Score: 98.5																	
Establishment Name: ATKINS FOOTBALL CONCESSION STAND									Establishment ID: 3034020640								
Location Address: 3605 OLD GREENSBORO RD								⊠Inspection ☐ Re-Inspection									
City: WINSTON SALEM State: NC								Date: 10 / 11 / 2013 Status Code: A									
Zip: 27101 County: 34 Forsyth							Time In: $0.5 : 3.0 \overset{\bigcirc}{\otimes} \overset{\text{am}}{\text{pm}}$ Time Out: $0.7 : 0.0 \overset{\bigcirc}{\otimes} \overset{\text{am}}{\text{pm}}$										
Permittee: WS/FC SCHOOLS								Total Time: 1 hr 30 minutes									
	crimition.							Category #: _II									
	Telephone:							FDA Establishment Type: Fast Food Restaurant									
	Nastewater System: ⊠Municipal/Community ☐ On-Site Sy								No. of Risk Factor/Intervention Violations: 0								
Water Supply: ⊠Municipal/Community ☐ On-Site Supply										0.	of F	Repeat Risk Factor/Intervention Viola	ations:				
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.						Good Retail Practices  Good Retail Practices: Preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.											
	IN OUT N/A N/O Compliance Status OUT CDI R VR					IN OUT N/A N/O Compliance Status OUT CDI R											
_	_	rvisi	on		.2652 PIC Present; Demonstration-Certification by					1	nd Wa	ater .2653, .2655, .2658					
					accredited program and perform duties	2 0	<del>ا</del> ⊢			X		Pasteurized eggs used where required	1 0.5 0				
$\overline{}$		oye	e He	alth	.2652 Management employees knowledge:		29	X				Water and ice from approved source	2 1 0				
$\rightarrow$	×				Management, employees knowledge; responsibilities & reporting	3 1.5 0	30			×		Variance obtained for specialized processing methods	1 0.5 0				
_	X	Ш			Proper use of reporting, restriction & exclusion	3 1.5 0	Food Temperature Control .2653, .2654										
$\neg$	000  X	П	gien	IC Pr	actices .2652, .2653  Proper eating, tasting, drinking, or tobacco use	210	31	X				Proper cooling methods used; adequate equipment for temperature control	1 0.5 0				
-							32	×				Plant food properly cooked for hot holding	1 0.5 0				
_	<b>X</b>	ntin	a Co	onto	No discharge from eyes, nose or mouth mination by Hands .2652, .2653, .2655, .2656	1 0.5 0	33	×				Approved thawing methods used	1 0.5 0				
$\overline{}$	X		y ct	Jilla	Hands clean & properly washed	420	34		×			Thermometers provided & accurate	1 0.5 🗶 [				
$\rightarrow$	$\mathbf{X}$	_	П	П	No bare hand contact with RTE foods or pre-	3 1.5 0	Fo	ood	Ider	ntif	icatio	n .2653					
-					approved alternate procedure properly followed		35	×				Food properly labeled: original container	2 1 0				
8 Approved Source  Approved Source  .2653, .2655								$\overline{}$	n c	of Foo	od Contamination .2652, .2653, .2654, .2656, .2657 Insects & rodents not present; no unauthorized						
$\overline{}$	X		1 30	uicc	Food obtained from approved source	210000		×	-			animals	2 1 0				
_		$\overline{\Box}$		×	Food received at proper temperature	210	37	X				Contamination prevented during food preparation, storage & display	2 1 0				
11		_			Food in good condition, safe & unadulterated		38	X				Personal cleanliness	1 0.5 0				
12			×	П	Required records available: shellstock tags,		39	X				Wiping cloths: properly used & stored	1 0.5 0				
	rote	ctio		om C	parasite destruction ontamination .2653, .2654		40	×			]	Washing fruits & vegetables	1 0.5 0				
$\overline{}$	X				Food separated & protected	3 1.5 0				_	of Ute	ensils .2653, .2654					
-	X	$\overline{\Box}$			Food-contact surfaces: cleaned & sanitized	3 1.5 0	41	×				,	1 0.5 0				
-	X				Proper disposition of returned, previously served,		42	X				Utensils, equipment & linens: properly stored, dried & handled	1 0.5 0				
		ntial	v Ha	azaro	reconditioned, & unsafe food dous Food TIme/Temperature .2653		43	X				Single-use & single-service articles: properly stored & used	1 0.5 0				
$\overline{}$	×				Proper cooking time & temperatures	3 1.5 0	44	X				Gloves used properly	1 0.5 0				
17	×				Proper reheating procedures for hot holding	31.50	U	tens	sils a	and	l Equi	ipment .2653, .2654, .2663					
18			×		Proper cooling time & temperatures	31.50	45		×			Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed, & used	2 🗶 0				
19		Ц	Ш	X	Proper hot holding temperatures	3 1.5 0	46	X				Warewashing facilities: installed, maintained, & used; test strips	1 0.5 0				
20	X				Proper cold holding temperatures	3 1.5 0	ł L	X				Non-food contact surfaces clean	1 0.5 0				
21	X				Proper date marking & disposition	3 1.5 0				$\overline{}$	cilities						
22			X		Time as a public health control: procedures & records	210	l —			╚	4	Hot & cold water available; adequate pressure	2 1 0				
$\neg$	ons	ume	$\overline{}$	lvisc	Consumer advisory provided for raw or		<b>!</b>	×				Plumbing installed; proper backflow devices	2 1 0				
20 Undercooked foods				50	×				Sewage & waste water properly disposed	2 1 0							
н 24	_	y St □	isce	ptibl	Pasteurized foods used; prohibited foods not	31.50	51	×			]	Toilet facilities: properly constructed, supplied & cleaned	1 0.5 0				
		nical			offered .2653, .2657		52	×				Garbage & refuse properly disposed; facilities maintained	1 0.5 0				
			X		Food additives: approved & properly used	1 0.5 0	53		X			Physical facilities installed, maintained & clean	1 🗙 0				
-	×				Toxic substances properly identified stored, & used		╟	$\mathbf{X}$	П	T		Meets ventilation & lighting requirements;	1 0.5 0				
_		orma	ance	witl	n Approved Procedures		۳			_		designated areas used					
$\overline{}$		П			Compliance with variance, specialized process,							Total Deductions:	1.5				





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

Establishm	nent Name: ATKINS FO	OTBALL C	ONCESSION S	TAND	Establishment ID: 3034020640							
	Address: 3605 OLD GR											
	STON SALEM		Sta	ato: NC	Minspection		Status Code: A					
County:			Sia Zip: <sup>27101</sup>	ale			Category #:					
	r System: 🗷 Municipal/Com	nmunity 🗌	- ·		Empil 4.		oatogory "					
Water Supp		nmunity 🗌	On-Site System	Email 1:								
Permittee	e: WS/FC SCHOOLS				Email 2:							
Telephon	ie:				Email 3:							
			Tempe	Observations								
Item air temp	Location upright cooler-only	Temp 44	Item	Location	Te	mp Item	Location	Temp				
hot water	utensil sink	135										
chlorine	spray bottle	100										
hot dog	cook	141										
	An 1 e e e e e e e e e e e e e e e e e e				orrective Action							
	Violations cited in this rep ne food temperature the						of the food code.					
5 <del>-1</del> 0-ρι3. Π	ic lood temperature the	rinomete	1 10au 30-330,	neca to be	using a 0-2001 ti	icinionicici.						
45 Both of t	the ice scoops are crac	ked. Thes	e need to be r	eplaced bef	ore pieces of the	scoop break off into	the ice. All cooking	must				
	on ANSI/NSF equivale											
	eed more thorough clea	aning. The	ere is a build-u	p of floor wa	ax and dirt is stick	ting into the wax mal	king the floors hard	to				
clean.												
		Fi	irst	1	ast	0						
Person in Ch	arge (Print & Sign):	eff ,	701	Teague	dot	411 7						
	<u>.</u>				_		yva					
			irst	L Allred	ast	O ~ ~	$r \sim \delta$					
Regulatory A	uthority (Print & Sign): <sup>C</sup>	,		<b></b>		Those						
	RFHS ID:	1958 - A	Ilred, Christy		Vic	rification Required Date	e: / /					
		/,	, - · · · · · · · · · · · · · · · ·		ve	rinoation Negation Dati	··''					

REHS Contact Phone Number: (336)703 - 3135



Establishment Name: ATKINS FOOTBALL CONCESSION STAND Establishment ID: 3034020640

#### **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.





Establishment Name: ATKINS FOOTBALL CONCESSION STAND Establishment ID: 3034020640

Observations and Corrective Actions
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Establishment Name: ATKINS FOOTBALL CONCESSION STAND Establishment ID: 3034020640

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