

# Food Establishment Inspection Report

Score: 91.5

Establishment Name: FAIRGROUNDS ANNEX STAND #1 (SOUTH)

Establishment ID: 3034020209

Location Address: 300 DEACON BLVD

City: WINSTON SALEM State: North Carolina

Zip: 27105 County: 34 Forsyth

Permittee: CITY OF W/S

Telephone: (336) 727-2978

Inspection  Re-Inspection

**Wastewater System:**

Municipal/Community  On-Site System

**Water Supply:**

Municipal/Community  On-Site Supply

Date: 11/23/2021 Status Code: A

Time In: 1:00 PM Time Out: 3:40 PM

Category#: II

FDA Establishment Type: \_\_\_\_\_

No. of Risk Factor/Intervention Violations: 6

No. of Repeat Risk Factor/Intervention Violations: 1

**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	IN	<input checked="" type="checkbox"/>	N/A	PIC Present, demonstrates knowledge, & performs duties	X	0			
2	IN	<input checked="" type="checkbox"/>	N/A	Certified Food Protection Manager	X	0			
<b>Employee Health .2652</b>									
3	IN	<input checked="" type="checkbox"/>		Management, food & conditional employee; knowledge, responsibilities & reporting	2	X	0	X	X
4	<input checked="" type="checkbox"/>	OUT		Proper use of reporting, restriction & exclusion	3	1.5	0		
5	IN	<input checked="" type="checkbox"/>		Procedures for responding to vomiting & diarrheal events	1	0.5	X	X	
<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	IN	<input checked="" type="checkbox"/>	N/A	Handwashing sinks supplied & accessible	2	1	X	X	
<b>Approved Source .2653, .2655</b>									
11	<input checked="" type="checkbox"/>	OUT		Food obtained from approved source	2	1	0		
12	IN	OUT	<input checked="" type="checkbox"/>	Food received at proper temperature	2	1	0		
13	<input checked="" type="checkbox"/>	OUT		Food in good condition, safe & unadulterated	2	1	0		
14	IN	OUT	<input checked="" type="checkbox"/>	Required records available: shellstock tags, parasite destruction	2	1	0		
<b>Protection from Contamination .2653, .2654</b>									
15	IN	<input checked="" type="checkbox"/>	N/A/N/O	Food separated & protected	3	1.5	X	X	
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	IN	OUT	<input checked="" type="checkbox"/>	Proper cooking time & temperatures	3	1.5	0		
19	IN	OUT	<input checked="" type="checkbox"/>	Proper reheating procedures for hot holding	3	1.5	0		
20	IN	OUT	<input checked="" type="checkbox"/>	Proper cooling time & temperatures	3	1.5	0		
21	<input checked="" type="checkbox"/>	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	IN	OUT	<input checked="" type="checkbox"/>	Proper date marking & disposition	3	1.5	0		
24	IN	OUT	<input checked="" type="checkbox"/>	Time as a Public Health Control; procedures & records	3	1.5	0		
<b>Consumer Advisory .2653</b>									
25	IN	OUT	<input checked="" type="checkbox"/>	Consumer advisory provided for raw/undercooked foods	1	0.5	0		
<b>Highly Susceptible Populations .2653</b>									
26	IN	OUT	<input checked="" type="checkbox"/>	Pasteurized foods used; prohibited foods not offered	3	1.5	0		
<b>Chemical .2653, .2657</b>									
27	IN	OUT	<input checked="" type="checkbox"/>	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	IN	OUT	<input checked="" type="checkbox"/>	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	IN	OUT	<input checked="" type="checkbox"/>	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	IN	OUT	<input checked="" type="checkbox"/>	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	IN	OUT	N/A	Plant food properly cooked for hot holding	1	0.5	0		
35	<input checked="" type="checkbox"/>	OUT	N/A/N/O	Approved thawing methods used	1	0.5	0		
36	IN	<input checked="" type="checkbox"/>		Thermometers provided & accurate	1	0.5	0		X
<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	IN	<input checked="" type="checkbox"/>		Personal cleanliness	X	0.5	0		X
41	<input checked="" type="checkbox"/>	OUT		Wiping cloths: properly used & stored	1	0.5	0		
42	IN	OUT	<input checked="" type="checkbox"/>	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	IN	<input checked="" type="checkbox"/>		Single-use & single-service articles: properly stored & used	1	0.5	X		
46	<input checked="" type="checkbox"/>	OUT		Gloves used properly	1	0.5	0		
<b>Utensils and Equipment .2653, .2654, .2663</b>									
47	IN	<input checked="" type="checkbox"/>		Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed & used	1	0.5	0		
48	IN	<input checked="" type="checkbox"/>		Warewashing facilities: installed, maintained & used; test strips	1	0.5	0		X
49	IN	<input checked="" type="checkbox"/>		Non-food contact surfaces clean	X	0.5	0		X
<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	IN	<input checked="" type="checkbox"/>	N/A	Toilet facilities: properly constructed, supplied & cleaned	X	0.5	0		X
54	<input checked="" type="checkbox"/>	OUT		Garbage & refuse properly disposed; facilities maintained	1	0.5	0		
55	IN	<input checked="" type="checkbox"/>		Physical facilities installed, maintained & clean	X	0.5	0		X
56	<input checked="" type="checkbox"/>	OUT		Meets ventilation & lighting requirements; designated areas used	1	0.5	0		
<b>TOTAL DEDUCTIONS:</b>					<b>8.5</b>				



# Comment Addendum to Food Establishment Inspection Report

FAIRGROUNDS ANNEX STAND #1

Establishment Name: (SOUTH)  
 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: (336) 727-2978

Establishment ID: 3034020209  
 Inspection  Re-Inspection Date: 11/23/2021  
 Comment Addendum Attached?  Status Code: A  
 Water sample taken?  Yes  No Category #: II  
 Email 1:  
 Email 2:  
 Email 3:

## Temperature Observations

**Effective January 1, 2019 Cold Holding is now 41 degrees or less**

Item	Location	Temp	Item	Location	Temp	Item	Location	Temp
Hot water	3 comp sink	136						
Cheese	Hot holding	135						
Chili	Hot holding	135						
Cheese	Upright cooler	41						
Quat sanitizer	3 comp sink - ppm	200						
Ambient air	Walk-in cooler	31						

Person in Charge (Print & Sign): Shannon *First* Campbell *Last*

Regulatory Authority (Print & Sign): Christy *First* Whitley *Last*

REHS ID: 2610 - Whitley, Christy Verification Required Date: 12/03/2021

# Comment Addendum to Inspection Report

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

**Establishment ID:** 3034020209

## 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 2-103.11 (A) - (P) (Pf) Person-in-charge did not possess a Certified Food Protection Manager Certification. Priority violations were documented during today's inspection. CDI: Reviewed violations and duties to address priority and priority foundation items during inspection
- 2 2-102.12 (A) Certified Food Protection Manager (C) The person-in-charge shall be a certified food protection manager who has shown proficiency of required information through passing a test that is part of an accredited program.
- 3 2-201.11 (A), (B), (C), and (E) Responsibility of Permit Holder, Person in Charge and Conditional Employees (P) Repeat. Employee was unaware of employee health policy in place, and could name two of the illnesses transmitted through food. A food employee shall report to the PIC if they have any of the "Big 6" reportable illnesses: norovirus, hepatitis A virus, shigella spp., shiga-toxin producing e.coli, salmonella typhi or salmonella nontyphoidal OR if they are exhibiting any symptoms such as vomiting, diarrhea, jaundice, sore throat with a fever or have an open wound on exposed arm/wrist with pus. CDI: Person-in-charge educated and provided with new employee health policy containing reportable illnesses and symptoms.
- 5 2-501.11 Clean-up of Vomiting and Diarrheal Event (Pf) Establishment does not have a written procedure in place for clean-up of vomit or diarrheal incidents. A food establishment shall have written procedures for employees to follow when responding to vomiting or diarrheal events that involve the discharge of vomitus or fecal matter onto surfaces in the food establishment. The procedures shall address the specific actions employees must take to minimize the spread of contamination and the exposure of employees, consumers, food, and surfaces to vomitus or fecal matter. CDI- Management educated and provided educational flyers with an example of a written procedure that they may use.
- 10 6-301.12 Hand Drying Provision (Pf) No paper towels were supplied at handwashing sink, as the paper towels were supplied by the front register. Each handwashing sink shall be provided with: (A) Individual, disposable towels; (B) A continuous towel system that supplies the user with a clean towel; or (C) A heated-air hand drying device. CDI: Paper towels placed on top of paper towel dispenser.
- 15 3-302.11 Packaged and Unpackaged Food - Separation, Packaging, and Segregation (P) Open bag of raw chicken tenders being stored on shelving above open bag of French Fries in upright freezer. Food shall be protected from cross contamination by separating raw animal foods during storage, preparation, holding, and display from ready-to-eat foods. CDI: Person-in-charge removed open bag of chicken tenders from freezer.
- 36 4-302.12 Food Temperature Measuring Devices (Pf) No food thermometer could be located during inspection. FOOD TEMPERATURE MEASURING DEVICES shall be provided and readily accessible for use in ensuring attainment and maintenance of FOOD temperatures as specified under Chapter 3. \*Verification required by 12-3-21 to Christy Whitley. Contact 336-703-3157 or [Whitleca@forsyth.cc](mailto:Whitleca@forsyth.cc)\*
- 40 2-402.11 Effectiveness - Hair Restraints (C) Repeat. Only food employee assembling food and drinks lacking hair restraint. FOOD EMPLOYEES shall wear hair restraints such as hats, hair coverings or nets, beard restraints, and clothing that covers body hair, that are designed and worn to effectively keep their hair from contacting exposed FOOD; clean EQUIPMENT, UTENSILS, and LINENS; and unwrapped SINGLESERVICE and SINGLE-USE ARTICLES.
- 45 4-903.11 (A) and (C) Equipment, Utensils, Linens and Single-Service and Single-Use Articles - Storing (C) Sleeve of food trays being stored on floor beside preparation table. Single-service and single-use articles shall be stored: (1) In a clean, dry location; (2) Where they are not exposed to splash, dust, or other contamination; and (3) At least 15 cm (6 inches) above the floor.
- 47 4-501.11 Good Repair and Proper Adjustment - Equipment (C) Repeat. Rusted castors present on wheels of rolling prep table. / Ends of shelving in upright cooler are chipping paint/exposing rust. Equipment shall be maintained cleanable and in good repair.
- 48 4-302.14 Sanitizing Solutions, Testing Devices (Pf) Quat test strips are discolored (bleached) in several sections and expired 11/30/2019. Obtain new test strips. \*Verification required by 12-3-21 to Christy Whitley. Contact 336-703-3157 or [Whitleca@forsyth.cc](mailto:Whitleca@forsyth.cc) // 4-501.14 Warewashing Equipment, Cleaning Frequency (C) Food debris and grease remaining in basins and drainboards of three compartment sink from previous event. The compartments of sinks, basins, or washing and rinsing EQUIPMENT, UTENSILS, or raw FOODS, or laundering wiping cloths; and drainboards or other EQUIPMENT used to substitute for drainboards ... shall be cleaned:(A) Before use; (B) Throughout the day at a frequency necessary to prevent recontamination of EQUIPMENT and UTENSILS and to ensure that the EQUIPMENT performs its intended function; and (C) If used, at least every 24 hours.
- 49 4-601.11 (B) and (C) Equipment, Food-Contact Surfaces, Nonfood Contact Surfaces, and Utensils (C) Repeat. Additional cleaning needed in the following areas: inside warming drawers, exteriors of flat top grill, fryers interior and exterior, inside of upright cooler, black bins with sauce packets, and shelving with clean utensils. Nonfood-contact surfaces of equipment and utensils shall be kept free of an accumulation of dust, dirt, food residue, and other debris.

- 53 5-501.17 Toilet Room Receptacle, Covered (C) Repeat. Employee restroom lacking a trash can with lid. A toilet room used by females shall be provided with a covered receptacle for sanitary napkins.
- 55 6-501.12 Cleaning, Frequency and Restrictions (C) Repeat. Extensive floor cleaning needed throughout establishment to include under/behind equipment, under front service line, and baseboards, and around icemachine/warewashing. / Dust accumulation on ceilings above front counter. Physical facilities shall be cleaned as often as necessary to be maintained. // 6-501.11 Repairing - Premises, Structures, Attachments, and Fixtures - Methods (C) Repeat. Damaged ceiling in shared employee restroom. / Caulk is separating around three compartment and handwashing sink and needs to be recaulked and painted where paint is chipped. / Support poles and floor covers for poles for front counter are rusted and need to be repainted. / Floors in areas are rough and losing finish. / Holes in wall around sanitizer dispenser at three compartment sink. / Cove base has deteriorated around walk-in cooler. Physical facilities shall be maintained cleanable and in good repair.