Food Establishment Inspection Report

Establishment Name: LJVM COLISEUM #119

Date: <u>Ø 1</u> / <u>Ø 9</u> / <u>2 Ø 1 3</u> Status Code: A								
Time In: <u>Ø 9</u>	: <u>25</u> ⊗ am pm	Time Out	: <u>10</u> : <u></u>	<u>lø</u>	am pm			
Total Time:	45 minutes							
Category #:	II				_			
Establishment Type:								

Instructions:

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

Location Address: 300 DEACON BLVD
City: WINSTON-SALEM
State: NC Zip: 27105
County: 34 Forsyth
Permittee: CITY OF WINSTON SALEM
Telephone:
⊗Inspection
○Re-Inspection
Wastewater System:
⊗Municipal/Community
○On-Site System
Water Supply:
⊗Municipal/Community
○On-Site System

 Click/fill the appropriate circle For "IN, OUT, N/A, N/O".
 IN= In Compliance, OUT= Not in comp

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

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

Score: 95

Risk factors: Contributing factors that increase the chance of developing foodborne illness. Public Health Interventions: Control measures to prevent foodborne illness or injury.

Establishment ID: 3034020184

Risk factors: Contributing factors that increase the chance of developing foodborne illness. Public Health Interventions: Control measures to prevent foodborne illness or injury.								
Со	mplian	ce Statu	s	OUT	CDI	R	VR	
Su	pervis		.2652					
1		O O UT N/A	PIC Present; Demonstration-Certification by accredited program and perform duties	\bigcirc 0	0	0	0	
En	ploye	e Health	1 .2652					
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	○ ○ ○ 3 1.5 0	0	0	0	
Go	od Hy	gienic F	Practices .2652, .2653					
4	O IN	⊗ OUT	Proper eating, tasting, drinking, or tobacco use	O 8 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	
Pro			amination by Hands .2652, .2653, .2655, .265	6				
6	⊗ IN	OUT	Hands clean & properly washed	0 0 0 4 2 0	0	0	0	
7		O O UT N/O	No bare hand contact with RTE foods or pre-approved alternate procedure properly allowed	O O O 3 1.5 0	0	0	0	
8	O IN	⊗ OUT	Handwashing sinks supplied & accessible	○ ⊗ ○ 2 1 0	8	0	0	
Ap	prove	d Sourc	e .2653, .2655					
9	⊗ IN	OUT	Food obtained from approved source	$ \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc $ 2 1 0	0	0	0	
10		O ⊗ UT 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 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	_	n from	Contamination .2653, .2654					
13	O & IN OUT	N/A N/O	Food separated & protected	○ ○ ⊗ 3 1.5 0	8	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	$ \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc $ 2 1 0	0	0	0	
Ро	tential	ly Haza	rdous Food Tlme/Temperature .2653					
16		N/A N/O	Proper cooking time & temperatures	○ ○ ⊗ 3 1.5 0	8	0	0	
17		N/A N/O	Proper reheating procedures for hot holding	○ ○ ○ 3 1.5 0	0	0	0	
18	_	○ ⊗ N/A N/O	Proper cooling time & temperatures	0 0 0 3 1.5 0	0	0	0	
19		N/A N/O	Proper hot holding temperatures	○ ○ ⊗ 3 1.5 0	8	0	0	
20		N/A N/O	Proper cold holding temperatures	0 0 0 3 1.5 0	0	0	0	
21	~ ~	N/A N/O	Proper date marking & disposition	3 1.5 0	0	0	0	
22	⊗ ○ IN OUT	N/A N/O	Time as a public health control: procedures & records	0 0 0 2 1 0	0	0	0	
Co		er Advis		0.0.0				
23	IÑ O	O & UT N/A	Consumer advisory provided for raw or undercooked foods	1 0.5 0	0	0	0	
Hiç			ole Populations .2653					
24	IÑ O	ŬT N/A	Pasteurized foods used; prohibited foods not offered	3 1.5 0	0	0	0	
	emica	I ○ ⊗	.2653, .2657	000				
25	IÑ O	UT N/A	Food additives: approved & properly used	1 0.5 0	0	0	0	
26	IN O	ŬT N/A	Toxic substances properly identified stored, & used	2 1 0	0		0	
	ntorm	ance wi ○ ⊗	Compliance with variance specialized process	.2658			_	
27	ій о	UT N/A	reduced oxygen packing criteria or HACCP plan	2 1 0	0	0	0	

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

Food Establishment Inspection Report, continued

Establishment Name: LJVM COLISEUM #119 Establishment ID: 3034020184

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	ınstrı	actions	. contin	iuea:

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:

Person in Charge (Print)

Person in Charge (Print)

Person in Charge (Signature)

Person in Charge (Signature)

Regulatory Authority (Print)

Regulatory Authority (Signature)

Contact Number: (____) ____
Verification Required Date: ___/___/

REHS ID: 1846 - Williams, Tony

No. of Risk Factor/ Intervention Violations: 7 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 C									
	<u>'</u>	d and V		001	СЫ	R	VR		
28	⊗ IN	OUT	Pasteurized eggs used where required	0 0 0	0	0	0		
29	⊗ IN	OUT	Water and ice from approved source	O O O 2 1 0	0	0	0		
30		O & UT N/A	Variance obtained for specialized processing methods	000	0	0	0		
Fo	od Ter	mperatu	ure Control .2653, .2654						
31	⊗ IN	OUT	Proper cooling methods used; adequate equipment for temperature control	0 0 0 1 0.5 0	0	0	0		
32	⊗ ○ IN OUT	O O	Plant food properly cooked for hot holding	0 0 0 1 0.5 0	0	0	0		
33		○ ⊗ N/A N/O	Approved thawing methods used	0 0 0 1 0.5 0	0	0	0		
34	⊗ ⊠	OUT	Thermometers provided & accurate	0 0 0 1 0.5 0	0	0	0		
Fo	od Ide	ntificat	ion .2653						
35	⊗ IN	OUT	Food properly labeled: original container	0 0 0 2 1 0	0	0	0		
Pr			ood Contamination .2652, .2653, .2654, .2656						
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	$\bigcirc \bigcirc \bigcirc \bigcirc$ 2 1 0	0	0	0		
38	⊗ IN	OUT	Personal cleanliness	0 0 0	0	0	0		
39	⊗ IZ	OUT	Wiping cloths: properly used & stored	O O O 1 0.5 0	0	0	0		
40	⊗ IN	OUT	Washing fruits & vegetables	0 0 0	0	0	0		
Pr	oper U	se of U	tensils .2653, .2654						
41	OIN	⊗ OUT	In-use utensils: properly stored	0 0 & 1 0.5 0	0	0	0		
42	⊗ IN	OUT	Utensils, equipment & linens: properly stored, dried & handled	0 0 0 1 0.5 0	0	0	0		
43	OIN	⊗ OUT	Single-use & single-service articles: properly stored & used	○ ⊗ ○ 1 0.5 0	0	0	0		
44	O IN	⊗ OUT	Gloves used properly	○ ○ ⊗ 1 0.5 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	⊗ IN	OUT	Warewashing facilities: installed, maintained, & used; test strips	0 0 0	0	0	0		
47	O IN	⊗ OUT	Non-food contact surfaces clean	○ ⊗ ○ 1 0.5 0	0	0	0		
Ph	-	Faciliti	es .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	$ \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc $ 2 1 0	0	0	0		
50	⊗ IN	OUT	Sewage & waste water properly disposed	$\begin{array}{cccc} \bigcirc \bigcirc \bigcirc \bigcirc \\ 2 & 1 & 0 \end{array}$	0	0	0		
51	⊗ IN	OUT	Toilet facilities: properly constructed, supplied & cleaned	O O O 1 0.5 0	0	0	0		
52	○ N	⊗ OUT	Garbage & refuse properly disposed; facilities maintained	⊗ ○ ○ 1 0.5 0	0	0	0		
53	○ N	⊗ OUT	Physical facilities installed, maintained & clean	⊗ ○ ○ 1 0.5 0	0	0	0		
54	⊗ IN	OUT	Meets ventilation & lighting requirements; designated areas used	O O O 1 0.5 0	0	0	0		
			Total Deductions:	5					
_	-		· · · · · · · · · · · · · · · · · · ·						

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

		Comment Ad	uen	aum to	F000	EStabiiSnm	ent	ınspeci	tion Repoi	ι
Estab	lishmen	t Name: LJVM COLISI	EUM #11	9		Establishment I	ID: _3	8034020184	Date: 01/09	/2013
Lo	cation A	ddress: 300 DEACON	I BLVD						Status Cod	e:^
Cit	ty: WINS	TON-SALEM		State	e: NC				Category #	:
	ounty: <u>34</u>		Zi	p: <u>27105</u>					Email 1:	
		er System: Municip							Email 2:	
	ater Sup	CITY OF WINSTON		nity () On-Si	te System				Email 3:	
	lephone								Email 5.	
	•			Tem	perature	Observations				
ltem chicke		Location heat lamp (just fried)	Temp 153	Item	Location	on T	Гетр	Item	Location	Temp
corn d	log	warmer	155							
hot do	g	roller	165							
turkey	burger	grill hot holding	176							
hambi	urgers	grill hot holding	191							
				·						
	Vio	lations cited in this repor				Corrective Act			5 11 of the food cod	^
	C did not	meet requirements for	r demor	strating foo	od safety kn	owledge. The PIC	shall	demonstrate	this knowledge b	y being a
	rtified Foo	od protection manage program.	er who ha	as shown p	roficiency o	f required information	on thr	ough passing	g a test that is pa	rt of an
		3								
4 En	nplovee b	everages must be co	nsumed	in a sanita	rv manner.	Ensure employees	s are v	washing hand	ls after drinking if	containers
ha	ve mouth	piece covers that muss contamination.	st be op	ened and c	ontaminate	hands. Store beve	erages	s below food f	for customers and	d utensils to
ρit	eveni cio.	ss contamination.								
o U	and sink s	an ana aida af tha ata	ad waa h	Jookad Ot	hor handair	ak waa ugad ta aan	duat n	rotzal propar	ration activities. I	Jand sinks
		on one side of the star on accessible and use					uuci p	летгег ргераг	ation activities. T	Tariu Siriks
		shall not occur at the ubject to contamination			do not use t	he warewashing a	rea. F	Provide a car	t to perform prep	in an area
		, , ,		1						

	Comment Addendum to	Food	Establishme	nt Inspection Report						
E:	stablishment Name: LJVM COLISEUM #119		Establish	ment ID: 3034020184						
Г	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	Keep right side of the drainboard used to dry and sto degreaser. Informed manager as corrective action.				to store					
16	One chicken tender that was just cooked was 153 F. cooked to 165 F.	Item reh	neated to 167 F during i	nspection. Ensure uncooked chicke	n is					
19	Cheese in dispenser was 117 F. Maintain at 135 F i	n hot hol	ding. Items reheated d	uring inspection.						
41	Handle of scoop found in ice. When scoop is stored	in the ice	e, leave handle protrudir	ng out.						
43	Single service trays for nachos are being stored unpr	otected.	Store single service ite	ems protected.						

44 Glove worn by one of the employees was broken. Replace gloves when break occurs.

Clean shelving.



Comment Addendum to Food Establishment Inspection Report

Establishment Name: LJVM COLISEUM #119 Establishment ID: 3034020184

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.



Replace missing drain plug for dumpster. Clean area around dumpster. Empty containers that collect water near the dumpster.

53 Properly finish wall behind soda machines to enclose pipes and lines.



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.



