Food Establishment Inspection Report

Establishment Name: SHEETZ 436 Establishment ID: 3034012024

Date: <u>Ø 2</u> / <u>1 4</u> / <u>2 Ø 1 3</u> Status Code: A				
Time In: Ø 9	: <u>4 Ø</u> ⊗ am	Time Out:	<u>12</u> :30) am ≰) pm
Total Time:	2 hrs 50 minute	es		
Category #:	II			
Establishme	nt Type:			

Instructions:

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

Location Address:	790 NORTH MAIN STREET				
City: KERNERSVII	LE				
State: NC	Zip: ²⁷²⁸⁴				
County: 34 Forsytt	n				
Permittee: SHEET					
Telephone:					
⊗Inspection					
○Re-Inspection					
Wastewater System:					
⊗Municipal/Community					
On-Site System					
Water Supply:					
⊗Municipal/Com	-				
On-Site System	1				

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".

Foodborne Illness Risk Factors and Public Health Interventions

Score: 96

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.								
	mpliance Statu	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		
En	ployee Health		-					
2	⊗ O IN OUT	Management, employees knowledge; responsibilities & reporting	0 0 0 3 1.5 0	0	0	0		
3	⊗ ○ IN OUT	Proper use of reporting, restriction & exclusion	0 0 0 3 1.5 0	0	0	0		
Go	od Hygienic P	Practices .2652, .2653						
4	⊗ ○ IN OUT	Proper eating, tasting, drinking, or tobacco use	$\begin{array}{cccc} \bigcirc \bigcirc \bigcirc \bigcirc \\ 2 & 1 & 0 \end{array}$	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					
6	⊗ ○ IN OUT	Hands clean & properly washed	$ \begin{smallmatrix} \bigcirc & \bigcirc & \bigcirc \\ 4 & 2 & 0 \end{smallmatrix} $	0	0	0		
7	⊗ ○ ○ IN OUT N/O	No bare hand contact with RTE foods or pre-approved alternate procedure properly allowed	○ ○ ○ 3 1.5 0	0	0	0		
8	⊗ ○ IN OUT	Handwashing sinks supplied & accessible	$ \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc $ 2 1 0	0	0	0		
Ap	proved Sourc	e .2653, .2655						
9	⊗ ○ IN OUT	Food obtained from approved source	○ ○ ○ 2 1 0	0	0	0		
10	O O S IN OUT N/O	Food received at proper temperature	$ \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc $ 2 1 0	0	0	0		
11	⊗ ○ IN OUT	Food in good condition, safe & unadulterated	$ \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc 2 \bigcirc 1 \bigcirc 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 \bigcirc 1 \bigcirc 0 $	0	0	0		
Pro	otection from	Contamination .2653, .2654						
13	⊗ ○ ○ ○ IN OUT N/A N/O	Food separated & protected	0 0 0 3 1.5 0	0	0	0		
14	O & IN OUT	Food-contact surfaces: cleaned & sanitized	○ ⊗ ○ 3 1.5 0	8	0	0		
15	⊗ ○ IN OUT	Proper disposition of returned, previously served, reconditioned, & unsafe food	000	0	0	0		
Po	tentially Haza	rdous Food Time/Temperature .2653						
16	OOO ⊗ IN OUT N/A N/O	Proper cooking time & temperatures	○ ○ ○ 3 1.5 0	0	0	0		
17	O O 🗞 O IN OUT N/A N/O	Proper reheating procedures for hot holding	○ ○ ○ 3 1.5 0	0	0	0		
18	O O 🗞 O IN OUT N/A N/O	Proper cooling time & temperatures	○ ○ ○ 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	8	0	0		
20	⊗ ○ ○ ○ 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	○ ○ ⊗ 3 1.5 0	8	0	0		
22	O O & O	Time as a public health control: procedures & records	○ ○ ○ 2 1 0	0	0	0		
Со	nsumer Advis	ory .2653						
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		
Hiç		ple 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	emical	.2653, .2657						
25	O O & IN OUT N/A	Food additives: approved & properly used	0 0 0	0	0	0		
26	O & O	Toxic substances properly identified stored, & used	○ ○ ⊗ 2 1 0	8	0	0		
Со		th Approved Procedures .2653, .2654,	.2658					
27	O O S	Compliance with variance, specialized process, reduced oxygen packing criteria or HACCP plan	999	0	0	0		

Food Establishment Inspection Report, continued

Establishment Name: SHEETZ 436 Establishment ID: 3034012024

Instructions, continued:

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".
- 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:

Person in Charge (Print)

Person in Charge (Signature)

Regulatory Authority (Print)

Regulatory Authority (Signature)

Contact Number: (336) 7 Ø 3 - 3383

Verification Required Date: ___/ ___/

REHS ID: _2360 - Gartner, Gregory

No. of Risk Factor/ Intervention Violations: 4 No. of Repeat Risk Factor/Intervention Violations:

Good Retail Practices Preventative measures to control the addition of pathogens. chemicals, and physical objects into foods Compliance Status OUT CDI R VR .2653, .2655, .2658 Safe Food and Water ○ ○ ○ 1 0.5 0 OUT 0 28 Pasteurized eggs used where required \circ 0 O O O 0 0 0 29 Water and ice from approved source OUT O O & IN OUT N/A Variance obtained for specialized processing methods 0 30 0 **Food Temperature Control** .2653...2654 Proper cooling methods used; adequate equipment for temperature control 0 0 0 OUT 0 0 0 0 0 1 0.5 0 32 Plant food properly cooked for hot holding 0 0 0 IN OUT N/A N/O 0 0 0 1 0.5 0 33 Approved thawing methods used 0 0 0 0 0 1 0.5 0 OUT Thermometers provided & accurate 0 0 0 34 **Food Identification** .2653 OUT Food properly labeled: original container 0 0 35 0 Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657 OUT 0 0 Insects & rodents not present; no unauthorized animals 0 0 0 36 OUT Contamination prevented during food preparation, 37 0 0 \bigcirc storage & display OUT O O O 38 Personal cleanliness 0 0 0 ⊗ IN OUT 0 0 0 1 0.5 0 0 39 Wiping cloths: properly used & stored 0 0 OUT ○ ○ ○ 1 0.5 0 Washing fruits & vegetables 40 0 0 **Proper Use of Utensils** .2653, .2654 0 0 0 1 0.5 0 ⊗ IN OUT 41 0 0 In-use utensils: properly stored 000Utensils, equipment & linens: properly stored, dried & handled 0 0 0 42 OUT 1 0.5 0 Single-use & single-service articles: properly 43 0 0 0 OUT 1 0.5 0 stored & used ⊗ IN OUT $\overline{000}$ 0 0 44 Gloves used properly 0 1 0.5 0 Utensils and Equipment .2653, .2654, .2663 ⊗ OUT ○ **⊗** ○ 2 1 0 Equipment, food & non-food contact surfaces approved, 45 0 \bigcirc cleanable, properly designed, constructed, & used ⊗ IN OUT 0 0 0 1 0.5 0 Warewashing facilities: installed, maintained, & used; 46 0 0 0 test strips OUT 0 0 0 1 0.5 0 0 0 0 47 Non-food contact surfaces clean **Facilities Physical** .2654, .2655, .2656 $\bigcirc \bigcirc \bigcirc \bigcirc$ 2 1 0 OUT Hot & cold water available; adequate pressure 0 0 0 48 ⊗ IN OUT 49 Plumbing installed; proper backflow devices 0 0 0 OUT 50 0 0 0 Sewage & waste water properly disposed 1 0 ⊗ IN OUT 0 0 0 1 0.5 0 Toilet facilities: properly constructed, supplied 0 0 51 0 OUT Garbage & refuse properly disposed; 0 0 0 1 0.5 0 52 0 0 facilities maintained 0 00053 Physical facilities installed, maintained & clean 0 0 0 OUT 1 0.5 0 OIN ⊗ OUT 0 0 **8** 1 0.5 0 Meets ventilation & lighting requirements; 54 0 0 0 **Total Deductions:**

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

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Establishment Name: SHEETZ 436	Establishment ID: 3034012024	Date: 02/14/2013
Location Address: 790 NORTH MAIN STREET		Status Code: A
City: KERNERSVILLE State: NC		Category #:II
County: <u>34 Forsyth</u> Zip: <u>27284</u>		Email 1:
Wastewater System: ⊗ Municipal/Community ○ On-Site System Water Supply: ⊗ Municipal/Community ○ On-Site System		Email 2:
Permittee: SHEETZ INC		Email 3:
Telephone:		

	Temperature Observations							
Item hot water	Location 3 vat sink	Temp 140	Item chili	Location hot hold	Temp 156	ltem milk	Location coffee reach in	Temp 36
chlorine ppm	dish machine	100	cole slaw	cold hold	42	egg	walk in	32
quat ppm	sanitizer bottle	0	steak	sandwich make	41	hamburger	walk in	35
ham biscuit	hot isle	121	chicken	sandwich make	41	chicken	walk in	37
omelet	hot isle	138	slider	make bottom	37	milk	dispenser	36
hot dog	roller	145	sh iceberg	salad make	42	halfnhalf	dispenser	36
meat balls	hot drawer	155	diced	salad make	41	air temp	sandwich retail	36
hot dog	2 door reach in	39	sliced	salad make	41			

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.

14 Sanitizer bottle measured 0ppm on front counter. It was discovered that straw at dispenser was not submerged to draw up chemical. Bottle refilled to correct concentration.



- Ham and egg biscuits at hot isle measured between 121-136°F. Potentially hazardous foods, when hot held, must be maintained at 135°F or higher at all times. Biscuits discarded. It was discovered that one of the heat bulbs was non-working.
- Dairy products (whole milk, skim milk, and half-n-half) in retail dispensers are datemarked with expiration dates of commercial product, even if it is more than 7 days. 15A NCAC18A .2653 ref. 3-501.17: Refrigerated, ready-to-eat, potentially hazardous food prepared and held in a food establishment for more than 24 hours shall be marked to indicate the date or day by which the food shall be consumed on the premises, sold, or discarded, based on the temperature and time combinations specified. The day of preparation shall be counted as Day 1. *41°F or less for a maximum of 7 days*; or *between 41°F and 45°F for a maximum of 4 days**Commercially prepared and packaged foods must be marked once opened with appropriate date whereas the date opened is counted as Day 1.
- Santiizer is in a pre-labeled bottle that says disinfectant, though it is understood by all employees that this is the sanitizer bottle and 26 there are no other similar chemical bottles in establishment. Co



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Replace cracked metal casing at hanging hose of 3 vat sink. Replace torn gaskets at 3 out of 4 freezer drawers, walk in cooler door, walk in freezer door, and right door of sandwich make unit.

Lighting is bag in the box storage area at 4 foot candles and must be raised to minimum 10 foot candles. 15A NCAC 18A .2656 ref. 6-303.11(A). Repair non-working balist.



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