |
| Meets ventilation & lighting requirements; designated areas used | | 1 | 0.5 | 0 | |
| TOTAL DEDUCTIONS: | | | | | 1.5 |



Comment Addendum to Food Establishment Inspection Report

Establishment Name: CHICK-FIL-A #00159
 Location Address: 3320 SILAS CREEK PARKWAY, SUITE FC7
 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: CHICK FIL A, INC.
 Telephone: (336) 760-9412

Establishment ID: 3034020852
 Inspection Re-Inspection Date: 04/10/2024
 Educational Visit Status Code: A
 Comment Addendum Attached? Category #: III
 Email 1: 00159@chick-fil-a.com
 Email 2: katrina.jones@cfacorp.com
 Email 3: _____

Temperature Observations

| Item/Location | Temp | Item/Location | Temp | Item/Location | Temp |
|-----------------------------------|-----------|----------------------------|------|---------------|------|
| salad/cooling at 10:43 | 43 | fries/final cook | 167 | | |
| salad/cooling at 11:40 | 41 | chicken nuggets/final cook | 180 | | |
| cobb salad/cooling at 10:48 | 48 | hot water/dishwasher | 160 | | |
| cobb salad/cooling at 11:15 | 47 | | | | |
| cobb salad/cooling at 11:40 | 41 | | | | |
| lettuce/make unit | 41 | | | | |
| feta/make unit | 41 | | | | |
| cheese/make unit | 41 | | | | |
| whole boiled egg/make unit | 40 | | | | |
| raw chicken/ice bath | 40 | | | | |
| mac & cheese/walk in cooler | 38 | | | | |
| boiled egg/walk in cooler | 41 | | | | |
| quat sanitizer/3 compartment sink | 200 ppm | | | | |
| hot water/3 compartment sink | 135 | | | | |
| lactic acid sanitizer/veggie wash | 272 ddbsa | | | | |
| mac & cheese/hot hold cabinet | 160 | | | | |
| grilled chicken/hot hold cabinet | 157 | | | | |
| fruit cup/low boy cooler | 40 | | | | |
| market salad/low boy cooler | 39 | | | | |
| grilled chicken/low boy cooler | 39 | | | | |

Person in Charge (Print & Sign): *First* Brooks
Last
 Regulatory Authority (Print & Sign): *First* Daygan
Last

Last Pender
Last Shouse

[Signature]

[Signature]

REHS ID: 3316 - Shouse, Daygan Verification Dates: Priority: _____ Priority Foundation: _____ Core: _____

REHS Contact Phone Number: (336) 704-3141

Authorize final report to be received via Email: _____



Comment Addendum to Inspection Report

Establishment Name: CHICK-FIL-A #00159

Establishment ID: 3034020852

Date: 04/10/2024 **Time In:** 10:20 AM **Time Out:** 1:05 PM

Certifications

| Name | Certificate # | Type | Issue Date | Expiration Date |
|---------------|---------------|--------------|------------|-----------------|
| Brooks Pender | | Food Service | 11/12/2020 | 11/12/2025 |

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.

- 33 3-501.15 Cooling Methods (Pf) Salads placed in reach in cooler were prepped at 10:30 and 48 F at 10:48 and at 11:15. Cooling shall be accomplished in accordance with the time and temperature criteria by using one or more of the following methods based on the type of food being cooled: (1) Placing the food in shallow pans; (2) Separating the food into smaller or thinner portions; (3) Using rapid cooling equipment; (4) Stirring the food in a container placed in an ice water bath; (5) Using containers that facilitate heat transfer; (6) Adding ice as an ingredient; or (7) Other effective methods. CDI: Salads moved to walk in cooler and adequately cooled with lids off to 41 F.
- 38 6-501.111 Controlling Pests. (C) One bird flying around the food court area. The premises shall be maintained free of insects, rodents, and other pests. The presence of insects, rodents, and other pests shall be controlled to eliminate their presence on the premises by eliminating harborage conditions. REPEAT, but not affecting food service area; property management issue.
- 47 4-501.11 Good Repair and Proper Adjustment - Equipment (C) Castors of cooking equipment with heavy soil buildup. Metal floorboard and back door latch are in poor repair. Equipment shall be maintained in a state of good repair and condition. REPEAT with improvement.
- 49 4-601.11 (B) and (C) Equipment, Food-Contact Surfaces, Nonfood Contact Surfaces, and Utensils (C) Cleaning needed inside of bottom reach in compartments of equipment, such as the chicken thawer. Nonfood-contact surfaces of equipment shall be kept free of an accumulation of dust, dirt, food residue, and other debris.
- 55 6-501.11 Repairing - Premises, Structures, Attachments, and Fixtures - Methods (C) Floor grout low in 3 compartment sink/ can wash area. Physical facilities shall be maintained in good repair. REPEAT.
6-501.12 Cleaning, Frequency and Restrictions. Cleaning needed on floors and walls of three compartment and dishmachine area. Physical facilities shall be cleaned as often as necessary to keep them clean. REPEAT.

Additional Comments

Sanitizer wipes EPA #: 9480-13; 1 minute contact time.