Food Establishment Inspection Report

Score: 95.5

Establishment Name: SOUTH LITTLE LEAGUE

Establishment ID: 3034020192

Date: 11 / 02 / 2012 Status Code: A

Time In: 02 : 30 ○ am ⊗ pm Time Out: 04 : 30 ○ am ⊗ pm

Total Time: 2 hrs 0 minutes

Category #: II

Establishment Type:

Instructions:

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

Location Address: 800 W. CLEMMONSVILLE ROAD

City: WINSTON-SALEM

State: NC Zip: 27127

County: 34 Forsyth

Permittee: SOUTH LITTLE LEAGUE INC.

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".

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.

	Compliance Status		OUT	CDI	R	VR
	Supervision .2652					
1	○ IN ⊗ OUT ○ N/A	PIC Present; Demonstration-Certification by accredited program and perform duties	○ 2 ⊗ 0	○	○	○
	Employee Health .2652					
2	⊗ IN ○ OUT	Management, employees knowledge; responsibilities & reporting	○ 3 ○ 1.5 ○ 0	○	○	○
3	⊗ IN ○ OUT	Proper use of reporting, restriction & exclusion	○ 3 ○ 1.5 ○ 0	○	○	○
	Good Hygienic Practices .2652, .2653					
4	⊗ IN ○ OUT	Proper eating, tasting, drinking, or tobacco use	○ 2 ○ 1 ○ 0	○	○	○
5	⊗ IN ○ OUT	No discharge from eyes, nose, and mouth	○ 1 ○ 0.5 ○ 0	○	○	○
	Preventing Contamination by Hands .2652, .2653, .2655, .2656					
6	⊗ IN ○ OUT	Hands clean & properly washed	○ 4 ○ 2 ○ 0	○	○	○
7	○ IN ○ OUT ⊗ N/O	No bare hand contact with RTE foods or pre-approved alternate procedure properly allowed	○ 3 ○ 1.5 ○ 0	○	○	○
8	⊗ IN ○ OUT	Handwashing sinks supplied & accessible	○ 2 ○ 1 ○ 0	○	○	○
	Approved Source .2653, .2655					
9	⊗ IN ○ OUT	Food obtained from approved source	○ 2 ○ 1 ○ 0	○	○	○
10	○ IN ○ OUT ⊗ N/O	Food received at proper temperature	○ 2 ○ 1 ○ 0	○	○	○
11	⊗ IN ○ OUT	Food in good condition, safe & unadulterated	○ 2 ○ 1 ○ 0	○	○	○
12	○ IN ○ OUT ⊗ N/A ○ N/O	Required records available: shellstock tags, parasite destruction	○ 2 ○ 1 ○ 0	○	○	○
	Protection from Contamination .2653, .2654					
13	○ IN ○ OUT ○ N/A ⊗ N/O	Food separated & protected	○ 3 ○ 1.5 ○ 0	○	○	○
14	⊗ IN ○ OUT	Food-contact surfaces: cleaned & sanitized	○ 3 ○ 1.5 ○ 0	○	○	○
15	⊗ IN ○ OUT	Proper disposition of returned, previously served, reconditioned, & unsafe food	○ 2 ○ 1 ○ 0	○	○	○
	Potentially Hazardous Food TIme/Temperature .2653					
16	○ IN ○ OUT ○ N/A ⊗ N/O	Proper cooking time & temperatures	○ 3 ○ 1.5 ○ 0	○	○	○
17	○ IN ○ OUT ○ N/A ⊗ N/O	Proper reheating procedures for hot holding	○ 3 ○ 1.5 ○ 0	○	○	○
18	○ IN ○ OUT ○ N/A ⊗ N/O	Proper cooling time & temperatures	○ 3 ○ 1.5 ○ 0	○	○	○
19	○ IN ○ OUT ○ N/A ⊗ N/O	Proper hot holding temperatures	○ 3 ○ 1.5 ○ 0	○	○	○
20	⊗ IN ○ OUT ○ N/A ○ N/O	Proper cold holding temperatures	○ 3 ○ 1.5 ○ 0	○	○	○
21	⊗ IN ○ OUT ○ N/A ○ N/O	Proper date marking & disposition	○ 3 ○ 1.5 ○ 0	○	○	○
22	○ IN ○ OUT ⊗ N/A ○ N/O	Time as a public health control: procedures & records	○ 2 ○ 1 ○ 0	○	○	○
	Consumer Advisory .2653					
23	○ IN ○ OUT ⊗ N/A	Consumer advisory provided for raw or undercooked foods	○ 1 ○ 0.5 ○ 0	○	○	○
	Highly Susceptible Populations .2653					
24	○ IN ○ OUT ⊗ N/A	Pasteurized foods used; prohibited foods not offered	○ 3 ○ 1.5 ○ 0	○	○	○
	Chemical .2653, .2657					
25	⊗ IN ○ OUT ○ N/A	Food additives: approved & properly used	○ 1 ○ 0.5 ○ 0	○	○	○
26	⊗ IN ○ OUT ○ N/A	Toxic substances properly identified stored, & used	○ 2 ○ 1 ○ 0	○	○	○
	Conformance with Approved Procedures .2653, .2654, .2658					
27	○ IN ○ OUT ⊗ N/A	Compliance with variance, specialized process, reduced oxygen packing criteria or HACCP plan	○ 2 ○ 1 ○ 0	○	○	○

Food Establishment Inspection Report, continued

Establishment Name: SOUTH LITTLE LEAGUE Establishment ID: 3034020192

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

6. 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:

Colette Crockett
Person in Charge (Print)

Person in Charge (Signature)

Craig Faircloth
Regulatory Authority (Print)

Regulatory Authority (Signature)

Contact Number: (336) 703-3166

Verification Required Date: ___/___/_____

REHS ID: 1938 - Faircloth, Craig

No. of Risk Factor/ Intervention Violations: 1

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
	Safe Food and Water	.2653, .2655, .2658				
28	⊗ IN ○ OUT	Pasteurized eggs used where required	○ 1 ○ 0.5 ○ 0	○	○	○
29	⊗ IN ○ OUT	Water and ice from approved source	○ 2 ○ 1 ○ 0	○	○	○
30	○ IN ○ OUT ⊗ N/A	Variance obtained for specialized processing methods	○ 1 ○ 0.5 ○ 0	○	○	○
	Food Temperature Control	.2653, .2654				
31	⊗ IN ○ OUT	Proper cooling methods used; adequate equipment for temperature control	○ 1 ○ 0.5 ○ 0	○	○	○
32	○ IN ○ OUT ○ N/A ⊗ N/O	Plant food properly cooked for hot holding	○ 1 ○ 0.5 ○ 0	○	○	○
33	○ IN ○ OUT ○ N/A ⊗ N/O	Approved thawing methods used	○ 1 ○ 0.5 ○ 0	○	○	○
34	⊗ IN ○ OUT	Thermometers provided & accurate	○ 1 ○ 0.5 ○ 0	○	○	○
	Food Identification	.2653				
35	⊗ IN ○ OUT	Food properly labeled: original container	○ 2 ○ 1 ○ 0	○	○	○
	Prevention of Food Contamination	.2652, .2653, .2654, .2656, .2657				
36	⊗ IN ○ OUT	Insects & rodents not present; no unauthorized animals	○ 2 ○ 1 ○ 0	○	○	○
37	⊗ IN ○ OUT	Contamination prevented during food preparation, storage & display	○ 2 ○ 1 ○ 0	○	○	○
38	⊗ IN ○ OUT	Personal cleanliness	○ 1 ○ 0.5 ○ 0	○	○	○
39	⊗ IN ○ OUT	Wiping cloths: properly used & stored	○ 1 ○ 0.5 ○ 0	○	○	○
40	⊗ IN ○ OUT	Washing fruits & vegetables	○ 1 ○ 0.5 ○ 0	○	○	○
	Proper Use of Utensils	.2653, .2654				
41	⊗ IN ○ OUT	In-use utensils: properly stored	○ 1 ○ 0.5 ○ 0	○	○	○
42	⊗ IN ○ OUT	Utensils, equipment & linens: properly stored, dried & handled	○ 1 ○ 0.5 ○ 0	○	○	○
43	⊗ IN ○ OUT	Single-use & single-service articles: properly stored & used	○ 1 ○ 0.5 ○ 0	○	○	○
44	⊗ IN ○ OUT	Gloves used properly	○ 1 ○ 0.5 ○ 0	○	○	○
	Utensils and Equipment	.2653, .2654, .2663				
45	○ IN ⊗ OUT	Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed, & used	⊗ 2 ○ 1 ○ 0	○	⊗	○
46	⊗ IN ○ OUT	Warewashing facilities: installed, maintained, & used; test strips	○ 1 ○ 0.5 ○ 0	○	○	○
47	○ IN ⊗ OUT	Non-food contact surfaces clean	○ 1 ⊗ 0.5 ○ 0	○	○	○
	Physical Facilities	.2654, .2655, .2656				
48	○ IN ⊗ OUT	Hot & cold water available; adequate pressure	⊗ 2 ○ 1 ○ 0	○	⊗	○
49	⊗ IN ○ OUT	Plumbing installed; proper backflow devices	○ 2 ○ 1 ○ 0	○	○	○
50	⊗ IN ○ OUT	Sewage & waste water properly disposed	○ 2 ○ 1 ○ 0	○	○	○
51	⊗ IN ○ OUT	Toilet facilities: properly constructed, supplied & cleaned	○ 1 ○ 0.5 ○ 0	○	○	○
52	⊗ IN ○ OUT	Garbage & refuse properly disposed; facilities maintained	○ 1 ○ 0.5 ○ 0	○	○	○
53	⊗ IN ○ OUT	Physical facilities installed, maintained & clean	○ 1 ○ 0.5 ○ 0	○	○	○
54	⊗ IN ○ OUT	Meets ventilation & lighting requirements; designated areas used	○ 1 ○ 0.5 ○ 0	○	○	○
		Total Deductions:	4.5			

Comment Addendum to Food Establishment Inspection Report

Establishment Name: SOUTH LITTLE LEAGUE

Establishment ID: 3034020192

Date: 11/02/2012

Status Code: A

Category #: II

Email 1:

Email 2:

Email 3:

Location Address: 800 W. CLEMMONSVILLE ROAD

City: WINSTON-SALEM State: NC

County: 34 Forsyth Zip: 27127

Wastewater System: ⊗ Municipal/Community ○ On-Site System

Water Supply: ⊗ Municipal/Community ○ On-Site System

Permittee: SOUTH LITTLE LEAGUE INC.

Telephone:

Temperature Observations

Item	Location	Temp	Item	Location	Temp	Item	Location	Temp
pizza	reach in cooler	37						
slaw	reach in cooler	38						
hot water	3 comp sink	130						

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.

Spell

1 The person in charge of this facility has not completed an approved food safety course. By January 1, 2014 the person in charge of this facility must complete an approved food safety course.

45 Repair the rusting or damaged shelving throughout the facility, the condensate issues in the reach in freezer, the damaged door of the ice machine, and the rusting exterior of the iced machine.

47 Cleaning is needed on the exterior of equipment and the shelving.

48 No hot water was provided in the restrooms at the time of this inspection. Hot and cold running water under pressure must be provided in the restrooms.

Comment Addendum to Food Establishment Inspection Report

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