

# Food Establishment Inspection Report

Score: 98

Establishment Name: UPPER DECK CAFE

Establishment ID: 3034011109

Location Address: 4900 BETHANIA STATION

City: WINSTON SALEM State: North Carolina

Zip: 27105 County: 34 Forsyth

Permittee: WILSON COOK MEDICAL INC

Telephone: (336) 744-0157

☒ Inspection ☐ Re-Inspection ☐ Educational Visit

## Wastewater System:

☒ Municipal/Community ☐ On-Site System

## Water Supply:

☒ Municipal/Community ☐ On-Site Supply

Date: 05/02/2025

Status Code: A

Time In: 9:50 AM

Time Out: 12:30 PM

Category#: III

FDA Establishment Type: Full-Service Restaurant

No. of Risk Factor/Intervention Violations: 0

No. of Repeat Risk Factor/Intervention Violations: 0

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

## Good Retail Practices

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



# Comment Addendum to Food Establishment Inspection Report

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Establishment ID: 3034011109  
☒ Inspection ☐ Re-Inspection Date: 05/02/2025  
☐ Educational Visit Status Code: A  
 Comment Addendum Attached? ☒ Category #: III  
 Email 1:  
 Email 2:  
 Email 3:

## Temperature Observations

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
hot water /three compartment sink	134				
quat sanitizer /three compartment sink in ppm	200				
final rinse /dishmachine	168				
sliced cheese /2 door refrigerator	40				
ham /2 door refrigerator	40				
air temp/2 door refrigerator	40				
air temp/2 door pull unit	36				
pork /2 door pull unit	36				
lettuce /front 2 door pull unit	34				
air temp/front 2 door pull unit	32				
baked ziti/reheat	165				
chicken casserole /reheat	165				
broccoli casserole /final cook temp	135				
bake ziti/reheat	165				

Person in Charge (Print & Sign): *First* Susan *Last* Davis  
 Regulatory Authority (Print & Sign): *First* Craig *Last* Bethel

*Susan Davis*  
*Craig Bethel*

REHS ID: 1766 - Bethel, Craig Verification Dates: Priority: Priority Foundation: Core:  
 REHS Contact Phone Number: (336) 703-3143 Authorize final report to be received via Email: \_\_\_\_\_



North Carolina Department of Health & Human Services

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 DHHS is an equal opportunity employer.  
 Food Establishment Inspection Report, 12/2023

• Division of Public Health • Environmental Health Section • Food Protection Program



## Comment Addendum to Inspection Report

**Establishment Name:** UPPER DECK CAFE

**Establishment ID:** 3034011109

**Date:** 05/02/2025 **Time In:** 9:50 AM **Time Out:** 12:30 PM

### Certifications

Name	Certificate #	Type	Issue Date	Expiration Date
Susan Davis	26710828	Food Service	12/20/2024	12/20/2024

### 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.

- 47 4-501.11 Good Repair and Proper Adjustment - Equipment- (C)(Repeat)  
Hood above warewashing machine is rusting.  
Door gaskets are starting to on the 2 door freezer next to the ovens.  
(B) EQUIPMENT components such as doors, seals, hinges, fasteners, and kick plates shall be kept intact, tight, and adjusted in accordance with manufacturer's specifications.
- 49 4-602.13 Nonfood Contact Surfaces (C)  
Additional cleaning needed on the sides, insides, and under cabinets and equipment.  
NonFOOD-CONTACT SURFACES of EQUIPMENT shall be cleaned at a frequency necessary to preclude accumulation of soil residues.
- 55 6-501.12 Cleaning, Frequency and Restrictions (C)  
Additional cleaning needed along wall behind the dishmachine and ceiling tiles around air vents. Along walls behind equipment and shelving units.  
(A) PHYSICAL FACILITIES shall be cleaned as often as necessary to keep them clean.
- 56 6-303.11 Intensity - Lighting (C)  
Low lighting measured in the food prep sink area. 33-48 f/c measured.  
The light intensity shall be:  
(C) At least 540 lux (50 foot candles) at a surface where a FOOD EMPLOYEE is working with FOOD or working with UTENSILS or EQUIPMENT such as knives, slicers, grinders, or saws where EMPLOYEE safety is a factor.
- 6-501.14 Cleaning Ventilation Systems, Nuisance and Discharge Prohibition (C)  
Cleaning is needed on floor fan guards and ceiling registrar's.  
(A) Intake and exhaust air ducts shall be cleaned and filters changed so they are not a source of contamination by dust, dirt, and other materials.