

Food Establishment Inspection Report

Score: 96

Establishment Name: HAMPTON INN BREAKFAST

Establishment ID: 3034012649

Location Address: 235 NORTH CHERRY ST.

Inspection Re-Inspection

City: WINSTON SALEM

State: NC

Date: 11 / 06 / 2019 Status Code: A

Zip: 27101 County: 34 Forsyth

Time In: 07 : 45 am pm Time Out: 10 : 30 am pm

Permittee: WINSTON SALEM HOTEL, INC.

Total Time: 2 hrs 45 minutes

Telephone: (336) 276-1010

Category #: II

Wastewater System: Municipal/Community On-Site System

FDA Establishment Type: Fast Food Restaurant

Water Supply: Municipal/Community On-Site Supply

No. of Risk Factor/Intervention Violations: 3

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. | | | | | | | | |
| IN | OUT | N/A | N/O | Compliance Status | OUT | CDI | R | VR |
| Supervision .2652 | | | | | | | | |
| 1 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | PIC Present; Demonstration-Certification by accredited program and perform duties | 2 | 0 | | |
| Employee Health .2652 | | | | | | | | |
| 2 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Management, employees knowledge; responsibilities & reporting | 3 | 13 | 0 | |
| 3 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Proper use of reporting, restriction & exclusion | 3 | 13 | 0 | |
| Good Hygienic Practices .2652, .2653 | | | | | | | | |
| 4 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Proper eating, tasting, drinking, or tobacco use | 2 | 1 | 0 | |
| 5 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | No discharge from eyes, nose or mouth | 1 | 03 | 0 | |
| Preventing Contamination by Hands .2652, .2653, .2655, .2656 | | | | | | | | |
| 6 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hands clean & properly washed | 4 | 2 | 0 | |
| 7 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | No bare hand contact with RTE foods or pre-approved alternate procedure properly followed | 3 | 13 | 0 | |
| 8 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Handwashing sinks supplied & accessible | 2 | 1 | 0 | |
| Approved Source .2653, .2655 | | | | | | | | |
| 9 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Food obtained from approved source | 2 | 1 | 0 | |
| 10 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Food received at proper temperature | 2 | 1 | 0 | |
| 11 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Food in good condition, safe & unadulterated | 2 | 1 | 0 | |
| 12 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Required records available: shellstock tags, parasite destruction | 2 | 1 | 0 | |
| Protection from Contamination .2653, .2654 | | | | | | | | |
| 13 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Food separated & protected | 3 | 13 | 0 | |
| 14 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Food-contact surfaces: cleaned & sanitized | 3 | 13 | 0 | |
| 15 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Proper disposition of returned, previously served, reconditioned, & unsafe food | 2 | 1 | 0 | |
| Potentially Hazardous Food Time/Temperature .2653 | | | | | | | | |
| 16 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Proper cooking time & temperatures | 3 | 13 | 0 | |
| 17 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Proper reheating procedures for hot holding | 3 | 13 | 0 | |
| 18 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Proper cooling time & temperatures | 3 | 13 | 0 | |
| 19 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Proper hot holding temperatures | 3 | 0 | 0 | |
| 20 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Proper cold holding temperatures | 3 | 0 | 0 | |
| 21 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Proper date marking & disposition | 3 | 13 | 0 | |
| 22 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Time as a public health control: procedures & records | 2 | 1 | 0 | |
| Consumer Advisory .2653 | | | | | | | | |
| 23 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Consumer advisory provided for raw or undercooked foods | 1 | 03 | 0 | |
| Highly Susceptible Populations .2653 | | | | | | | | |
| 24 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Pasteurized foods used; prohibited foods not offered | 3 | 13 | 0 | |
| Chemical .2653, .2657 | | | | | | | | |
| 25 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Food additives: approved & properly used | 1 | 03 | 0 | |
| 26 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Toxic substances properly identified stored, & used | 2 | 1 | 0 | |
| Conformance with Approved Procedures .2653, .2654, .2658 | | | | | | | | |
| 27 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Compliance with variance, specialized process, reduced oxygen packing 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. | | | | | | | | |
| IN | OUT | N/A | N/O | Compliance Status | OUT | CDI | R | VR |
| Safe Food and Water .2653, .2655, .2658 | | | | | | | | |
| 28 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Pasteurized eggs used where required | 1 | 03 | 0 | |
| 29 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Water and ice from approved source | 2 | 1 | 0 | |
| 30 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Variance obtained for specialized processing methods | 1 | 03 | 0 | |
| Food Temperature Control .2653, .2654 | | | | | | | | |
| 31 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Proper cooling methods used; adequate equipment for temperature control | 1 | 03 | 0 | |
| 32 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Plant food properly cooked for hot holding | 1 | 03 | 0 | |
| 33 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Approved thawing methods used | 1 | 03 | 0 | |
| 34 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Thermometers provided & accurate | 1 | 03 | 0 | |
| Food Identification .2653 | | | | | | | | |
| 35 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Food properly labeled: original container | 2 | 1 | 0 | |
| Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657 | | | | | | | | |
| 36 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Insects & rodents not present; no unauthorized animals | 2 | 1 | 0 | |
| 37 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Contamination prevented during food preparation, storage & display | 2 | 0 | 0 | |
| 38 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Personal cleanliness | 1 | 03 | 0 | |
| 39 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Wiping cloths: properly used & stored | 1 | 03 | 0 | |
| 40 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Washing fruits & vegetables | 1 | 03 | 0 | |
| Proper Use of Utensils .2653, .2654 | | | | | | | | |
| 41 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | In-use utensils: properly stored | 1 | 03 | 0 | |
| 42 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Utensils, equipment & linens: properly stored, dried & handled | 1 | 03 | 0 | |
| 43 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Single-use & single-service articles: properly stored & used | 1 | 03 | 0 | |
| 44 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Gloves used properly | 1 | 03 | 0 | |
| Utensils and Equipment .2653, .2654, .2663 | | | | | | | | |
| 45 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed, & used | 2 | 1 | 0 | |
| 46 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Warewashing facilities: installed, maintained, & used; test strips | 1 | 03 | 0 | |
| 47 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Non-food contact surfaces clean | 1 | 03 | 0 | |
| Physical Facilities .2654, .2655, .2656 | | | | | | | | |
| 48 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hot & cold water available; adequate pressure | 2 | 1 | 0 | |
| 49 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Plumbing installed; proper backflow devices | 2 | 1 | 0 | |
| 50 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sewage & waste water properly disposed | 2 | 1 | 0 | |
| 51 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Toilet facilities: properly constructed, supplied & cleaned | 1 | 03 | 0 | |
| 52 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Garbage & refuse properly disposed; facilities maintained | 1 | 03 | 0 | |
| 53 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Physical facilities installed, maintained & clean | 1 | 03 | 0 | |
| 54 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Meets ventilation & lighting requirements; designated areas used | 1 | 03 | 0 | |
| Total Deductions: | | | | | 4 | | | |



Comment Addendum to Food Establishment Inspection Report

Establishment Name: HAMPTON INN BREAKFAST
 Location Address: 235 NORTH CHERRY ST.
 City: WINSTON SALEM State: NC
 County: 34 Forsyth Zip: 27101
 Wastewater System: Municipal/Community On-Site System
 Water Supply: Municipal/Community On-Site System
 Permittee: WINSTON SALEM HOTEL, INC.
 Telephone: (336) 276-1010

Establishment ID: 3034012649
 Inspection Re-Inspection Date: 11/06/2019
 Comment Addendum Attached? Status Code: A
 Water sample taken? Yes No Category #: II
 Email 1: casandra.gonzalez2@hilton.com
 Email 2:
 Email 3:

Temperature Observations

Cold Holding Temperature is now 41 Degrees or less

| Item | Location | Temp | Item | Location | Temp | Item | Location | Temp |
|------------|----------------|------|----------|----------------------|------|------|----------|------|
| hot water | utensil sink | 128 | cheese | reach in cooler | 41 | | | |
| quat | 3 comp sink | 200 | ServSafe | Cassandra G.12-19-22 | 00 | | | |
| plate temp | dishmachine | 170 | | | | | | |
| eggs | hot holding | 115 | | | | | | |
| eggs | reheated | 171 | | | | | | |
| potatoes | hot holding | 152 | | | | | | |
| milk | milk dispenser | 50 | | | | | | |
| cheese | cold holding | 56 | | | | | | |

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.

- 14 4-703.11 Hot Water and Chemical-Methods - P- The utensil sink was set up with wash water in the 1st compartment, sanitizer in the middle compartment and rinse water in the 3rd compartment. Sanitizer was being rinsed off before allowing utensils to air dry. Food contact surfaces shall be sanitized after cleaning and rinsing. Do not rinse off the sanitizer. CDI- sink compartments were refilled correctly. ✓ Spell
- 19 3-501.16 (A)(1) Potentially Hazardous Food (Time/Temperature Control for Safety Food), Hot Holding - P- Eggs at customer self service area measured 115F. Hot foods shall be held at 135F or above at all times. CDI- eggs were reheated to 171F
- 20 3-501.16 (A)(2) and (B) Potentially Hazardous Food (Time/Temperature Control for Safety Food), Cold Holding - P- Shredded cheese at customer self service area measured 56F. Milk in the dispensers measured 50F. Cold foods shall be held at 41F or below at all times. CDI- cheese and milk were discarded. *It is recommended to use TPHC for foods at customer self service area.

Lock Text

Person in Charge (Print & Sign): First Cassandra Last Gonzalez

Regulatory Authority (Print & Sign): First Angie Last Pinyan

Cassandra Gonzalez
Angie Pinyan REHS

REHS ID: 1690 - Pinyan, Angie

Verification Required Date: / /

REHS Contact Phone Number: (336) 703 - 2618



North Carolina Department of Health & Human Services • Division of Public Health • Environmental Health Section • Food Protection Program
 DHHS is an equal opportunity employer.



Comment Addendum to Food Establishment Inspection Report

Establishment Name: HAMPTON INN BREAKFAST

Establishment ID: 3034012649

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.



- 37 3-306.11 Food Display-Preventing Contamination by Consumers - P- At the start of the inspection, the oatmeal hot holding unit at the customer self service area was stored outside the sneezeguard. Foods offered for customer self service shall be packaged or behind a sneezeguard. CDI- Condiments were moved so the oatmeal container could placed behind the sneezeguard.
- 45 4-205.10 Food Equipment, Certification and Classification - C- The milk dispensers at the customer self service area do not have any markings indicating they are ANSI approved. Milk inside the dispenser measured 50F today. Equipment except for toasters, microwaves, hoods, mixers and hot water heaters shall meet ANSI standards or Parts 4-1 and 4-2 of the NC Food Code. Cold holding equipment shall also be capable of maintaining foods at 41F or below at all times.



Comment Addendum to Food Establishment Inspection Report

Establishment Name: HAMPTON INN BREAKFAST

Establishment ID: 3034012649

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.

✓
Spell



Comment Addendum to Food Establishment Inspection Report

Establishment Name: HAMPTON INN BREAKFAST

Establishment ID: 3034012649

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.



Comment Addendum to Food Establishment Inspection Report

Establishment Name: HAMPTON INN BREAKFAST

Establishment ID: 3034012649

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.

✓
Spell

