

Food Establishment Inspection Report

Score: 96.5

Establishment Name: ANCHOR COFFEE CO

Establishment ID: 3034012783

Location Address: 486 NORTH PATTERSON AVENUE SUITE 135

City: WINSTON SALEM State: North Carolina

Zip: 27101 County: 34 Forsyth

Permittee: ANCHOR COFFEE CO., INC.

Telephone: (828) 434-0442

☒ Inspection ☐ Re-Inspection ☐ Educational Visit

Wastewater System:

☒ Municipal/Community ☐ On-Site System

Water Supply:

☒ Municipal/Community ☐ On-Site Supply

Date: 03/18/2024

Status Code: A

Time In: 8:40 AM

Time Out: 9:50 AM

Category#: II

FDA Establishment Type: Full-Service Restaurant

No. of Risk Factor/Intervention Violations: 4

No. of Repeat Risk Factor/Intervention Violations: 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

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"/> IN <input checked="" type="checkbox"/> OUT/N/A	Certified Food Protection Manager	<input checked="" type="checkbox"/>	0	X
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"/> IN <input checked="" type="checkbox"/> OUT/N/A	Handwashing sinks supplied & accessible	2	1	X
Approved Source .2653, .2655					
11	<input checked="" type="checkbox"/> OUT	Food obtained from approved source	2	1	0
12	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	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 <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A/N/O	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"/> IN <input checked="" type="checkbox"/> OUT	Food-contact surfaces: cleaned & sanitized	3	1.5	X
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"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A/N/O	Proper cooking time & temperatures	3	1.5	0
19	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A/N/O	Proper reheating procedures for hot holding	3	1.5	0
20	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A/N/O	Proper cooling time & temperatures	3	1.5	0
21	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> 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"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A/N/O	Proper date marking & disposition	3	0	X
24	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A/N/O	Time as a Public Health Control; procedures & records	3	1.5	0
Consumer Advisory .2653					
25	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Consumer advisory provided for raw/undercooked foods	1	0.5	0
Highly Susceptible Populations .2653					
26	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Pasteurized foods used; prohibited foods not offered	3	1.5	0
Chemical .2653, .2657					
27	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	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 <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	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 <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	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 <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Variance obtained for specialized processing methods	2	1	0
Food Temperature Control .2653, .2654					
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 <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Plant food properly cooked for hot holding	1	0.5	0
35	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> 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"/> 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
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"/> IN <input checked="" type="checkbox"/> OUT	Utensils, equipment & linens: properly stored, dried & handled	1	0.5	X
45	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Single-use & single-service articles: properly stored & used	1	0.5	X
46	<input checked="" type="checkbox"/> OUT	Gloves used properly	1	0.5	0
Utensils and Equipment .2653, .2654, .2663					
47	<input checked="" type="checkbox"/> OUT	Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed & used	1	0.5	0
48	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Warewashing facilities: installed, maintained & used; test strips	X	0.5	0
49	<input checked="" type="checkbox"/> OUT	Non-food contact surfaces clean	1	0.5	0
Physical Facilities .2654, .2655, .2656					
50	<input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> OUT	Physical facilities installed, maintained & clean	1	0.5	X
56	<input checked="" type="checkbox"/> OUT	Meets ventilation & lighting requirements; designated areas used	1	0.5	0
TOTAL DEDUCTIONS:					3.5



Comment Addendum to Food Establishment Inspection Report

Establishment Name: ANCHOR COFFEE CO

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Location Address: 486 NORTH PATTERSON AVENUE SUITE 135

☒ Inspection ☐ Re-Inspection Date: 03/18/2024

City: WINSTON SALEM State: NC

☐ Educational Visit

Status Code: A

County: 34 Forsyth Zip: 27101

Comment Addendum Attached? ☒

Category #: II

Wastewater System: ☒ Municipal/Community ☐ On-Site System

Email 1: greg@anchorcoffeeco.com

Water Supply: ☒ Municipal/Community ☐ On-Site System

Email 2:

Permittee: ANCHOR COFFE CO., INC.

Email 3:

Telephone: (828) 434-0442

Temperature Observations

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
hot water/3 comp sink	128				
lactic acid sanitizer/3 comp sink	700				
hot water rinse/dish machine	160				
cream cheese/glass door cooler	40				
milk/milk cooler	40				
butter/2 door reach in	39				
muenster cheese/make unit	41				
ham/reach in make unit	38				
butter/upright cooler	38				

Person in Charge (Print & Sign): *First*

Last

Regulatory Authority (Print & Sign): *First*
Lauren

Last
Pleasants

TD

Lauren Pleasants

REHS ID: 2809 - Pleasants, Lauren

Verification Dates: Priority:

Priority Foundation:

Core:

REHS Contact Phone Number: (336) 703-3144

Authorize final report to
be received via Email:



North Carolina Department of Health & Human Services

Page 2 of **Division of Public Health** **Environmental Health Section**
DHHS is an equal opportunity employer.
Food Establishment Inspection Report, 12/2023

Food Protection Program



Comment Addendum to Inspection Report

Establishment Name: ANCHOR COFFEE CO

Establishment ID: 3034012783

Date: 03/18/2024 **Time In:** 8:40 AM **Time Out:** 9:50 AM

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.

- 2 2-102.12 (A) Certified Food Protection Manager (C) -REPEAT- No CFPM present during the inspection. The person in charge shall be a certified food protection manager who has shown proficiency of required information through passing a test that is part of an accredited program.
- 10 6-301.12 Hand Drying Provision (Pf) - The paper towel dispenser in the dish area was jammed and there were no paper towels available. Each handwashing sink shall be supplied with disposable towels or an approved hand-drying device. CDI- Dispenser was repaired.
- 16 4-601.11 (A) Equipment, Food-Contact Surfaces, Nonfood Contact Surfaces, and Utensils (Pf) - The cutting board on the make unit was soiled and had not been used today. Food-contact surfaces shall be clean to sight and touch. CDI- Cutting board placed at the 3 compartment sink to be cleaned.

4-602.12 Cooking and Baking Equipment (C) - The microwave was soiled inside. Microwave oven cavities and doors shall be cleaned at least every 24 hours.
- 23 3-501.18 Ready-To-Eat Time / Temperature Control for Safety Food, Disposition (P) - Two sandwiches in the front glass cooler were dated 3/11. One large container of ham in the sandwich unit did not have a date mark and employees were not sure when it was sliced. Time/temperature control for safety food (TCS) shall be discarded if it exceeds 7 days at 41F, if it is lacking a date mark, or if it is incorrectly dated. CDI- Foods were voluntarily discarded.
- 44 4-903.11 (A), (B), and (D) Equipment, Utensils, Linens and Single-Service and Single-Use Articles Storing (C) - Two cutting boards were stored behind the faucets at the sandwich prep sink. Clean utensils shall be stored in a clean, dry location, where they are not exposed to splash, dust, or other contamination, and at least 6 inches off the floor.
- 45 4-903.11 (A) and (C) Equipment, Utensils, Linens and Single-Service and Single-Use Articles - Storing (C) - Two boxes of cups stored on the floor. Single-service and single-use articles shall be stored at least 6 inches off the floor, and in a clean, dry location where they are not exposed to splash, dust, or other contamination.
- 48 4-501.14 Warewashing Equipment, Cleaning Frequency (C) - REPEAT- The 3 compartment sink was soiled on drainboards and in basins with buildup. The dish machine was soiled inside. Cleaning needed in the prep sink to the left of the 3 compartment sink. Components of warewashing machines and equipment used for washing and rinsing equipment, utensils, or raw foods, and drainboards 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.
- 55 6-501.12 Cleaning, Frequency and Restrictions (C) - The floor drain needs cleaning underneath the 3 compartment sink. Physical facilities shall be maintained clean.