

Food Establishment Inspection Report

Score: 96

Establishment Name: CLUB KITCHEN

Establishment ID: 3034012022

Location Address: 951 BALLPARK WAY

☒ Inspection ☐ Re-Inspection

City: WINSTON SALEM

State: NC

Date: 06 / 24 / 2017 Status Code: A

Zip: 27101 County: 34 Forsyth

Time In: 04 : 30 ^{am} _{pm} Time Out: 07 : 00 ^{am} _{pm}

Permittee: LEGENDS HOSPITALITY LLC

Total Time: 2 hrs 30 minutes

Telephone: (336) 331-3831

Category #: IV

Wastewater System: ☒ Municipal/Community ☐ On-Site System

FDA Establishment Type: Full-Service Restaurant

Water Supply: ☒ Municipal/Community ☐ On-Site Supply

No. of Risk Factor/Intervention Violations: 1

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.										
IN	OUT	N/A	N/O	Compliance Status			OUT	CDI	R	VR
Supervision .2652										
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PIC Present; Demonstration-Certification by accredited program and perform duties			2	0		
Employee Health .2652										
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, employees knowledge; responsibilities & reporting			3	13	0	
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of reporting, restriction & exclusion			3	13	0	
Good Hygienic Practices .2652, .2653										
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco use			2	1	0	
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose or mouth			1	03	0	
Preventing Contamination by Hands .2652, .2653, .2655, .2656										
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean & properly washed			4	2	0	
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No bare hand contact with RTE foods or pre-approved alternate procedure properly followed			3	13	0	
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Handwashing sinks supplied & accessible			2	1	0	
Approved Source .2653, .2655										
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source			2	1	0	
10	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food received at proper temperature			2	1	0	
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe & unadulterated			2	1	0	
12	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Required records available: shellstock tags, parasite destruction			2	1	0	
Protection from Contamination .2653, .2654										
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated & protected			3	13	0	
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized			3	13	0	
15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, & unsafe food			2	1	0	
Potentially Hazardous Food Time/Temperature .2653										
16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooking time & temperatures			3	13	0	
17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper reheating procedures for hot holding			3	13	0	
18	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooling time & temperatures			3	13	0	
19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures			3	13	0	
20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures			3	13	0	
21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking & disposition			3	13	0	
22	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Time as a public health control: procedures & records			2	1	0	
Consumer Advisory .2653										
23	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consumer advisory provided for raw or undercooked foods			1	03	0	
Highly Susceptible Populations .2653										
24	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pasteurized foods used; prohibited foods not offered			3	13	0	
Chemical .2653, .2657										
25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food additives: approved & properly used			1	03	0	
26	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified stored, & used			2	X	0	
Conformance with Approved Procedures .2653, .2654, .2658										
27	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Compliance with variance, specialized process, reduced oxygen packing 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.										
IN	OUT	N/A	N/O	Compliance Status			OUT	CDI	R	VR
Safe Food and Water .2653, .2655, .2658										
28	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pasteurized eggs used where required			1	03	0	
29	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source			2	1	0	
30	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Variance obtained for specialized processing methods			1	03	0	
Food Temperature Control .2653, .2654										
31	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control			1	03	0	
32	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Plant food properly cooked for hot holding			1	03	0	
33	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used			1	03	0	
34	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided & accurate			1	03	0	
Food Identification .2653										
35	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled: original container			2	1	0	
Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657										
36	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Insects & rodents not present; no unauthorized animals			2	X	0	
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display			2	1	0	
38	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness			1	03	0	
39	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used & stored			1	03	0	
40	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits & vegetables			1	03	0	
Proper Use of Utensils .2653, .2654										
41	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored			1	03	0	
42	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Utensils, equipment & linens: properly stored, dried & handled			1	X	0	
43	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Single-use & single-service articles: properly stored & used			1	03	0	
44	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly			1	03	0	
Utensils and Equipment .2653, .2654, .2663										
45	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed, & used			2	X	0	
46	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained, & used; test strips			1	03	0	
47	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean			1	03	0	
Physical Facilities .2654, .2655, .2656										
48	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot & cold water available; adequate pressure			2	1	0	
49	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices			2	1	X	
50	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage & waste water properly disposed			2	1	0	
51	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied & cleaned			1	03	0	
52	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Garbage & refuse properly disposed; facilities maintained			1	03	0	
53	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained & clean			1	X	0	
54	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Meets ventilation & lighting requirements; designated areas used			1	03	0	
Total Deductions: <u>4</u>										



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 County: 34 Forsyth Zip: 27101
 Wastewater System: ☒ Municipal/Community ☐ On-Site System
 Water Supply: ☒ Municipal/Community ☐ On-Site System
 Permittee: LEGENDS HOSPITALITY LLC
 Telephone: (336) 331-3831

Establishment ID: 3034012022
☒ Inspection ☐ Re-Inspection Date: 06/24/2017
 Comment Addendum Attached? ☐ Status Code: A
 Category #: IV
 Email 1: kedwards@legendshm.com
 Email 2:
 Email 3:

Temperature Observations

Item	Location	Temp	Item	Location	Temp	Item	Location	Temp
chicken	buffet	138	burgers	hot cabinets	155	hot plate	dish machine	173
rice	buffet	152	mac and	hot cabinets	166	Kit Edwards	3/18/21	0
lima beans	buffet	154	Chili	buffet	162	Chicken	final cook	193
hot dogs	roller grill	172	coleslaw	buffet	42			
Chicken	hot cabinet	182	egg	salad bar	43			
rice	hot cabinet	183	lettuce	salad bar	45			
hot dogs	hot cabinet	142	ranch	cooler	40			
chicken	hot cabinets	163	sanitizer	three comp sink (ppm)	150			

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.

- 26 7-201.11 Separation-Storage - P One gallon bottle of bleach stored on wire shelf over spices and dry ingredients. One spray bottle of grill cleaner stored inside of a smoker unit. Potentially hazardous materials must be stored in a manner that prevents contamination to clean equipment, utensils, and to food. CDI: Bottles moved to chemical storage area. / 7-102.11 Common Name-Working Containers - PF One spray bottle of glass cleaner had no label. All containers of hazardous materials must be labelled CDI: PIC labelled the bottle. ✓ Spell
- 36 6-501.111 Controlling Pests - PF Multiple flies in box over prep sinks that held open bags of croutons. PIC discarded the bags of croutons during the inspection. / Mesh bags of onions stored under prep table had large amount of fruit flies on and around them. PIC had employees discard the onions during the inspection. / Pests must be controlled by removing sources of food, water, and entry. Ensure foods are properly sealed and produce is checked regularly for pests of spoilage to prevent pest attraction. Consult with pest control services to remove flies from the establishment.
- 42 4-901.11 Equipment and Utensils, Air-Drying Required - C Metal bins and sheet pans stored through the kitchen has water on their surfaces. After washing and sanitizing utensils must be allowed to air dry completely before stacking and storing. Change procedures for ware washing to allow for air drying.

Person in Charge (Print & Sign): *First* Kit *Last* Edwards

Regulatory Authority (Print & Sign): *First* Joseph *Last* Chrobak

REHS ID: 2450 - Chrobak, Joseph

REHS Contact Phone Number: (336) 703 - 3164

Verification Required Date: ___ / ___ / ___



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- 45 4-501.11 Good Repair and Proper Adjustment-Equipment - C Club Kitchen: One utility cart had a badly melted top shelf, replace the damaged cart. / Multiple cutting boards had deep cuts, worn surfaces, or are badly stained. Continue to replace damage cutting boards that are not longer easily cleanable. / Wire shelves in coolers have chipped and rusted ends that need to be repaired, / Chaffing pan holders are starting to rust on their support legs, repair or replace rusted catering equipment. //Commissary: walk in freezer has a large amount of ice and frost build up near the door. PIC states that additional door sweeps are to be installed to control warm air intrusion to the unit.
- 49 5-205.15 System Maintained in Good Repair - C Drains at three compartment sink leak from where drain pipes meet the sink basin when drains are opened. Sinks do not leak when drain stoppers are in place. Repair sinks so they do not leak when drain stoppers are opened. 0 pts
- 53 6-201.11 Floors, Walls and Ceilings-Cleanability - C Club Kitchen: One ceiling tile torn over sweets desk. / Drainboards at dish machine need to be recaulked to the walls as old caulking is molded and torn. / Ceiling tiles stained in mens restroom, address leaks causing water stains and replace the damaged tiles. // Commissary: Large amount of water pooling in back of commissary dry storage area. No ceiling tiles above water are stained but streaks of water are present on wall, evaluate for source of leak and repair to prevent water from accumulating. / Cleaning needed under shelves to remove debris and trash, extra attention needed in the corners of the room where large amounts of storage block cleaning. // 6-501.12 Cleaning, Frequency and Restrictions - C Club Kitchen: Walls at dish machine under the drain boards are stained with splash and mildew build up. Clean regularly around the dish machine to prevent build up. / Physical facilities shall be kept clean and in good repair.



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