



Retail Food Establishment Inspection Report

| Facility Information | | Audit Information | |
|---|----------------------------------|--------------------|---|
| Permit Number: | 01-206-00934 | Audit Name: | Retail Food Establishment Inspection Report |
| Facility Name: | IRENE'S OF DUE WEST | Audit Type: | 15_Follow-Up Inspection |
| Address: | 201 MAIN ST | Start Date: | 18 Aug 2016 10:00 AM |
| Facility Service (Full/Limited): | F | End Date: | 18 Aug 2016 10:32 AM |
| City/State/Zip: | DUE WEST, SC 296390000 ABBEVILLE | Inspector: | Jessica Jaynes |
| Contact Name: | Greg Fant | | |

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|----------------------|
| Overall Score |
| 96% |

Foodborne Illness Risk Factors & Interventions and Good Retail Practices

| Item | Answer | Points Current | Points to Total |
|---|----------------|----------------|-----------------|
| 1. PIC Present, Demonstration - Certification by accredited program, and Performs duties. Comments <ul style="list-style-type: none"> • 2-102.12 - Certified Food Protection Manager <i>The facility does not have a certified food protection manager.</i> | Out | 0 | 2 |
| 2. Management and food employee knowledge, and conditional employee; responsibilities and reporting. Comments <ul style="list-style-type: none"> • 2-103.11(O) - Policy / References observed for employee health exclusion, restriction and reinstatement. | In | 2 | 2 |
| 3. Proper use of reporting, restriction and exclusion | In | 2 | 2 |
| 4. Proper eating, tasting, drinking, or tobacco use | In | 2 | 2 |
| 5. No discharge from eyes, nose, and mouth | In | 2 | 2 |
| 6. Hands clean and properly washed | In | 4 | 4 |
| 7. No bare hand contact with RTE foods | Not Observed | 3 | 3 |
| 8. Handwashing sinks, properly supplied and accessible | In | 2 | 2 |
| 9. Food obtained from approved source | In | 2 | 2 |
| 10. Food received at proper temperature | Not Observed | 2 | 2 |
| 11. Food in good condition, safe and unadulterated | In | 2 | 2 |
| 12. Required records available: shellstock tags, parasite destruction | Not Applicable | 2 | 2 |
| 13. Food separated and protected | In | 3 | 3 |
| 14. Food-contact surfaces: cleaned and sanitized | In | 3 | 3 |
| 15. Proper disposition of returned, previously served, reconditioned, and unsafe food | In | 2 | 2 |
| 16. Proper cooking time and temperatures | Not Observed | 3 | 3 |
| 17. Proper reheating procedures for hot holding | Not Observed | 3 | 3 |
| 18. Proper cooling time and temperatures | Not Observed | 3 | 3 |

| | | | |
|---|----------------|---|---|
| 19. Proper hot holding temperatures | Not Observed | 3 | 3 |
| 20. Proper cold holding temperatures | In | 3 | 3 |
| Comments | | | |
| <ul style="list-style-type: none"> Non-Violation Notes <i>Kitchen/walk-in cooler: pineapple 38 F, raw chicken 40 F. Kitchen/seafood prep cooler: shrimp 40 F, fish 34 F, milk batter 40 F, chicken 40 F, chicken wings (bottom of cooler) 40 F.</i> | | | |
| 21. Proper date marking and disposition | In | 3 | 3 |
| 22. Time as a Public Health Control: procedures and records | Not Applicable | 2 | 2 |
| 23. Consumer advisory provided for raw or undercooked foods | Not Applicable | 1 | 1 |
| 24. Pasteurized foods used; prohibited foods not offered | Not Applicable | 2 | 2 |
| 25. Food additives: approved and properly used | Not Applicable | 2 | 2 |
| 26. Toxic substances properly identified, stored, and used | In | 2 | 2 |
| 27. Compliance with variance, specialized process, reduced oxygen packaging criteria or HACCP plan | Not Applicable | 2 | 2 |
| 28. Pasteurized eggs used where required | Not Applicable | 1 | 1 |
| 29. Water and ice from approved source | In | 2 | 2 |
| 30. Variance obtained for specialized processing methods | Not Applicable | 1 | 1 |
| 31. Proper cooling methods used; adequate equipment for temperature control | In | 1 | 1 |
| 32. Plant food properly cooked for hot holding | Not Observed | 1 | 1 |
| 33. Approved thawing methods used | In | 1 | 1 |
| 34. Thermometers provided and accurate | In | 1 | 1 |
| 35. Food properly labeled: original container | In | 1 | 1 |
| 36. Insects and rodents not present; no unauthorized animals | Out | 0 | 2 |
| Comments | | | |
| <ul style="list-style-type: none"> ** Consecutive Violation ** 6-501.111 - Controlling Pests (Priority Foundation Violation) <i>Live roaches found in the mop sink room. Not corrected - verification required</i> Non-Violation Notes <i>Facility has had pest control (Orkin), receipts have been viewed during the inspections. A reduction in the number of pests has been observed. A 60 day inspection will be set per standard operating procedures.</i> | | | |
| 37. Contamination prevented during food preparation, storage and display | In | 2 | 2 |
| 38. Personal cleanliness | In | 2 | 2 |
| 39. Wiping cloths: properly used and stored | In | 1 | 1 |
| 40. Washing fruits and vegetables | In | 1 | 1 |
| 41. In-use utensils: properly stored | In | 1 | 1 |
| 42. Utensils, equipment and linens: properly stored, dried & handled | In | 1 | 1 |
| 43. Single-use and single-service articles; properly stored and used | In | 1 | 1 |
| 44. Gloves used properly | In | 1 | 1 |
| 45. Equipment, food and non-food-contact surfaces approved; cleanable, properly designed, constructed and used | In | 2 | 2 |
| 46. Warewashing facilities: installed, maintained and used; test strips | In | 1 | 1 |
| 47. Non-food-contact surfaces clean | In | 1 | 1 |
| 48. Hot and cold water available; adequate pressure | In | 2 | 2 |
| 49. Plumbing installed; proper backflow devices | In | 2 | 2 |
| 50. Sewage and waste water properly disposed | In | 2 | 2 |
| 51. Toilet facilities: properly constructed, supplied and cleaned | In | 1 | 1 |
| 52. Garbage and refuse properly disposed; facilities maintained | In | 1 | 1 |
| 53. Physical facilities installed, maintained and clean | In | 1 | 1 |

| | | | |
|---|----|-----------|------------|
| 54. Meets ventilation and lighting requirements; designated areas used | In | 1 | 1 |
| 55. Chapter 8 - Meets all requirements of Chapter 8: Compliance & Enforcement | In | 0 | 0 |
| 56. Chapter 9 - Meets all applicable requirements of Chapter 9: Standards for Additional Operations | In | 1 | 1 |
| Totals | | 96 | 100 |

Temperature Observations

| Item | Answer | Points Current | Points to Total |
|---|--------|----------------|-----------------|
| PRODUCT, PROCESS, LOCATION AND TEMPERATURE - Documented Comments • All temperatures are recorded at Item#. | Yes | | |
| Totals | | | |

Inspection Report Information

| Comments: Please correct item #36 by your next routine inspection. | | | |
|---|--|----------------|-----------------|
| Item | Answer | Points Current | Points to Total |
| Facility Category | Category 3 | | |
| Grade Posted | A | | |
| Is a Follow-Up required within 10 days? | No | | |
| DHEC Contact Phone and Fax Number. | Upstate EQC Anderson - (864)260-5585 Fax- (864)222-3923 | | |
| Violations may be subject to enforcement action and penalty. Information collected on this form is subject to public scrutiny or release as well as the Freedom of Information Act. For fact sheets, the regulation, and additional information, please see www.scdhec.gov/food . | Notification | 0 | 0 |
| Totals | | | |

Auditor Signature: Jessica Jaynes



Account Signature: Greg Fant

