<u> </u>	U(	<u>)(</u>	E	.S	tabiisnment inspection	K	e	pc	<u>)[</u>	l						Sco	ore: _	<u>97</u>	<u>.5</u>	
Es	tal	olis	hn	nei	nt Name: AKRON SHELL									E	St	ablishment ID: 3034012249				
	Location Address: 500 AKRON DRIVE										☐ ☐ Re-Inspection									
City: WINSTON SALEM State:								<u>,</u> .	NC		Date: 0 2 / 1 4 / 2 0 1 7 Status Code: A									
Zip: 27105 County: 34 Forsyth									Time In: <u>Ø 9</u> : <u>Ø Ø ⊗ am</u> Time Out: <u>1 2</u> : <u>Ø Ø ⊗ am</u>											
					BOULOS2 INC.											ime: 3 hrs 0 minutes	_•			
	Permittee: BOULOS2 INC.  Telephone: (336) 682-1504									Category #: IV										
									_	_			FI	DΑ	Fs	stablishment Type:		_		
					<b>System:</b> ⊠Municipal/Community [						ter	n				Risk Factor/Intervention Violations:	3			
W	ate	r S	up	pl	y: ⊠Municipal/Community □On-	Site	e S	Sup	ply	/						Repeat Risk Factor/Intervention Viola		1		
	-00	dha	orn.	۱II م	ness Risk Factors and Public Health Inte	2F) //	nt	ion	_							Good Retail Practices				_
1					ibuting factors that increase the chance of developing foodb				3			Good	d Re	tail I	Prac	tices: Preventative measures to control the addition of patho	gens, ch	emica	als,	
F		blic Health Interventions: Control measures to prevent foodborne illness of				r injury.				and physical objects into foods.								_		
		OUT		N/O	Compliance Status	Ol	JT	CDI	R	VR	_	IN					OUT	CDI	R	VR
-	upe X	rvis		Г	.2652 PIC Present; Demonstration-Certification by	2	10		Тп	П			000	a an	a w	ater .2653, .2655, .2658  Pasteurized eggs used where required	1 0.5 0			П
		oye		alth	accredited program and perform duties .2652	띡	ال	7			_	X				Water and ice from approved source	210	_	$\vdash$	H
2	X				Management, employees knowledge; responsibilities & reporting	3 1	5 0				-					Variance obtained for specialized processing				Ľ
3	X	П			Proper use of reporting, restriction & exclusion	3 1.	5 0		П	П			<u> </u>	×		methods	1 0.5 (		Ш	브
-		Ну	gien	ic P	ractices .2652, .2653		7	1=			-	00a   <b>X</b>	ren	nper	atur	re Control .2653, .2654 Proper cooling methods used; adequate	1 05 7			П
4		X			Proper eating, tasting, drinking, or tobacco use	2 1	<u> </u>				_					equipment for temperature control	0.3	#		Ľ
5	X				No discharge from eyes, nose or mouth	1 0.	.5 C	) 🗆				X			$\vdash$	Plant food properly cooked for hot holding			$\vdash$	Ł
P	reve	entin	g C	onta	Imination by Hands .2652, .2653, .2655, .2656						33			Ш	X	Approved thawing methods used	1 0.5 (	40	Ш	Ш
6		X			Hands clean & properly washed	4	2 2	X				X		L	L	Thermometers provided & accurate	1 0.5 (			
7	X				No bare hand contact with RTE foods or pre- approved alternate procedure properly followed	3 1.	5 0					ood	Ider	ntific	catio					
8	X				Handwashing sinks supplied & accessible	2 1	0				$\vdash$	×	L.	n 04	For	Food properly labeled: original container	2 1 0	44	Ш	브
-		ove	d So	urce								reve	ntio	on oi	FOO	od Contamination .2652, .2653, .2654, .2656, .2657 Insects & rodents not present; no unauthorized	210			П
9	X				Food obtained from approved source	2 1	0						] [			animals  Contamination prevented during food		1=		H
10				X	Food received at proper temperature	2 1						×	Ш			preparation, storage & display	210	_	-	닏
11	X				Food in good condition, safe & unadulterated	2 1					-	X				Personal cleanliness	$\vdash$		$\vdash$	닏
$\vdash$		П	X	П	Required records available: shellstock tags, parasite destruction	2 1			П	П	39		×			Wiping cloths: properly used & stored	1 0.5			
$\perp$		ectio		om (	Contamination .2653, .2654						40	X				Washing fruits & vegetables	1 0.5 (	1 🗆		
13		X			Food separated & protected	3	<b>(</b> 0	X	X						f Ute	ensils .2653, .2654		1=		
14	X				Food-contact surfaces: cleaned & sanitized	3 1.	5 0				$\vdash$	X	_			In-use utensils: properly stored	1 0.5 (	_	_	+
15	X				Proper disposition of returned, previously served, reconditioned, & unsafe food	2 1	0				42		×			Utensils, equipment & linens: properly stored, dried & handled	1 0.5			
$\overline{}$		ntial	ly Ha	azar	dous Food Time/Temperature .2653						43		X			Single-use & single-service articles: properly stored & used	1 0.5	X		
16	X				Proper cooking time & temperatures	3 1.	5 0				44	X				Gloves used properly	1 0.5 (	<u> </u>		
17				X	Proper reheating procedures for hot holding	3 1.	5 0				U	tens	ils a	and	Equ	ipment .2653, .2654, .2663				
18				X	Proper cooling time & temperatures	3 1.	5 0				45		X			Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed. & used	212			
19	×				Proper hot holding temperatures	3 1.	5 0	d			46	×	П			Warewashing facilities: installed, maintained, &	1 0.5 (		П	h
	$\mathbf{x}$	П			Proper cold holding temperatures	3 1.	5 0				47					used; test strips	$\vdash$	+		H
21	×						5 0	1	H			⊔ hysi	Cal	Faci	litio	Non-food contact surfaces clean  S .2654, .2655, .2656		44		Ľ
					Proper date marking & disposition  Time as a public health control: procedures &				H		48				IIIIC	Hot & cold water available; adequate pressure	2 1 0		П	П
22	ons	ume	X or A	dvic	records	2 1	0		닏		_			F		Plumbing installed; proper backflow devices	2 1			F
23	_	$\overline{}$	X	JVIS	Consumer advisory provided for raw or	1 0.	5 0	ī	ГП									=		F
$\vdash$				ptib	undercooked foods le Populations .2653		713	7_	1-			X	屵	<u> </u>	-	Sewage & waste water properly disposed  Toilet facilities: properly constructed, supplied				H
24			×		Pasteurized foods used; prohibited foods not offered	3 1.	5 0					×	Ш			& cleaned	1 0.5 (			Ľ
C	hen	nica			.2653, .2657						52		X			Garbage & refuse properly disposed; facilities maintained	1 0.5			P
25			×		Food additives: approved & properly used	1 0.	5 0				53		×			Physical facilities installed, maintained & clean	1 🗷			
26	X				Toxic substances properly identified stored, & used	2 1	0			$ \Box $	54	X				Meets ventilation & lighting requirements; designated areas used	1 0.5 (	J 🗆		



Conformance with Approved Procedures .2653, .2654, .2658

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



2.5

**Total Deductions:** 

Establishme	nt Name: AKRON SHE	LL			Establishment ID: 3034012249								
Location A	ddress: 500 AKRON DF	RIVE			X Inspec	ction	Re-Inspection	Date: 02/14/2017					
City: WINS	TON SALEM		Sta	ate: NC_	Comment Addendum Attached?  Status Code: A								
County: 34	Forsyth		_ Zip:_ <sup>27105</sup> _					Category #:IV					
Water Supply	•				Email 1: kboulos@boulosinc.com								
	BOULOS2 INC.					Email 2:							
Telephone	: (336) 682-1504				Email 3:								
			Tempe	erature (	Observatio								
Item potato salad	Location glass door cooler	Temp 42	Item chlorine	Location 3 compa	rtment sink	Temp 200	Item I	Location	Temp				
pork chops	hot holding cabinet	servsafe	Nabil Tav	wil 11/17/20	0								
onions	hot holding cabinet	166	chix	walk in c	ooler	37							
bologna	display case	display case 147 slaw				40							
fries	display case	143											
tomato	prep unit	35											
cheese	prep unit	38											
rice	cook temp	173											
			Observation	ns and C	Corrective	Actions							
2-301.14 must use using pap	e beverages shall be state food or clean utens  When to Wash - P 0 portions  paper towel to turn off fauch  er towel to turn off fauch  Packaged and Unpack  ooler above cole slaw.	oints.Emp faucet aft cet.	drinks in designologies observed ter washing hard	nated area	g hands and bid recontam	using ban inating ha	ges. CDI. Drink of the control of th	discarded.  If faucet. Food emplyee rewashed hand	oloyees ds,				
Person in Cha	rge (Print & Sign): Na	<i>Fii</i> abil	rst	Tawal	Last		#5.	•					
Regulatory Au	thority (Print & Sign): <sup>Ar</sup>	<i>Fil</i> nanda	rst	Taylor	Last		A STATE OF THE STA	En-	<b>.</b>				
	REHS ID:	2543 - Ta	aylor, Amand	a		Verific	ation Required Date	e: / /					
DEUS O	entact Dhone Number	(226)	702 211				1 33						

REHS Contact Phone Number: (336)703 - 3136





_	Comment Addendum to Food Establishment Inspection Report
E	stablishment Name: AKRON SHELL Establishment ID: 3034012249
Γ	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.
39	3-304.14 Wiping Cloths, Use Limitation - C 0 points. Wet wiping cloth stored on splashguard at prep sink. Store wet wiping cloths in a sanitizer solution between uses.
42	4-901.11 Equipment and Utensils, Air-Drying Required - C 0 points. Several pans in clean dish area stacked wet. Allow pans to thoroughly air dry before stacking.
43	4-903.11 (A) and (C) Equipment, Utensils, Linens and Single-Service and Single-Use Articles-Storing - C 0 points. Single service trays stored open face up on counter. Boxes of plastic utensils stored under counter uncovered. Keep single service trays inverted to avoid contamination. Cover open packages of plastic utensils to prevent contamination. CDI. Trays inverted. Boxes covered with plastic wrap.
45	4-501.11 Good Repair and Proper Adjustment-Equipment - C 0 points. Racks in 3 door cooler are chipping. Have racks repaired/resurfaced so they are smooth and easily cleanable. Identify cause of drip on water heater condensate line and repair.
47	4-601.11 (B) and (C) Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils - C Clean wall mounted racks throughout facility. Clean moldy gasket to walk in cooler. Clean inside of oven. Clean mold from ice guard in ice machine.
49	5-205.15 System Maintained in Good Repair - 0 points. Repair leaky sink faucet in left restroom. Plumbing system shall be in good repair.
52	5-501.113 Covering Receptacles - C 0 points. Dumpster lids observed open. Keep dumpsters closed when not in use.





Establishment Name: AKRON SHELL Establishment ID: 3034012249

### **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.



6-501.12 Cleaning, Frequency and Restrictions - C Clean spills and buildup from floors of walk in cooler. Clean wall behind 3 compartment sink. Clean underside of urinal in unisex restroom. Dust vents in restroom. Remove debris from can wash.







Establishment Name: AKRON SHELL Establishment ID: 3034012249

### **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: AKRON SHELL Establishment ID: 3034012249

### **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.



