Food Establishment Inspection Report

Establishment Name: ATRIUM COTTAGE								
Location Address: 101 HORIZON LANE								
City: RURAL HALL State: North Carolina								
Zip: 27045 County: 34 Forsyth								
Permittee: RICHARD ANDERSON								
Telephone : (336) 767-2411								
Wastewater System:								
Municipal/Community								
Water Supply:								
Municipal/Community								

Good Retail Practices

Establishment ID: 3034160001

Score:

Risk factors: Contributing factors that increase the chance of developing foc	nte	on									
Supervision .2652 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										
1 X OUT N/A PIC Present, demonstrates knowledge, & performs duties 2 X OUT N/A Certified Food Protection Manager Employee Health .2652 3 X OUT Management, food & conditional employee; knowledge, responsibilities & reporting 4 X OUT Proper use of reporting, restriction & exclusion 5 X OUT Procedures for responding to vomiting & diarrheal events Good Hygienic Practices .2652, .2653 6 X OUT Proper eating, tasting, drinking or tobacco use 7 X OUT No discharge from eyes, nose, and mouth Preventing Contamination by Hands .2652, .2653, .2655, .265 8 X OUT Hands clean & properly washed D. MOUTHWAND No bare hand contact with RTE foods or pre-	OUT		OUT CDI		R	VR					
PIC Present, demonstrates knowledge, & performs duties X OUT N/A											
Employee Health 2652 Mout Management, food & conditional employee; knowledge, responsibilities & reporting Mout Proper use of reporting, restriction & exclusion Nout Procedures for responding to vomiting & diarrheal events Good Hygienic Practices Cood Hygienic Practices Proper eating, tasting, drinking or tobacco use No discharge from eyes, nose, and mouth Preventing Contamination by Hands Mout Hands clean & properly washed Mout No bare hand contact with RTE foods or pre-	1	Т	lo			\Box					
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Management, food & conditional employee; knowledge, responsibilities & reporting Wout Proper use of reporting, restriction & exclusion Kout Procedures for responding to vomiting & diarrheal events Good Hygienic Practices .2652, .2653 Wout Proper eating, tasting, drinking or tobacco use Wout No discharge from eyes, nose, and mouth	1		0)		Щ					
knowledge, responsibilities & reporting Klout	Т	Т	Т			\vdash					
Procedures for responding to vomiting & diarrheal events Good Hygienic Practices Proper eating, tasting, drinking or tobacco use No discharge from eyes, nose, and mouth Preventing Contamination by Hands Property Washed No burn Hands clean & properly washed No bare hand contact with RTE foods or pre-	2	1.5	0								
Good Hygienic Practices 6 Your Proper eating, tasting, drinking or tobacco use 7 Your No discharge from eyes, nose, and mouth Preventing Contamination by Hands .2652, .2653, .2655, .265 8 Your Hands clean & properly washed 9 Your No bare hand contact with RTE foods or pre-	H		+	+		H					
Freventing Contamination by Hands X Out	1	0.5	0	<u>'</u>		Щ					
7 X out No discharge from eyes, nose, and mouth Preventing Contamination by Hands .2652, .2653, .2655, .265 8 X out Hands clean & properly washed No burn Hands clean & properly washed											
Preventing Contamination by Hands .2652, .2653, .2655, .265 8	1	0.5	-	_		\vdash					
8 X out Hands clean & properly washed No burneyayo No bare hand contact with RTE foods or pre-	_	0.0	10	<u> </u>	_	\vdash					
No bare hand contact with RTE foods or pre-	4	2	0			\Box					
approved alternate procedure properly followed	4	2	0)							
10 X OUT N/A Handwashing sinks supplied & accessible	2	1	0)							
Approved Source .2653, .2655											
11 Х оит Food obtained from approved source	2	1	0)							
12 IN OUT NO Food received at proper temperature	2	1	0	_							
13 X out Food in good condition, safe & unadulterated	2	1	0)		H					
14 IN out No Required records available: shellstock tags, parasite destruction	2	1	0								
Protection from Contamination .2653, .2654	_										
15 Kout N/A N/O Food separated & protected	3	1.5	-	_							
16 X OUT Food-contact surfaces: cleaned & sanitized	3	1.5	0)		H					
Proper disposition of returned, previously served, reconditioned & unsafe food	2	1	à	X		Щ					
Potentially Hazardous Food Time/Temperature .2653	1-	T				\dashv					
18 IN OUT MANO Proper cooking time & temperatures	3	1.5	-	_		\vdash					
19 IN out N/A XX Proper reheating procedures for hot holding 20 IN out N/A XX Proper cooling time & temperatures	3	1.5	+			\vdash					
21 IN OUT N/A N/O Proper hot holding temperatures	3	1.5	+			\vdash					
22 Nout NANO Proper cold holding temperatures	3	1.5	-	_		\forall					
23 Nout N/AN/O Proper date marking & disposition	3	1.5	-)		\Box					
24 X OUT N/AN/O Time as a Public Health Control; procedures & records	3	1.5	6 0)							
Consumer Advisory .2653			_								
25 IN OUT IX Consumer advisory provided for raw/ undercooked foods	1	0.5	0)							
Highly Susceptible Populations .2653	Ī		İ								
26 X OUT N/A Pasteurized foods used; prohibited foods not offered	3	1.5	0)							
Chemical .2653, .2657		_	Ť								
27 IN OUT Food additives: approved & properly used	1	0.5	-								
28 IN OXT N/A Toxic substances properly identified stored & used	2	X	0) X							
Conformance with Approved Procedures .2653, .2654, .2658											
29 N out Compliance with variance, specialized process, reduced oxygen packaging criteria or HACCP plan	2	1	0)							

	G	ood	Ret	ail P	ractices: Preventative measures to control the addition of pa	tho	gens	, ch	nemica	als,	
					and physical objects into foods.						
Compliance			iar	nce	Status	OUT			CDI	R	VR
Safe Food and Water .2653, .2655, .2658											
		OUT	1)X A		Pasteurized eggs used where required	1	0.5	0			
31	X	OUT		Ш	Water and ice from approved source	2	1	0			
32	IN	оит)X A		Variance obtained for specialized processing methods	2	1	0			
F	ood	Ten	npei	ratur	e Control .2653, .2654						
33	×	оит			Proper cooling methods used; adequate equipment for temperature control	1	0.5	0			
34	IN	OUT	N/A	ıχ	Plant food properly cooked for hot holding	1	0.5	0			
35	IN	OUT	N/A	1 }¢	Approved thawing methods used	1	0.5	0			
36	X	OUT			Thermometers provided & accurate	1	0.5	0			
F	ood	Ider	ntifi	catio	n .2653						
37	ìХ	оит			Food properly labeled: original container	2	1	0			
Pi	reve	entio	n o	f Foo	od Contamination .2652, .2653, .2654, .2656, .26	57					
38	M	оит			Insects & rodents not present; no unauthorized animals	2	1	0			
39	M	оит			Contamination prevented during food preparation, storage & display	2	1	0			
40	M	OUT			Personal cleanliness	1	0.5	0			
41	×	OUT			Wiping cloths: properly used & stored	1	0.5	0			
42	X	оит	N/A		Washing fruits & vegetables	1	0.5	0			
Pı	гор	er Us	se o	f Ute	ensils .2653, .2654						
43	M	оит		П	In-use utensils: properly stored	1	0.5	0			
44	×	оит			Utensils, equipment & linens: properly stored, dried & handled	1	0.5	0			
45	M	оит			Single-use & single-service articles: properly stored & used	1	0.5	0			
46	M	OUT			Gloves used properly	1	0.5	0			
U	ten	sils a	and	Equi	pment .2653, .2654, .2663						
47	×	оит			Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed & used	1	0.5	0			
48	X	оит			Warewashing facilities: installed, maintained & used; test strips	1	0.5	0			
49	X	OUT			Non-food contact surfaces clean	1	0.5	0			
PI	hys	ical	Fac	ilities	.2654, .2655, .2656						
50	M	оит	N/A		Hot & cold water available; adequate pressure	1	0.5	0			
51	X	оит			Plumbing installed; proper backflow devices	2	1	0			
52	×	OUT		Ш	Sewage & wastewater properly disposed	2	1	0			
53	M	оит	N/A		Toilet facilities: properly constructed, supplied & cleaned	1	0.5	0			
54		оит			Garbage & refuse properly disposed; facilities maintained	1	0.5	0			
55	X	OUT		\vdash	Physical facilities installed, maintained & clean	1	0.5	0		L	
56	M	оит			Meets ventilation & lighting requirements; designated areas used	1	0.5	0		L	
					TOTAL DEDUCTIONS:	1					
	- 17										





Comment Addendum to Food Establishment Inspection Report Establishment ID: 3034160001 Establishment Name: ATRIUM COTTAGE Location Address: 101 HORIZON LANE Date: 04/26/2024 City: RURAL HALL State: NC Educational Visit Status Code: A Zip: 27045 County: 34 Forsyth Category #: IV Comment Addendum Attached? Email 1:richarda@horizonscenter.org Water Supply: X Municipal/Community ☐ On-Site System Permittee: RICHARD ANDERSON Email 2:Peggs@horizonscenter.org Telephone: (336) 767-2411 Email 3: Temperature Observations Temp Item/Location Temp Item/Location Temp Item/Location 38 potato salad/upright cooler chicken salad/upright cooler 39 39 cole slaw/upright cooler First Last Steiner Person in Charge (Print & Sign): Peggy Last Regulatory Authority (Print & Sign): Andrew Lee Verification Dates: Priority: Priority Foundation: Core: REHS ID:2544 - Lee, Andrew

dhhc

Authorize final report to be received via Email:

REHS Contact Phone Number: (980) 201-0602



Comment Addendum to Inspection Report

Establishment Name: ATRIUM COTTAGE Establishment ID: 3034160001

Date: 04/26/2024 **Time In:** 12:30 PM **Time Out:** 2:15 PM

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.

- 17 3-701.11 Discarding or Reconditioning Unsafe, Adulterated, or Contaminated Food (P) 2 moldy strawberries in a carton in upright cooler. Unsafe or adulterated food must be discarded. CDI PIC discarded strawberries. 0 pts.
- 28 7-204.11 Sanitizers, Criteria Chemicals (P) Bottle labeled sanitizer measured over 200 ppm chlorine. Chlorine sanitizers must be 50-200 ppm. CDI Bottle emptied by PIC.