

Food Establishment Inspection Report

Score: 96

Establishment Name: MAD GREEK GRILL

Establishment ID: 3034012440

Location Address: 708 HIGHWAY 66 SOUTH

City: KERNERSVILLE State: North Carolina

Zip: 27284 County: 34 Forsyth

Permittee: TEAK INC.

Telephone: (336) 992-1600

Inspection Re-Inspection Educational Visit

Wastewater System:

Municipal/Community On-Site System

Water Supply:

Municipal/Community On-Site Supply

Date: 03/20/2024 Status Code: A

Time In: 10:15 AM Time Out: 12:35 PM

Category#: IV

FDA Establishment Type: Full-Service Restaurant

No. of Risk Factor/Intervention Violations: 2

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 <input type="checkbox"/> N/A	PIC Present, demonstrates knowledge, & performs duties	1	0	
2	<input checked="" type="checkbox"/> IN <input type="checkbox"/> N/A	Certified Food Protection Manager	<input checked="" type="checkbox"/>	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 <input type="checkbox"/> N/A <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input 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 type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	Required records available: shellstock tags, parasite destruction	2	1	0
Protection from Contamination .2653, .2654					
15	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> 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"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Proper cooking time & temperatures	3	1.5	0
19	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Proper reheating procedures for hot holding	3	1.5	0
20	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Proper cooling time & temperatures	3	1.5	0
21	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Proper hot holding temperatures	3	1.5	0
22	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Proper cold holding temperatures	3	1.5	0
23	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Proper date marking & disposition	3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
24	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	Time as a Public Health Control; procedures & records	3	1.5	0
Consumer Advisory .2653					
25	<input checked="" type="checkbox"/> IN <input 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 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 type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Food additives: approved & properly used	1	0.5	0
28	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> 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 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 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 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 type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Plant food properly cooked for hot holding	1	0.5	0
35	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input 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"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Food properly labeled: original container	2	1	<input checked="" type="checkbox"/>
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 <input type="checkbox"/> 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 <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed & used	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
48	<input checked="" type="checkbox"/> OUT	Warewashing facilities: installed, maintained & used; test strips	1	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 type="checkbox"/> N/A	Hot & cold water available; adequate pressure	1	0.5	0
51	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Plumbing installed; proper backflow devices	2	1	<input checked="" type="checkbox"/>
52	<input checked="" type="checkbox"/> OUT	Sewage & wastewater properly disposed	2	1	0
53	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Toilet facilities: properly constructed, supplied & cleaned	1	0.5	0
54	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Garbage & refuse properly disposed; facilities maintained	1	0.5	<input checked="" type="checkbox"/>
55	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Physical facilities installed, maintained & clean	<input checked="" type="checkbox"/>	0.5	<input checked="" type="checkbox"/>
56	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Meets ventilation & lighting requirements; designated areas used	1	0.5	<input checked="" type="checkbox"/>
TOTAL DEDUCTIONS: 4					



Comment Addendum to Food Establishment Inspection Report

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 Wastewater System: Municipal/Community On-Site System
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 Permittee: TEAK INC.
 Telephone: (336) 992-1600

Establishment ID: 3034012440
 Inspection Re-Inspection Date: 03/20/2024
 Educational Visit Status Code: A
 Comment Addendum Attached? Category #: IV
 Email 1: tkazakos13@gmail.com
 Email 2:
 Email 3:

Temperature Observations

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Meatballs/reheat	203.0				
Green Beans/reheat	206.0				
Domaldes/salad make-unit	38.0				
Turkey/salad make-unit	36.0				
Feta/salad make-unit	41.0				
Lettuce/salad make-unit	41.0				
Diced Tomatoes /sandwich station	35.0				
Sliced Tomatoes/sandwich station	36.0				
Tzatziki Sauce/sandwich station	40.0				
Lettuce/sandwich station	40.0				
Lasagna/walk-in cooler	40.0				
Rice/walk-in cooler	41.0				
Greek Chicken/walk-in cooler	41.0				
Feta/walk-in cooler	40.0				
Marinara/walk-in cooler	40.0				
C. Sani/dish machine	100.0				
Sink and Surface Sani/3-compartment sink	242.0				
Hot Water/3-compartment sink	143.0				

First
 Person in Charge (Print & Sign): Theodore

Last
 Kazakos



First
 Regulatory Authority (Print & Sign): Victoria

Last
 Murphy



REHS ID: 2795 - Murphy, Victoria Verification Dates: Priority: _____ Priority Foundation: _____ Core: _____

REHS Contact Phone Number: (336) 703-3814 Authorize final report to be received via Email: _____

Comment Addendum to Inspection Report

Establishment Name: MAD GREEK GRILL

Establishment ID: 3034012440

Date: 03/20/2024 **Time In:** 10:15 AM **Time Out:** 12:35 PM

Certifications

Name	Certificate #	Type	Issue Date	Expiration Date
Theodore Kazakos	23945185	Food Service	05/09/2023	05/09/2028

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: There is no certified food protection manager on duty at the start of the inspection. (A) 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.

- 23 3-501.18 Ready-To-Eat Time / Temperature Control for Safety Food, Disposition-P: Several containers of sliced deli ham were labeled with the date 3/8. After conversation with the PIC, it was stated that the ham was sliced on 3/8/24 and was never frozen. (A) A food specified in 3-501.17(A) or (B) shall be discarded if it: (1) Exceeds the temperature and time combination specified in 3-501.17(A), except time that the product is frozen. CDI: The ham was discarded and education was given.

- 37 3-302.12 Food Storage Containers Identified with Common Name of Food-C: Several squeeze bottles holding oil and water did not have labels in the grill station/label condiments at the dining table. Except for containers holding food that can be readily and unmistakably recognized such as dry pasta, working containers holding food or food ingredients that are removed from their original packages for use in the food establishment, such as cooking oils, flour, herbs, potato flakes, salt, spices, and sugar shall be identified with the common name of the food.

- 47 4-501.11 Good Repair and Proper Adjustment - Equipment-REPEAT-C: Shelving is rusting above the 3-compartment and inside the upright cooler/readjust door latch on the walk-in cooler to ensure that is properly closes/tongs are being used to keep the oven door close, repair oven door to properly close. Equipment shall be kept in good repair. *left at half credit due to replacement of equipment from the previous inspection per the PIC*

- 51 5-205.15 System Maintained in Good Repair-C: A leak was observed at the pipe of the 3-compartment sink faucet. A plumbing system shall be maintained in good repair.

- 54 5-501.113 Covering Receptacles-C: The dumpster door was observed open. Receptacles and waste handling units for refuse, recyclables, and returnables shall be kept covered.

- 55 6-501.11 Repairing - Premises, Structures, Attachments, and Fixtures - Methods-C: Recaulk toilet in men's restroom/repair or replace cracked wall tiles/plug holes in wall above hot holding unit. Physical facilities shall be maintained in good repair.//6-501.12 Cleaning, Frequency and Restrictions-REPEAT-C: Minor wall cleaning is needed on walls throughout the facility. Physical facilities shall be cleaned as often as necessary to keep them clean.

- 56 6-303.11 Intensity - Lighting-C: Replace the light in the walk-in freezer. The light intensity shall be: (A) At least 108 lux (10 foot candles) at a distance of 75 cm (30 inches) above the floor, in walk-in refrigeration units and dry food storage areas and in other areas and rooms during periods of cleaning.