

# Food Establishment Inspection Report

Score: 92

**Establishment Name:** COLISEUM ANNEX STAND #1 (SOUTH)

**Establishment ID:** 3034020209

**Date:** 01 / 13 / 2013 **Status Code:** A

**Time In:** 01 : 10 <sup>am</sup> <sub>pm</sub> **Time Out:** 3 : 15 <sup>am</sup> <sub>pm</sub>

**Total Time:** 2 hrs 5 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 W/S

**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".

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



# Food Establishment Inspection Report, continued

Establishment Name: COLISEUM ANNEX STAND #1 (SOUTH)

Establishment ID: 3034020209

**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:**

Chris McArthur  
Person in Charge (Print)

Chris McArthur  
Person in Charge (Signature)

Anthony Williams  
Regulatory Authority (Print)

Anthony Williams  
Regulatory Authority (Signature)

Contact Number: ( ) -

Verification Required Date: / /

REHS ID: 1846 - Williams, Tony

No. of Risk Factor/  
Intervention  
Violations: 2

No. of Repeat Risk  
Factor/Intervention  
Violations: 1

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

# Comment Addendum to Food Establishment Inspection Report

Establishment Name: COLISEUM ANNEX STAND #1 (SOUTH)

Establishment ID: 3034020209

Date: 01/13/2013

Location Address: 300 DEACON BLVD

City: WINSTON SALEM State: NC

County: 34 Forsyth Zip: 27105

**Wastewater System:**  Municipal/Community  On-Site System

**Water Supply:**  Municipal/Community  On-Site System

**Permittee:** CITY OF W/S

**Telephone:** \_\_\_\_\_

Status Code: A

Category #: II

Email 1: \_\_\_\_\_

Email 2: \_\_\_\_\_

Email 3: \_\_\_\_\_

## Temperature Observations

Item	Location	Temp	Item	Location	Temp	Item	Location	Temp
nacho cheese	dispenser	145						
hot water	3 comp. sink	122						
hot dogs	refrigerator	39						
corn dog	reheat for immediate	118						

## 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.

- 1 PIC did not meet requirements for demonstrating food safety knowledge. The PIC shall demonstrate this knowledge by being a certified Food protection manager who has shown proficiency of required information through passing a test that is part of an accredited program.
  
- 14 Utensils needed additional cleaning. Quaternary ammonium sanitizer measured below 150 ppm in the bottle and may have been mislabeled as degreaser. Dishes cleaned and sanitizer refilled during inspection.
  
- 34 One of three thermometers needed to be calibrated. Calibrate often to ensure proper food temperatures. Calibrated during inspection.
  
- 35 Ensure cooking oils and pretzel salt is labeled if removed from original container.



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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.



39 Ensure wet wiping towels are stored in sanitizer. Replace when soiled. Launder towels at the end of the day.

41 Ice scoop handle found stored in contact with ice. Handle shall protrude out of ice.

43 Keep single service trays inverted.

45 Replace rusted and oxidized shelving. Remove equipment that is no longer used.

47 Clean pipes under the three comp. sink.

49 Repair the faucet leak in the mens bathroom. Repair the leak under the wash vat of the three comp. sink.

51 Caulk toilets to the floor.



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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.

✓  
Spell

52 Keep dumpster lids closed and replace missing dumpster plug.

53 Clean floors in the large walk-in freezer and in the storage area. Seal holes in the wall above the bag in the box soda unit. Repair wall damage in the stand. Clean wall under the three compartment sink. Repair damaged ceiling tiles and repair water leaks in the central storage area.

54 Clean vent in stand.



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## Observations and Corrective Actions

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