Food Establishment Inspection Report

Establishment Name: LJVM COLISEUM #123 Establishment ID: 3034020183

Date: <u>Ø 3</u> / <u>1 Ø</u> / <u>2 Ø 1 3</u> Status Code: A					
Time In: <u>∅ 1</u> : <u>3 5 ⊗ pm</u> Time Out: <u>2</u> : <u>1 ∅ ⊗</u> pm					
Total Time: 35 minutes					
Category #: II					
Establishment Type:					

Instructions:

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

City: WINSTON-SALEM State: NC Zip: 27105 County: 34 Forsyth Permittee: CITY OF WINSTON SALEM Telephone: SInspection Re-Inspection Wastewater System: SMunicipal/Community On-Site System Water Supply: SMunicipal/Community On-Site System	Location Address: 2825 UNIVERSITY PKWY						
County: 34 Forsyth Permittee: CITY OF WINSTON SALEM Telephone: SInspection Re-Inspection Wastewater System: Municipal/Community On-Site System Water Supply: Municipal/Community	City: WINSTON-SALEM						
Permittee: CITY OF WINSTON SALEM Telephone: SInspection Re-Inspection Wastewater System: Municipal/Community On-Site System Water Supply: Municipal/Community	State: NC Zip: 27105						
Telephone: ⊗Inspection ⊗Re-Inspection Wastewater System: ⊗Municipal/Community ⊙On-Site System Water Supply: ⊗Municipal/Community	County: 34 Forsyth						
 ⊗Inspection ○Re-Inspection Wastewater System: ⊗Municipal/Community ○On-Site System Water Supply: ⊗Municipal/Community 							
 ○ Re-Inspection Wastewater System: ⊗ Municipal/Community ○ On-Site System Water Supply: ⊗ Municipal/Community 	Telephone:						
Wastewater System: ⊗Municipal/Community ⊙On-Site System Water Supply: ⊗Municipal/Community	⊗Inspection						
⊗Municipal/Community○On-Site SystemWater Supply:⊗Municipal/Community	○Re-Inspection						
On-Site System Water Supply: ⊗Municipal/Community	•						
Water Supply: ⊗Municipal/Community	⊗Municipal/Community						
⊗Municipal/Community	○On-Site System						
	Water Supply:						
On-Site System	⊗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".

Score: 95.5

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.						
Со	Compliance Status				R	VR	
Su	pervision	.2652					
1	⊗ ○ ○ IN OUT N/A	PIC Present; Demonstration-Certification by accredited program and perform duties	O O 2 0	0	0	0	
Em	nployee Health						
2	O & IN OUT	Management, employees knowledge; responsibilities & reporting	○ ○ ⊗ 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	⊗ ○ IN 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	0	0	0	
Pre		amination by Hands .2652, .2653, .2655, .2656	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	0 0 0 2 1 0	0	0	0	
Ар	proved Sourc	e .2653, .2655					
9	⊗ ○ IN OUT	Food obtained from approved source	$\begin{array}{c c} \bigcirc \bigcirc \bigcirc \bigcirc \\ 2 & 1 & 0 \end{array}$	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 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	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	0	0	0	
15	⊗ ○ IN OUT	Proper disposition of returned, previously served, reconditioned, & unsafe food	$\begin{array}{c c} \bigcirc \bigcirc \bigcirc \bigcirc \\ 2 & 1 & 0 \end{array}$	0	0	0	
Po		rdous Food Tlme/Temperature .2653					
-	IN OUT N/A N/O	Proper cooking time & temperatures	○ ○ ○ 3 1.5 0	0	0	0	
17	⊗ ○ ○ ○ ○ IN OUT N/A N/O	Proper reheating procedures for hot holding	0 0 0 3 1.5 0	0	0	0	
18	IN OUT N/A N/O	Proper cooling time & temperatures	0 0 0 3 1.5 0	0	0	0	
19	O 🗞 O O	Proper hot holding temperatures	○ ○ ⊗ 3 1.5 0	8	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 S 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	
Co	nsumer Advis						
23	O O & IN OUT N/A	Consumer advisory provided for raw or undercooked foods	0 0 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	
Chemical .2653, .2657							
25	O O & 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	$\begin{array}{c c} \bigcirc \bigcirc \bigcirc \bigcirc \\ 2 & 1 & 0 \end{array}$	0	0	0	
Со		th Approved Procedures .2653, .2654,	.2658				
27	O O & 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	

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

Food Establishment Inspection Report, continued

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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".
- 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 (Signature)

Anthony Villians
Regulatory Authority (Print)

Regulatory Authority (Signature)

Contact Number: (____) ___ - __

Verification Required Date: ___/ ___/ __

REHS ID: 1846 - Williams, Tony

No. of Risk Factor/ Intervention Violations: 3

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 CDI R VR .2653, .2655, .2658 Safe Food and Water ○ ○ ○ 1 0.5 0 OUT 0 28 Pasteurized eggs used where required \circ 0 0 0 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 8 0 0 0 1 0.5 0 ○ ○ ⊗ ○ Plant food properly cooked for hot holding 32 0 0 0 0 0 0 1 0.5 0 0 8 \circ Approved thawing methods used 0 0 IN OUT N/A N/O 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 ○ ○ **⊗** 2 1 0 O IN 36 Insects & rodents not present; no unauthorized animals 0 0 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 40 Washing fruits & vegetables 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 42 0 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 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 OUT 49 Plumbing installed; proper backflow devices 0 0 0 OUT 50 0 0 0 Sewage & waste water properly disposed 1 0 ⊗ IN OUT Toilet facilities: properly constructed, supplied 0 0 0 1 0.5 0 0 0 51 0 ⊗ OUT **⊗** ○ ○ 1 0.5 0 Garbage & refuse properly disposed; 52 0 0 facilities maintained 8 \otimes \circ \circ 53 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

		Comment	<u> Adden</u>	dum to Foo	od Establishme	nt inspec	tion Report	
E:	stablishme	nt Name: LJVM CO	OLISEUM #123		Establishment ID	: 3034020183	Date: 03/10/2013	
	Location A	Address: 2825 UN	IVERSITY PK	VY			Status Code: A	
	City: WIN	ISTON-SALEM		State: NC_			Category #:II	
	County: 3	4 Forsyth	Zi	o: <u>27105</u>			Email 1:	
	Wastewa Water Su	ter System: ⊗ M					Email 2:	
		E: CITY OF WINST		ity On-Site System			Email 3:	
	Telephon	ne:					Zilidii O.	
Γ				Temperat	ure Observations			
	em ep. pizza	Location hot holding	Temp 112	Item L	ocation Ter	mp Item	Location	Temp
C	heese pizza	hot holding	135					
h	ot dog	refrigerator	36					
h	ot water	3 comp. sink	139					
h	ot dog	roller grill	172					
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_				<u> </u>				
	V	iolations cited in this i			and Corrective Action in the frames below, or as state		5.11 of the food code.	
2	report in a				es and conditional employ their health and activities			ibility to
14	Pans need	ded additional clea	ning. Ensure	pans are clean.	Wash, rinse, and sanitize	dishes properly	·	
19	Pepperoni	i pizza 112 F in hot	t holding. Ma	intain PHF at 135	F or above in hot holding	J.		
	Dead mou							

Comment Addendum to Food Establishment Inspection Report

Comment Addendam to Food Establishment inspection Report					
Establishment Name: _L	JVM COLISEUM #123	Establishment ID: 3034020183			
	Observations and Correct this report must be corrected within the time frames below.				
Caulk hand sink to the	wall. Replace rusty shelving.				



Lids and side door to dumpster found open. Keep lids closed. Remove items collecting on dumpster pad.

Properly construct wall of stand to enclose pipes and lines. Clean ceiling.

Lighting low at dirty drainboard of 3 comp. sink at 14 f/c. Lighting 1-8 f/c in walk-in cooler at annex. Maintain at 20 f/c at warewashing and 10 f/c in food storage area.

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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.





Comment Addendum to Food Establishment Inspection Report

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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.



