# Food Establishment Inspection Report

stablishment Name: WILCO HESS #1130

Dilshment Name: Wildo Filoo #1100		Establishment ID: 3004020000
e: <u>Ø 1</u> / <u>2 3</u> / <u>2 Ø 1 3</u> Status Code: A	<b>-</b> ∔│[	Foodborne Illness Risk Factors and Public Health Interventions

Date: <u>Ø 1</u> / <u>2 3</u> / <u>2 Ø 1 3</u> Status Code: A							
Time In: <u>Ø 3</u> : <u>4 5</u> ⊗ ar	m Time Out: <u>Ø 5</u> : <u>4 5 </u> am						
Total Time:10 hrs 0 m	inutes						
Category #: II	• •						
Establishment Type: _							

### Instructions:

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

Location Address: 2901 WAUGHTOWN ST
City: WINSTON SALEM
State: NC Zip: 27107
County: 34 Forsyth
Permittee: WILCO/HESS LLC.
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

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".

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 CDI R VR Supervision .2652 O & O PIC Present; Demonstration-Certification by accredited program and perform duties ○ **⊗** 2 0 ololo **Employee Health** .2652 Management, employees knowledge; responsibilities & reporting O O O 3 1.5 0 2 0 0 0 OŬT OUT O O O 3 1.5 0 3 Proper use of reporting, restriction & exclusion 0 0 0 **Good Hygienic Practices** .2652, .2653 ⊗ IN OUT Proper eating, tasting, drinking, or tobacco use 0 0 0 4 OUT 000 5 No discharge from eyes, nose, and mouth 0 0 0 Preventing Contamination by Hands .2652, .2653, .2655, .2656  $\begin{array}{c|c} \bigcirc \bigcirc \bigcirc \bigcirc \\ 4 & 2 & 0 \end{array}$ OUT Hands clean & properly washed 0 0 0 ⊗ ○ ○ IN OUT N/O No bare hand contact with RTE foods or pre-approved 0 0 0 3 1.5 0 7 0 0 0 alternate procedure properly allowed OUT 0 1 0 8 Handwashing sinks supplied & accessible 0 0 0 **Approved Source** .2653, .2655 Food obtained from approved source 0 0 0 OŬT O O & IN OUT N/O  $\mathop{\bigcirc}_{1}\mathop{\bigcirc}_{0}$ 10 Food received at proper temperature 0 0 0 ⊗ ○ IN OUT  $\mathop{\bigcirc}_{1}\mathop{\bigcirc}_{0}$ 11 Food in good condition, safe & unadulterated 0 0 0 O O O Required records available: shellstock tags, parasite IN OUT N/A N/O destruction  $\mathop{\bigcirc}_{1}\mathop{\bigcirc}_{0}$ 0 0 0 **Protection from Contamination** .2653, .2654 ⊗ ○ ○ ○ ○ NO Food separated & protected O O O 3 1.5 0 13 0 0 8 ○ **⊗** ○ 3 1.5 0 14 Food-contact surfaces: cleaned & sanitized 0  $\circ$ 0 IN OUT OUT  $\bigcirc 0$ Proper disposition of returned, previously served, 15 0 0 0 reconditioned, & unsafe food Potentially Hazardous Food Tlme/Temperature .2653 O O O 3 1.5 0 Proper cooking time & temperatures 0 0 0 IN OUT N/A N/O O O O 3 1.5 0 Proper reheating procedures for hot holding  $\bigcirc$  $\bigcirc$ 0 IN OUT N/A N/O OOO S IN OUT N/A N/O  $\circ \circ \circ$ Proper cooling time & temperatures 0 0 0 3 1.5 0 ○ ○ ○ 3 1.5 0 Proper hot holding temperatures  $\bigcirc$  $\bigcirc$  $\bigcirc$ IN OUT N/A N/O 0 0 0 3 1.5 0 Proper cold holding temperatures 0 0 0 IN OUT N/A N/O ○ ○ **⊗** 3 1.5 0 Proper date marking & disposition 8 0 0 IN OŪTN/A N/O O O & O Time as a public health control: procedures & records 0 0 0 Consumer Advisory .2653 ○ ○ **⊗** Consumer advisory provided for raw or undercooked IN OUT N/A foods 0 0 0 0  $\circ$ 0 **Highly Susceptible Populations** ⊗ ○ ○ IN OUT N/A O O O 3 1.5 0 Pasteurized foods used; prohibited foods not offered 00 Chemical .2653, .2657 0 0 0 Food additives: approved & properly used 0 00 IN OUT N/A

Toxic substances properly identified stored, & used

Compliance with variance, specialized process, reduced oxygen packing criteria or HACCP plan

IN OUT N/A

Conformance with Approved Procedures

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.2658

00

Score: 95.5

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

### Food Establishment Inspection Report, continued

Establishment Name: WILCO HESS #1130 Establishment ID: 3034020596

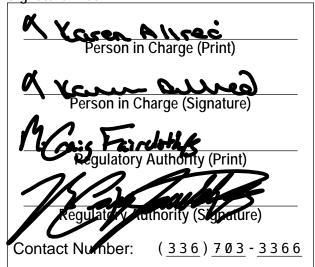
### Instructions, continued:

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".
- 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:



Verification Required Date: \_\_\_/ \_\_ REHS ID: 1938 - Faircloth, Craig

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,									
Co	nmnliar	nce Statu	chemicals, and physical objects into foods.		UT		CDI	R	VR
		od and V			,01		СЫ		VIX
28	⊗ IN	OUT	Pasteurized eggs used where required	0	0.5		0	0	0
29	⊗ IN	OUT	Water and ice from approved source	0	0	-	0	0	0
30		O & UT N/A	Variance obtained for specialized processing methods	0	_	Ō	0	0	0
Fo			ure Control .2653, .2654			-			
31	⊗ IN	OUT	Proper cooling methods used; adequate equipment for temperature control	) 1 (	O 0.5		0	0	0
32	O O	○ <b>⊗</b> TN/A N/C	Plant food properly cooked for hot holding		O 0.5	0	0	0	0
33	⊗ ○ IN OU	O O	Approved thawing methods used		O 0.5	0	0	0	0
34	⊗ IN	OUT	Thermometers provided & accurate	) 1 (	O 0.5		0	0	0
Fo		entificat	ion .2653						
35	⊗ IN	OUT	Food properly labeled: original container	) 2	() 1	${}^{\circ}_{0}$	0	0	0
Pr		_	ood Contamination .2652, .2653, .2654, .2656	5, .2	$\overline{}$	$\overline{}$			1
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	2	1	0	0	0	0
38	⊗ IN	OUT	Personal cleanliness		O 0.5	0	0	0	0
39	⊗ IN	OUT	Wiping cloths: properly used & stored		O 0.5	0	0	0	0
40	⊗ IN	OUT	Washing fruits & vegetables	_	O 0.5	0	0	0	0
Pr	•	Jse of U	tensils .2653, .2654						
41	IN	OUT	In-use utensils: properly stored		0.5	0	0	0	0
42	⊗ IN	OUT	Utensils, equipment & linens: properly stored, dried & handled	1 (	0.5	Õ	0	0	0
43	⊗ IN	OUT	Single-use & single-service articles: properly stored & used	) 1 (	).5	0	0	0	0
44	⊗ IN	OUT	Gloves used properly		O 0.5	0	0	0	0
Ut			uipment .2653, .2654, .2663			$\overline{}$			
45	11.4	OUT	Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed, & used	_		_	0	0	0
46		OUT	Warewashing facilities: installed, maintained, & used; test strips	_	).5	0	0	0	0
47	IN	<b>⊗</b> OUT	Non-food contact surfaces clean	1 (	<b>&amp;</b> ) ).5		0	0	0
Ph	<u> </u>	Faciliti	es .2654, .2655, .2656						
48		OUT	Hot & cold water available; adequate pressure	2	1	0	0	0	0
49	⊗ IN	OUT	Plumbing installed; proper backflow devices	2	1	0	0	0	0
50	⊗ IN	OUT	Sewage & waste water properly disposed	2	1	0	0	0	0
51	O IN	⊗ OUT	Toilet facilities: properly constructed, supplied & cleaned	1 (	0.5		0	0	0
52	⊗ IN	OUT	Garbage & refuse properly disposed; facilities maintained		0.5	0	0	0	0
53	O IN	⊗ OUT	Physical facilities installed, maintained & clean	_	0.5	0	0	0	0
54	⊗ IN	OUT	Meets ventilation & lighting requirements; designated areas used	) 1 (	O 0.5		0	0	0
			Total Deductions:	4.	5				

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

	Comment	Adden	dum t	o Food	Establis	shmen <sup>*</sup>	t Inspe	ction Report	
Establishm	nent Name: WILCO F	IESS #1130			Establish	ment ID: _	3034020596	Date: 01/23/20	13
Location	n Address: 2901 WA	UGHTOWN S	Т					Status Code:	Α
City: _W	VINSTON SALEM			ate: NC_				Category #:_	II
County:	34 Forsyth	Zi	p: <u>27107</u>					Email 1:	
	vater System:   Minney							Email 2:	
	Supply: ⊗ Mu tee:WILCO/HESS LL	unicipal/Commur ₋C.	nity ⊖ On-	Site System				Email 3:	
Teleph								Linai o.	
			Te	mperature	Observat	tions			
Item hot dog	Location roller grill	Temp 134	Item	Locati	on	Temp	Item	Location	Tem
burger dog	roller grill	141							
tornado	roller grill	139							
slaw	reach in cooler	40							
hot dog	reach in cooler	39							
hot water	3 comp sink	134							
Of this ta	acility must complete	an approved	। १००० <b>s</b> ar	ety course.					
14 The ma sanitizin	nager stated the uten	sils are was cleaning prod	ned dried cess. All	and placed i utensils musi	n to service. t be properly	The mana washed, rir	ger was not nsed , and s	aware of the need for anitized.	· a
	marking procedure is ck can be properly ro							d so that items can be	e tracked
	When using quaterna							n another spray bottle aintained between 200	

## **Comment Addendum to Food Establishment Inspection Report**

Establishment Name: WILCO HESS #1130	Establishment ID:	3034020596					
Observations and Corrective Actions							
Violations cited in this report must be corrected within the time frames below	ow, or as stated in section:	8-405.11 of the foo	d code.				



Detailed cleaning is needed on the cabinets and storage areas below the self service areas, the shelving, and the interior, shelving, and door gaskets of reach in refrigeration units.

Detailed cleaning is needed in the restroom.

Repair and re-seal the damaged area around the drain below the 3 compartment sink.



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.





# Comment Addendum to Food Establishment Inspection Report

Establishment Name: WILCO HESS #1130 Establishment ID: 3034020596

**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.



