# Food Establishment Inspection Report

Establishment Name: STARBUCK S COFFEE 8517

Date: <u>Ø 5</u> / <u>Ø 3</u> / <u>2 Ø 1 3</u> Status Code: A	<b>A</b>	Food
_	_	

Time In:  $\underline{10}$  :  $\underline{000}$   $\overset{\otimes}{\bigcirc}$  am  $\overset{\otimes}{\bigcirc}$  Time Out:  $\underline{11}$  :  $\underline{15}$   $\overset{\otimes}{\bigcirc}$  pm

Total Time: 1 hr 15 minutes

Establishment Type: \_

Lotabilotimorit Typo:

#### Instructions:

Category #: II

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

Location Address: 11 OAKWOOD DR						
City: WINSTON SALEM						
State: NC Zip: 27103						
County: 34 Forsyth						
Permittee: STARBUCK S COFFEE COMPANY						
Telephone: ⊗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

### Page 1 of \_\_\_\_\_ Food Establishment Inspection Report, 7/2012

Establishment ID: 3034011483

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

Score: 98

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

Public Health Interventions: Control measures to prevent foodborne illness or injury.

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

### Food Establishment Inspection Report, continued

Establishment Name: STARBUCK S COFFEE 8517 Establishment ID: 3034011483

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 Shannon

Last

Robbins

Person in Charge (Print)

Snannan Kowal ng-Person in Charge (Signature)

Scott

First

Last Steed

Regulatory Authority (Print)

Secon Steel 2018
Regulatory Authority (Signature)

Contact Number: (<u>336</u>) <u>703-3141</u>

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	omplian	ce Statu		OUT	CDI	R	VR		
Sa	fe Foo	d and V	Vater .2653, .2655, .2658						
28	⊗ IN	OUT	Pasteurized eggs used where required	0 0 0		0	0		
29	⊗ IN	OUT	Water and ice from approved source			0	0		
30	30 NOUT N/A Variance obtained for specialized processing methods 0.5 0 0 0								
Fo	_	mperatu	re Control .2653, .2654						
31	IN	OUT	Proper cooling methods used; adequate equipment for temperature control	1 0.5	5 0	0	0		
32	O O	⊗ ○ FN/A N/O	Plant food properly cooked for hot holding	1 0.5	3 0	0	0		
33	⊗ ○ IN OUT	O O N/A N/O	Approved thawing methods used	1 0.5	$\frac{3}{3}$	0	0		
34	⊗ IN	OUT	Thermometers provided & accurate	0 0 0	30	0	0		
Fo	_	ntificati	ion .2653			ı			
35	⊗ IN	OUT	Food properly labeled: original container			0	0		
Pr		_	ood Contamination .2652, .2653, .2654, .265		$\overline{}$	ı			
36	IN	OUT	Insects & rodents not present; no unauthorized animals	2 1		0	0		
37	IN	OUT	Contamination prevented during food preparation, storage & display	2 1		0	0		
38	IN	OUT	Personal cleanliness	1 0.5	_	0	0		
39	O IN	⊗ OUT	Wiping cloths: properly used & stored	0 0 0		0	0		
40	⊗ IN	OUT	Washing fruits & vegetables	0 0 0		0	0		
Pr		se of U	tensils .2653, .2654			1			
41	IN	OUT	In-use utensils: properly stored	1 0.5		0	0		
42	⊗ IN	OUT	Utensils, equipment & linens: properly stored, dried & handled	1 0.5	5 0	0	0		
43	IN	⊗ OUT	Single-use & single-service articles: properly stored & used	1 0.5	_	8	0		
44	10.50						0		
Ut			uipment .2653, .2654, .2663		2	ı			
45	IN	⊗ OUT	Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed, & used	2 1		0	0		
46	IN	OUT	Warewashing facilities: installed, maintained, & used; test strips	1 0.5		0	0		
47	⊗ IN	OUT	Non-food contact surfaces clean	0 0 0	$\frac{1}{2}$	0	0		
Ph	Physical Facilities .2654, .2655, .2656								
48	⊗ IN	OUT	Hot & cold water available; adequate pressure		30	0	0		
49	⊗ IN	TOO TOO	Plumbing installed; proper backflow devices			0	0		
50	⊗ IN	OUT	Sewage & waste water properly disposed	2 1	30	0	0		
51	O IN	⊗ OUT	Toilet facilities: properly constructed, supplied & cleaned	0 0 0	8 0	0	0		
52	⊗ IN	OUT	Garbage & refuse properly disposed; facilities maintained	0 0 0		0	0		
53	⊗ IN	OUT	Physical facilities installed, maintained & clean	0 0 0		0	0		
54	O IN	⊗ OUT	Meets ventilation & lighting requirements; designated areas used	<b>⊗</b> ○ ( 1 0.5 (		8	0		
			Total Deductions:	2					
			North Carolina Department of Health & Human Services						

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

Establishm	ent Name: STARBUC	KS COFFEE	8517		Establishm	nent ID:	3034011483	Date: 05/03/	2013
Location Address: 11 OAKWOOD DR						Status Code	e:		
City: WI	City: WINSTON SALEM State: NC							Category #:	<u> </u>
•	34 Forsyth		p: <del>27103</del>					Email 1:	
Wastew Water S	rater System:   Mun	cipal/Commur						Email 2:	
	ee: STARBUCK S CO							Email 3:	
Telepho	one:								
			Ter	nperature	Observation	ons			
Item milk	Location mulitple locations	Temp 40	Item	Locati	on	Temp	Item	Location	Temp
sandwiches	reach-in cooler	41							
					0 4				
	Violations cited in this rep				Corrective frames below, or			5.11 of the food code	Э.
39 Wiping cl	lla, E. Coli, Shigella, Nor oths that are used for wi lly, the containers may r	ping down e	equipment :	and surfaces or. The towe	must be mainta Is should be co	ained in sar mpletely su	nitizer at the apubmerged in th	opropriate strength a ne sanitizer.	at all times.
above the	e single service items sto e floor. / A better job is b e more protected by kee	eing done w	vith protecti	ng the single	service cups, he	items are t	o be stored or e cups nearest	n approved shelving the customer side o	at least 6" of the counter
15 Replace t	broken refrigerator gask	ets as need	ed.						

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#### **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.

violations died in this report must be corrected within the time frames below, or as stated in sections 6-405.11 or the

**√** Spell

A covered trash receptacle is needed in the women's restroom.

The lighting is low at the soiled drain board of the three compartment sink (17 foot candles), at the Turbo Chef oven (10 foot candles), along the back service line from the oven to the dump sink (6-22 foot candles) and in the restrooms. The lighting must be at least 20 foot candles at dish washing areas, beverage stations and restrooms. It must be at least 50 foot candles food preparation surfaces and equipment (Turbo Chef oven).



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