

Food Establishment Inspection Report

Score: 99.5

Establishment Name: THIRD BASE STAND

Establishment ID: 3034020733

Location Address: 951 BALLPARK WAY

☒ Inspection ☐ Re-Inspection

City: WINSTON SALEM

State: NC

Date: 05 / 05 / 2021 Status Code: A

Zip: 27101 County: 34 Forsyth

Time In: 05 : 51 ☐ am ☒ pm Time Out: 07 : 00 ☐ am ☒ pm

Permittee: LEGENDS HOSPITALITY LLC

Total Time: 1 hr 9 minutes

Telephone: (336) 331-3831

Category #: II

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

FDA Establishment Type: Fast Food Restaurant

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

No. of Risk Factor/Intervention Violations: 2

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 type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | PIC Present; Demonstration-Certification by accredited program and perform duties | | | <u>2</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Employee Health .2652 | | | | | | | | | | |
| 2 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Management, employees knowledge; responsibilities & reporting | | | <u>3</u> | <u>13</u> | <u>0</u> | <input type="checkbox"/> |
| 3 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Proper use of reporting, restriction & exclusion | | | <u>3</u> | <u>13</u> | <u>0</u> | <input type="checkbox"/> |
| Good Hygienic Practices .2652, .2653 | | | | | | | | | | |
| 4 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Proper eating, tasting, drinking, or tobacco use | | | <u>2</u> | <u>1</u> | <u>0</u> | <input type="checkbox"/> |
| 5 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | No discharge from eyes, nose or mouth | | | <u>1</u> | <u>03</u> | <u>0</u> | <input type="checkbox"/> |
| Preventing Contamination by Hands .2652, .2653, .2655, .2656 | | | | | | | | | | |
| 6 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hands clean & properly washed | | | <u>4</u> | <u>2</u> | <u>0</u> | <input type="checkbox"/> |
| 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 | | | <u>3</u> | <u>13</u> | <u>0</u> | <input type="checkbox"/> |
| 8 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Handwashing sinks supplied & accessible | | | <u>2</u> | <u>1</u> | <u>0</u> | <input type="checkbox"/> |
| Approved Source .2653, .2655 | | | | | | | | | | |
| 9 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Food obtained from approved source | | | <u>2</u> | <u>1</u> | <u>0</u> | <input type="checkbox"/> |
| 10 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Food received at proper temperature | | | <u>2</u> | <u>1</u> | <u>0</u> | <input type="checkbox"/> |
| 11 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Food in good condition, safe & unadulterated | | | <u>2</u> | <u>1</u> | <u>0</u> | <input type="checkbox"/> |
| 12 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Required records available: shellstock tags, parasite destruction | | | <u>2</u> | <u>1</u> | <u>0</u> | <input type="checkbox"/> |
| Protection from Contamination .2653, .2654 | | | | | | | | | | |
| 13 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Food separated & protected | | | <u>3</u> | <u>13</u> | <u>0</u> | <input type="checkbox"/> |
| 14 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Food-contact surfaces: cleaned & sanitized | | | <u>3</u> | <u>13</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 15 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Proper disposition of returned, previously served, reconditioned, & unsafe food | | | <u>2</u> | <u>1</u> | <u>0</u> | <input type="checkbox"/> |
| Potentially Hazardous Food Time/Temperature .2653 | | | | | | | | | | |
| 16 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Proper cooking time & temperatures | | | <u>3</u> | <u>13</u> | <u>0</u> | <input type="checkbox"/> |
| 17 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Proper reheating procedures for hot holding | | | <u>3</u> | <u>13</u> | <u>0</u> | <input type="checkbox"/> |
| 18 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Proper cooling time & temperatures | | | <u>3</u> | <u>13</u> | <u>0</u> | <input type="checkbox"/> |
| 19 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Proper hot holding temperatures | | | <u>3</u> | <u>13</u> | <u>0</u> | <input type="checkbox"/> |
| 20 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Proper cold holding temperatures | | | <u>3</u> | <u>13</u> | <u>0</u> | <input type="checkbox"/> |
| 21 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Proper date marking & disposition | | | <u>3</u> | <u>13</u> | <u>0</u> | <input type="checkbox"/> |
| 22 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Time as a public health control: procedures & records | | | <u>2</u> | <u>1</u> | <u>0</u> | <input type="checkbox"/> |
| Consumer Advisory .2653 | | | | | | | | | | |
| 23 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Consumer advisory provided for raw or undercooked foods | | | <u>1</u> | <u>03</u> | <u>0</u> | <input type="checkbox"/> |
| Highly Susceptible Populations .2653 | | | | | | | | | | |
| 24 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Pasteurized foods used; prohibited foods not offered | | | <u>3</u> | <u>13</u> | <u>0</u> | <input type="checkbox"/> |
| Chemical .2653, .2657 | | | | | | | | | | |
| 25 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Food additives: approved & properly used | | | <u>1</u> | <u>03</u> | <u>0</u> | <input type="checkbox"/> |
| 26 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Toxic substances properly identified stored, & used | | | <u>2</u> | <u>1</u> | <u>0</u> | <input type="checkbox"/> |
| 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 | | | <u>2</u> | <u>1</u> | <u>0</u> | <input type="checkbox"/> |

| 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 | | | <u>1</u> | <u>03</u> | <u>0</u> | <input type="checkbox"/> |
| 29 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Water and ice from approved source | | | <u>2</u> | <u>1</u> | <u>0</u> | <input type="checkbox"/> |
| 30 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Variance obtained for specialized processing methods | | | <u>1</u> | <u>03</u> | <u>0</u> | <input type="checkbox"/> |
| 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 | | | <u>1</u> | <u>03</u> | <u>0</u> | <input type="checkbox"/> |
| 32 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Plant food properly cooked for hot holding | | | <u>1</u> | <u>03</u> | <u>0</u> | <input type="checkbox"/> |
| 33 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Approved thawing methods used | | | <u>1</u> | <u>03</u> | <u>0</u> | <input type="checkbox"/> |
| 34 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Thermometers provided & accurate | | | <u>1</u> | <u>03</u> | <u>0</u> | <input type="checkbox"/> |
| Food Identification .2653 | | | | | | | | | | |
| 35 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Food properly labeled: original container | | | <u>2</u> | <u>1</u> | <u>0</u> | <input type="checkbox"/> |
| Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657 | | | | | | | | | | |
| 36 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Insects & rodents not present; no unauthorized animals | | | <u>2</u> | <u>1</u> | <u>0</u> | <input type="checkbox"/> |
| 37 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Contamination prevented during food preparation, storage & display | | | <u>2</u> | <u>1</u> | <u>0</u> | <input type="checkbox"/> |
| 38 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Personal cleanliness | | | <u>1</u> | <u>03</u> | <u>0</u> | <input type="checkbox"/> |
| 39 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Wiping cloths: properly used & stored | | | <u>1</u> | <u>03</u> | <u>0</u> | <input type="checkbox"/> |
| 40 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Washing fruits & vegetables | | | <u>1</u> | <u>03</u> | <u>0</u> | <input type="checkbox"/> |
| Proper Use of Utensils .2653, .2654 | | | | | | | | | | |
| 41 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | In-use utensils: properly stored | | | <u>1</u> | <u>03</u> | <u>0</u> | <input type="checkbox"/> |
| 42 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Utensils, equipment & linens: properly stored, dried & handled | | | <u>1</u> | <u>03</u> | <u>0</u> | <input type="checkbox"/> |
| 43 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Single-use & single-service articles: properly stored & used | | | <u>1</u> | <u>03</u> | <u>0</u> | <input type="checkbox"/> |
| 44 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Gloves used properly | | | <u>1</u> | <u>03</u> | <u>0</u> | <input type="checkbox"/> |
| Utensils and Equipment .2653, .2654, .2663 | | | | | | | | | | |
| 45 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed, & used | | | <u>2</u> | <u>1</u> | <u>0</u> | <input type="checkbox"/> |
| 46 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Warewashing facilities: installed, maintained, & used; test strips | | | <u>1</u> | <u>03</u> | <u>0</u> | <input type="checkbox"/> |
| 47 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Non-food contact surfaces clean | | | <u>1</u> | <u>03</u> | <u>0</u> | <input type="checkbox"/> |
| Physical Facilities .2654, .2655, .2656 | | | | | | | | | | |
| 48 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hot & cold water available; adequate pressure | | | <u>2</u> | <u>1</u> | <u>0</u> | <input type="checkbox"/> |
| 49 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Plumbing installed; proper backflow devices | | | <u>2</u> | <u>1</u> | <u>0</u> | <input type="checkbox"/> |
| 50 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sewage & waste water properly disposed | | | <u>2</u> | <u>1</u> | <u>0</u> | <input type="checkbox"/> |
| 51 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Toilet facilities: properly constructed, supplied & cleaned | | | <u>1</u> | <u>03</u> | <u>0</u> | <input type="checkbox"/> |
| 52 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Garbage & refuse properly disposed; facilities maintained | | | <u>1</u> | <u>03</u> | <u>0</u> | <input type="checkbox"/> |
| 53 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Physical facilities installed, maintained & clean | | | <u>1</u> | <input checked="" type="checkbox"/> | <u>0</u> | <input type="checkbox"/> |
| 54 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Meets ventilation & lighting requirements; designated areas used | | | <u>1</u> | <u>03</u> | <u>0</u> | <input type="checkbox"/> |
| Total Deductions: | | | | | | | | | | <u>0.5</u> |



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CR
Off



Comment Addendum to Food Establishment Inspection Report

Establishment Name: THIRD BASE STAND

Location Address: 951 BALLPARK WAY

City: WINSTON SALEM State: NC

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: 3034020733

☒ Inspection ☐ Re-Inspection Date: 05/05/2021

Comment Addendum Attached? ☐ Status Code: A

Water sample taken? ☐ Yes ☒ No Category #: II

Email 1: rkravan@legendshm.com

Email 2:

Email 3:

Temperature Observations

Cold Holding Temperature is now 41 Degrees or less

| Item | Location | Temp | Item | Location | Temp | Item | Location | Temp |
|-----------------|-----------------------|------|------|----------|------|------|----------|------|
| Hot water | three comp sink | 145 | | | | | | |
| sanitizer (qac) | three comp sink (ppm) | 200 | | | | | | |
| cole slaw | reach in | 39 | | | | | | |
| chicken | hot hold | 186 | | | | | | |
| chicken | final cook | 203 | | | | | | |
| Cheese | hot hold | 152 | | | | | | |
| chili | hot hold | 149 | | | | | | |

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 2-102.12 Certified Food Protection Manager - C Person in Charge has ServSafe that has expired as of 3/18/21. As per state guidance no points are deducted at this time for certifications that expired after March 2020. Have staff attain food protection manager certification to be in compliance. 0 pts
- 14 4-602.11 Equipment Food-Contact Surfaces and Utensils-Frequency - C Central ice machine in commissary has soiling on ice chutes and shield. Food contact surfaces shall be kept clean to sight and touch. Clean the ice machine. 0 pts
- 53 6-201.11 Floors, Walls and Ceilings-Cleanability - C Red floor tape rough and soiled at fryers, replace tape to be smooth and cleanable. Ceiling tiles over bag in box soda station stained and bubbling, replace damaged tiles. Floor threshold to walk in freezer in commissary is chipped and peeling. Physical facilities shall be kept in good repair. Repair noted items. // 6-501.12 Cleaning, Frequency and Restrictions - C Floor cleaning needed along wall under point of sale counters where water has collected and growth is occurring. Physical facilities shall be kept clean. Clean the noted items.

Lock
Text



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

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

Kit A. Edwards

Joseph Chrobak

REHS ID: 2450 - Chrobak, Joseph

Verification Required Date: / /

REHS Contact Phone Number: (336) 703 - 3164



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✓
Spell



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Spell



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Spell

