Food Establishment Inspection Report

Establishment Name: WAKE MART Establishment ID: 3034020736

Date: 11 / 21 / 2012 Status Code: A					
Time In: $\underline{\emptyset \ 9} : \underline{4 \ \emptyset} \overset{\otimes}{\bigcirc} \overset{am}{pm}$ Time Out: $\underline{1 \ 1} : \underline{25} \overset{\otimes}{\bigcirc} \overset{am}{pm}$					
Total Time: 1 hr 45 minutes					
Category #: II					
Establishment Type: Fast Food Restaurant					

Instructions:

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

Location Address: 4100 NORTH CHERRY STREET							
City: WINSTON SALEM							
State: NC Zip: 27105							
County: 34 Forsyth							
Permittee: MOMANI 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

Score: 99

Risk factors: Contributing factors that increase the chance of developing foodborne illness. Public Health Interventions: Control measures to prevent foodborne illness or injury.									
Со	mpliance Statu	OUT	CDI	R	VR				
Su	pervision								
1	○ ⊗ ○ IN OUT N/A	PIC Present; Demonstration-Certification by accredited program and perform duties	○ ⊗ 2 0	0	0	0			
Employee Health .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 Hygienic F	Practices .2652, .2653							
4	⊗ ○ IN OUT	Proper eating, tasting, drinking, or tobacco use	2 1 0	0	0	0			
5	⊗ ○ IN OUT	No discharge from eyes, nose, and mouth	1 0.5 0	0	0	0			
Pro	eventing Cont	amination by Hands .2652, .2653, .2655, .265	6						
6	⊗ ○ IN OUT	Hands clean & properly washed	0 0 0	0	0	0			
7	⊗ ○ ○ IN OUT N/O	No bare hand contact with RTE foods or pre-approved alternate procedure properly allowed	0 0 0 3 1.5 0	0	0	0			
8	⊗ ○ IN OUT	Handwashing sinks supplied & accessible	0 0 0 2 1 0	0	0	0			
Ap	proved Sourc	e .2653, .2655							
9	⊗ ○ IN OUT	Food obtained from approved source	$\begin{array}{c c} \bigcirc \bigcirc \bigcirc \bigcirc \\ 2 & 1 & 0 \end{array}$	0	0	0			
10	O O S IN OUT N/O	Food received at proper temperature	O O O 2 1 0	0	0	0			
11	Ø ○ IN OUT	0 0 0 2 1 0	0	0	0				
12	OOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOO	Required records available: shellstock tags, parasite destruction	2 1 0	0	0	0			
Protection from Contamination .2653, .2654									
13	⊗ ○ ○ ○ ○ IN OUT N/A N/O	Food separated & protected	0 0 0 3 1.5 0	0	0	0			
14	Ø ○ IN OUT	3 1.5 0	0	0	0				
15	⊗ ○ IN OUT	2 1 0	0	0	0				
Potentially Hazardous Food Time/Temperature .2653									
16	IN OUT N/A N/O	Proper cooking time & temperatures Proper reheating procedures for hot holding	3 1.5 0	0	0	0			
17	IN OUT N/A N/O	3 1.5 0	0	0	0				
18	O O & O IN OUT N/A N/O	Proper cooling time & temperatures	3 1.5 0	0	0	0			
19	IN OUT N/A N/O	Proper hot holding temperatures	3 1.5 0	0	0	0			
20	IN OUT N/A N/O	Proper cold holding temperatures	3 1.5 0	0	0	0			
21	O & O O IN OUT N/A N/O	Proper date marking & disposition	3 1.5 0	8	0	0			
22	OOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOO	Time as a public health control: procedures & records	2 1 0	0	0	0			
Со	nsumer Advis								
23	O O S IN OUT N/A	Consumer advisory provided for raw or undercooked foods	1 0.5 0	0	0	0			
Hiç		ole Populations .2653							
24	IN OUT N/A	Pasteurized foods used; prohibited foods not offered	3 1.5 0	0	0	0			
Ch	emical	.2653, .2657							
25	O O & IN OUT N/A	Food additives: approved & properly used	1 0.5 0	0	0	0			
26	Ø ○ ○ IN OUT N/A	Toxic substances properly identified stored, & used	$\begin{array}{c c} \bigcirc \bigcirc \bigcirc \bigcirc \\ 2 & 1 & 0 \end{array}$	0	0	0			
Co		th Approved Procedures .2653, .2654,	0.00						
27	IN OUT N/A	Compliance with variance, specialized process, reduced oxygen packing criteria or HACCP plan	$\begin{array}{c c} \bigcirc \bigcirc \bigcirc \bigcirc \\ 2 & 1 & 0 \end{array}$	0	0	0			

Food Establishment Inspection Report, continued

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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 (Signature)

Regulatory Authority (Print)

Regulatory Authority (Signature)

Contact Number: (<u>336</u>) <u>703</u> - <u>3135</u>

Verification Required Date: ___/__/__

REHS ID: 1958 - Allred, Christy

No. of Risk Factor/ Intervention Violations: 3 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 CDI R VR .2653, .2655, .2658 Safe Food and Water ○ ○ ○ 1 0.5 0 OUT 0 28 Pasteurized eggs used where required \circ 0 O O O 0 0 0 29 Water and ice from approved source OUT O O & IN OUT N/A 0 0 0 1 0.5 0 Variance obtained for specialized processing methods 0 30 0 **Food Temperature Control** .2653...2654 Proper cooling methods used; adequate equipment for temperature control 0 0 0 OUT 0 0 U U S U Plant food properly cooked for hot holding 0 0 0 1 0.5 0 32 0 0 0 0 0 0 1 0.5 0 ⊗ ○ ○ ○ Approved thawing methods used IN OUT N/A N/O 0 0 ○ **⊗** ○ 1 0.5 0 ⊗ OUT Thermometers provided & accurate 0 0 0 34 **Food Identification** .2653 OUT Food properly labeled: original container 0 0 0 35 Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657 0 0 OUT Insects & rodents not present; no unauthorized animals 0 0 36 OUT Contamination prevented during food preparation, 37 0 0 \bigcirc storage & display OUT O O O 38 Personal cleanliness 0 0 0 ⊗ IN OUT 0 0 0 1 0.5 0 0 39 Wiping cloths: properly used & stored 0 0 OUT ○ ○ ○ 1 0.5 0 Washing fruits & vegetables 40 0 0 **Proper Use of Utensils** .2653, .2654 0 0 0 1 0.5 0 ⊗ IN OUT 41 0 In-use utensils: properly stored 0 000Utensils, equipment & linens: properly stored, dried & handled 0 0 42 0 OUT 1 0.5 0 Single-use & single-service articles: properly 43 0 0 0 OUT 1 0.5 0 stored & used ⊗ IN OUT $\overline{000}$ 0 0 44 Gloves used properly 0 1 0.5 0 Utensils and Equipment .2653, .2654, .2663 $\bigcirc \bigcirc \bigcirc$ \bigcirc \bigcirc \bigcirc 1 0 Equipment, food & non-food contact surfaces approved, 45 0 \bigcirc OŬT cleanable, properly designed, constructed, & used ⊗ IN OUT 0 0 0 1 0.5 0 Warewashing facilities: installed, maintained, & used; 46 0 0 test strips ⊗ OUT ○ **⊗** ○ 1 0.5 0 0 0 0 Non-food contact surfaces clean **Facilities Physical** .2654, .2655, .2656 $\bigcirc \bigcirc \bigcirc \bigcirc$ 2 1 0 OUT Hot & cold water available; adequate pressure 0 0 0 48 ⊗ IN OUT 49 Plumbing installed; proper backflow devices 0 0 0 OUT 50 0 0 0 Sewage & waste water properly disposed 1 0 ⊗ IN 0 0 0 1 0.5 0 OUT Toilet facilities: properly constructed, supplied 0 0 51 0 OUT Garbage & refuse properly disposed; 0 0 0 1 0.5 0 52 0 0 facilities maintained 0 00053 Physical facilities installed, maintained & clean 0 0 0 OUT 1 0.5 0 OUT 0 0 0 1 0.5 0 Meets ventilation & lighting requirements; 54 0 0 0 **Total Deductions:**

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

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Location Address: 4100 NORTH CHERRY STREET							Status Code: A		
City: WINSTON SALEM State: NC County: 34 Forsyth Zip: 27105 Wastewater System: Municipal/Community On-Site System Water Supply: MOMANI INC.							Category #:II		
							Email 1: Email 2: Email 3:		
			Tempe	erature	Observations	S			
Item burger	Location cook temp	Temp 180	Item Location air temp milk cool				Location Te		
tomatoes	make unit	37	sanitizer in	cholrine	e utensil sink	50			
cheese	make unit	37	chili	reheatii	ng	168			
bologna	upright cooler	39							
burgers	upright cooler	37							
fish	upright cooler	38							
hot dogs	upright cooler	39							
hot water	utensil sink	130							
	Violations cited in this r	eport must be	corrected within	the time f	·	stated in	n sections 8-405	5.11 of the food code.	
U-pts. P	IC is not servsafe cer	titiea. Servs	are certificatio	n become	es mandatory by	Januar	y 2014.		

0-pts. Be sure to implement an employee health policy. 2

- 0-pts. Ready to eat, potentially hazardous foods that have been prepared onsite and will be held for more the 24 hours need to be date marked. Based on the current menu bologna is the only product that will needs to be date marked.
- One of the thermometeres was off calibration over 15 degrees. All of the thermometers needed cleaning. Thermometers can be calibrated by submerging the probe in ice water and adjusting the dial to 32F.



Comment Addendum to Food Establishment Inspection Report

Establishment Name: WAKE MART Establishment ID: 3034020736

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.

7 General equipment cleaning is needed. Examples include handles on equipment, outsides of equipment, counters and cabinets.





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