## Food Establishment Inspection Report

Establishment Name: QUALITY MART #39

Date: <u>Ø 5</u> / <u>Ø 8</u> / <u>2 Ø 1 3</u> Status Code: A					
Time In: $\emptyset \ 2 : \emptyset \ \emptyset \ \otimes \ pm$ Time Out: $\emptyset \ 3 : 15 \ \otimes \ pm$					
Total Time: 1 hr 15 minutes	S				
Category #: _II					
Establishment Type:					

#### Instructions:

1. Fill in the information below for the Food Establishment:

Location Address: 3130 PETERS CREEK PARKWAY						
City: WINSTON SALEM						
State: NC Zip: 27103						
County: 34 Forsyth						
Permittee: QUALITY OIL COMPANY LLC						
Telephone:_(336) 784-8134						
⊗Inspection						
○Re-Inspection						
Wastewater System:						
⊗Municipal/Community						
○On-Site System						
Water Supply: ⊗Municipal/Community ○On-Site System						

2. Click/fill the appropriate circle For "IN, OUT, N/A, N/O".

IN= In Compliance, OUT= Not in compliance N/O=Not Observed, N/A= Not Applicable

3. Click/check the appropriate Boxes for CDI and/or R, VR.

CDI= Corrected During Inspection R= Repeat Violation VR= Verification Required

4. Continue to page 2 for "Good Retail Practices".

North Carolina Department of Health & Human Services ● Division of Public Health Environmental Health Section • Food Protection Program

### Food Establishment Inspection Report, 7/2012

Establishment ID: 3034011274

#### Foodborne Illness Risk Factors and Public Health Interventions

Score: 95.5

Risk factors: Contributing factors that increase the chance of developing foodborne illness.

Risk factors: Contributing factors that increase the chance of developing foodborne illness.  Public Health Interventions: Control measures to prevent foodborne illness or injury.							
Со	mplianc	e Statu	s	OUT	CDI	R	VR
Su	pervisio		.2652				
1	O &		PIC Present; Demonstration-Certification by accredited program and perform duties	○ <b>⊗</b> 2 0	0	0	0
Em	ployee						
2		⊗ OUT	Management, employees knowledge; responsibilities & reporting	○ ○ <b>⊗</b> 3 1.5 0	8	0	0
3	⊗ IN	OUT	Proper use of reporting, restriction & exclusion	○ ○ ○ 3 1.5 0	0	0	0
Go	od Hyg	ienic P	Practices .2652, .2653				
4		OUT	Proper eating, tasting, drinking, or tobacco use	O O O 2 1 0	0	0	0
5	IN	OUT	No discharge from eyes, nose, and mouth	0 0 0 1 0.5 0	0	0	0
Pre		_	amination by Hands .2652, .2653, .2655, .265				
6	⊗ IN	OUT	Hands clean & properly washed	0 0 0 4 2 0	0	0	0
7	⊗ C IN OU	T N/O	No bare hand contact with RTE foods or pre-approved alternate procedure properly allowed	○ ○ ○ 3 1.5 0	0	0	0
8	O <sub>IN</sub>	⊗ OUT	Handwashing sinks supplied & accessible	○ <b>⊗</b> ○ 2 1 0	0	0	0
Ap	proved		e .2653, .2655				
9		OUT	Food obtained from approved source	$ \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc $ 2 1 0	0	0	0
10		T N/O	Food received at proper temperature	$ \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc $ 2 1 0	0	0	0
11		OUT	Food in good condition, safe & unadulterated	$ \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc $ 2 1 0	0	0	0
12	O O (		Required records available: shellstock tags, parasite destruction	$ \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc $ 2 1 0	0	0	0
Protection from Contamination .2653, .2654							
13	⊗ ○ I TUO NI	○	Food separated & protected	○ ○ ○ 3 1.5 0	0	0	0
14	⊗ IN	OUT	Food-contact surfaces: cleaned & sanitized	○ ○ ○ 3 1.5 0	0	0	0
15	⊗ IN	OUT	Proper disposition of returned, previously served, reconditioned, & unsafe food	○ ○ ○ 2 1 0	0	0	0
Po			rdous Food TIme/Temperature .2653	-			
16	IN OUT N		Proper cooking time & temperatures	0 0 0 3 1.5 0	0	0	0
17	IN OUT N		Proper reheating procedures for hot holding	○ ○ ○ 3 1.5 0	0	0	0
18	IN OUT N		Proper cooling time & temperatures	○ ○ ○ 3 1.5 0	0	0	0
19	IN OUT N		Proper hot holding temperatures	○ ○ ○ 3 1.5 0	0	0	0
20	IN OUT N		Proper cold holding temperatures	0 0 0 3 1.5 0	0	0	0
21	IN OUT N		Proper date marking & disposition	○ ○ <b>⊗</b> 3 1.5 0	8	0	0
22	O O (		Time as a public health control: procedures & records	$ \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc $ 2 1 0	0	0	0
Со	nsumer		,				
23	IN OU	T N/A	Consumer advisory provided for raw or undercooked foods	1 0.5 0	0	0	0
Hiç		-	ple Populations .2653				
24	IN OU		Pasteurized foods used; prohibited foods not offered	3 1.5 0	0	0	0
	emical		.2653, .2657				
25	IN OU	T N/A	Food additives: approved & properly used	1 0.5 0	0	0	0
26	IN OU	T N/A	Toxic substances properly identified stored, & used	<b>8</b> () () 2 1 0	0	8	0
Со	nforma	_	th Approved Procedures .2653, .2654,	.2658			
27	IN OU	) <b>⊗</b>  T N/A	Compliance with variance, specialized process, reduced oxygen packing criteria or HACCP plan	2 1 0	0	0	0

### Food Establishment Inspection Report, continued

Establishment Name: QUALITY MART #39 Establishment ID: 3034011274

Instri	ictions	continue	u.
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5. Click the appropriate circle to fill-in for "IN, OUT, N/A, N/O".

IN= In Compliance, OUT= Not in compliance N/O=Not Observed, N/A= Not Applicable

- Click or check the appropriate boxes for CDI and/or R, VR CDI= Corrected during Inspection R= Repeat Violation VR= Verification Required Calculate the "Total Deductions" and record.
- 7. Sign and complete "Signature Block".
- 8. Fill in "No. Of Risk Factor Intervention Violations" and "No. of Repeat Risk Factor Intervention Violations".
- 9. Continue to page 3 for "Comment Addendum to Food Establishment Inspection Report".

Signature Block:

First
Cynthia Grant

Person in Charge (Print)

Person in Charge (Signature)

First Last

Scott

Steed

Last

Regulatory Authority (Print)

Lett Steel ZELS
Regulatory Authority (Signature)

Contact Number: (336)703-3141

Verification Required Date: \_\_\_/ \_\_\_/

REHS ID: 1801 - Steed, Scott

No. of Risk Factor/ Intervention Violations: \_\_\_\_\_ No. of Repeat Risk Factor/Intervention Violations: \_\_\_\_\_

	Good Retail Practices								
	Preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.								
Co	mplian	ce Statu	ıs	OUT	CDI	R	VR		
Sa	Safe Food and Water .2653, .2655, .2658								
28	⊗ IN	OUT	Pasteurized eggs used where required	1 0.5 0	0	0	0		
29	⊗ IN	OUT	Water and ice from approved source	0 0 0 2 1 0	0	0	0		
30		O & UT N/A	Variance obtained for specialized processing methods	0 0 0	0	0	0		
Fo		•	ıre Control .2653, .2654						
31	IN	OUT	Proper cooling methods used; adequate equipment for temperature control	1 0.5 0	0	0	0		
32	⊗ O IN OUT	O O	Plant food properly cooked for hot holding	1 0.5 0	0	0	0		
33	⊗ ○ IN OUT	O O N/A N/O	Approved thawing methods used	0 0 0	0	0	0		
34	⊗ IN	OUT	Thermometers provided & accurate	0 0 0	0	0	0		
Fo	-	ntificati	ion .2653						
35	⊗ IN	OUT	Food properly labeled: original container	2 1 0	0	0	0		
Pr		_	ood Contamination .2652, .2653, .2654, .265						
36	IN	OUT	Insects & rodents not present; no unauthorized animals	2 1 0	0	0	0		
37	⊗ IN	OUT	Contamination prevented during food preparation, storage & display	0 0 0 2 1 0	0	0	0		
38	⊗ IN	OUT	Personal cleanliness	0 0 0	0	0	0		
39	O IN	⊗ OUT	Wiping cloths: properly used & stored	○ ○ <b>⊗</b> 1 0.5 0	0	0	0		
40	⊗ IN	TUO TUO	Washing fruits & vegetables	0 0 0	0	0	0		
Pr	•	se of U	tensils .2653, .2654						
41	⊗ IN	OUT	In-use utensils: properly stored	0 0 0	0	0	0		
42	⊗ IN	OUT	Utensils, equipment & linens: properly stored, dried & handled	0 0 0	0	0	0		
43	O IN	⊗ OUT	Single-use & single-service articles: properly stored & used	○ <b>⊗</b> ○ 1 0.5 0	0	0	0		
44	⊗ IN	OUT	Gloves used properly	0 0 0	0	0	0		
Ut			uipment .2653, .2654, .2663						
45	IN	OUT	Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed, & used	2 1 0	0	0	0		
46	O IN	⊗ OUT	Warewashing facilities: installed, maintained, & used; test strips	O <b>8</b> O 1 0.5 0	0	0	0		
47	O IN	⊗ OUT	Non-food contact surfaces clean	O <b>8</b> O 1 0.5 0	0	0	0		
Physical Facilities .2654, .2655, .2656									
48	⊗ IN	OUT	Hot & cold water available; adequate pressure	$\begin{array}{c c} \bigcirc \bigcirc \bigcirc \bigcirc \\ 2 & 1 & 0 \end{array}$	0	0	0		
49	⊗ IN	OUT	Plumbing installed; proper backflow devices	O O O 2 1 0	0	0	0		
50	⊗ IN	OUT	Sewage & waste water properly disposed	0 0 0 2 1 0	0	0	0		
51	O IN	⊗ OUT	Toilet facilities: properly constructed, supplied & cleaned	○ ○ <b>⊗</b> 1 0.5 0	0	0	0		
52	⊗ IN	OUT	Garbage & refuse properly disposed; facilities maintained	0 0 0 1 0.5 0	0	0	0		
53	⊗ IN	OUT	Physical facilities installed, maintained & clean	0 0 0 1 0.5 0	0	0	0		
54	⊗ IN	OUT	Meets ventilation & lighting requirements; designated areas used	0 0 0 1 0.5 0	0	0	0		
			Total Deductions:	4.5					
			North Carolina Department of Health & Human Services						

North Carolina Department of Health & Human Services ● Division of Public Health
Environmental Health Section ● Food Protection Program

# Comment Addendum to Food Establishment Inspection Report

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Establishment Name: QUALITY MART #39	Establishment ID: 30340112	274 Date: 05/08/2013
Location Address: 3130 PETERS CREEK PARKWAY		Status Code: A
City: WINSTON SALEM State: NC		Category #:I
County: <u>34 Forsyth</u> Zip: <u>27103</u>		Email 1: qm0039@qocnc.com
Wastewater System: ⊗ Municipal/Community ○ On-Site System Water Supply: ⊗ Municipal/Community ○ On-Site System		Email 2:
Permittee: QUALITY OIL COMPANY LLC		Email 3:
Telephone: (336) 784-8134		

Temperature Observations								
Item Sausage	Location roller grill	Temp 156	Item hot dogs	Location 2 door fridge	Temp 36	Item	Location	Temp
hot dogs	roller grill	158	tornados	2 door fridge	35			
tornados	roller grill	137	corn dogs	2 door fridge	35			
corn dogs	warming cabinet	149	slaw	2 door fridge	36			
sauerkraut	sandwich unit	39	chili	2 door fridge	34			
slaw	sandwich unit	33						
chili	steam unit	169						
sausage dogs	2 door fridge	37						

#### **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.

1	A person in charge that has passed an approved food manager's safety course must be present during all hours of operation.	Two points will
	begin being deducted on 1/1/2014 if this requirement is not met.	

2 An employee health policy agreement must be in place and each employee must be informed and aware of the policy requirements.

- The soap and towels at the hand washing sink would not dispense when I arrived. Soap and towels must be available and accessible at all times.
- All potentially hazardous, ready to eat foods that are kept for more than 24 hours must be properly date marked. If refrigeration equipment that is holding temperatures of 41°F or below, items may be marked and kept for up to 7 days. If refrigeration is holding temperatures at 41-45°F, items may be kept up to 4 days.



Establishment Name: QUALITY MART #39	Establishment ID: 3034011274
	nd Corrective Actions ne frames below, or as stated in sections 8-405.11 of the food code.
A bottle of chlorine was unlabled. A chemical spray bottles must be	
Wining ploths that are used for wining down equipment and surface	and must be maintained in conitizer at the appropriate atrangth at all times
Additionally, the containers may not be stored on the floor.	ces must be maintained in sanitizer at the appropriate strength at all times.
Single use cups are being stored in the unapproved storage build	ing. Keep all single use items stored in approved locations only.
The wash and rinse comparmtents of the three compartment sink	are cracking along the front edge and must be repaired.
	3 · · · · · · · · · · · · · · · · · · ·
Cleaning is needed on the inside of the 2 door refrigerator.	
A covered trash receptacle is needed in the women's restroom.	



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