# Food Establishment Inspection Report

#### Establishment Name: SPEEDWAY 6932

	Location Address: 3600 SOUTH MAIN STREET										
	City: WINSTON SALEM State: North Carolina										
	Zip: 27127 County: 34 Forsyth										
	Ρ	eri	nit	tte	e: SPEEDWAY LLC						
	Т	ele	ph	or	ne: <u>(336)</u> 784-8248						
		Ø	) Ir	sp	ection O Re-Inspection						
	۷	Vas	ste	wa	iter System:						
		Ø	) M	lun	icipal/Community On-Site System						
Water Supply:											
		0	N	lur	icipal/Community On-Site Supply						
$\square$	Fc	ood	bo	rne	e Illness Risk Factors and Public Health Ir	nte	erv	er	ntion	s	
	Ris	k fa	cto	rs: (	Contributing factors that increase the chance of developing foo	db	orne	illr	ness.		
	Pul	blic	Hea	lth	Interventions: Control measures to prevent foodborne illness	or	injur	y			_
C	Col	mp	lia	nc	e Status	OUT			CDI	R	VF
S	upe	ervis	ion		.2652	_					
1	×	ουτ	N/A		PIC Present, demonstrates knowledge, & performs duties	1		0			
2	X	оυт	N/A		Certified Food Protection Manager	1		0			$\vdash$
	mp	loye	еH	ealt	h .2652	-		-			-
3	×	оυт			Management, food & conditional employee; knowledge, responsibilities & reporting	2	1	0			Γ
4		оυт			Proper use of reporting, restriction & exclusion	3	1.5	0			+
5	ĸ	оυт			Procedures for responding to vomiting & diarrheal events	1	0.5	0			
G	000	d Hv	aie	nic	Practices .2652, .2653	<u> </u>	I				
6	IN	O∭(T			Proper eating, tasting, drinking or tobacco use	1	0.5	-			
		OUT	-		No discharge from eyes, nose, and mouth	1	0.5	0			
	-	OUT	-	20n	tamination by Hands .2652, .2653, .2655, .265 Hands clean & properly washed	ь 4	2	0			T
		оит		N/O	No bare hand contact with RTE foods or pre-	4	2	0			$\vdash$
		оит			approved alternate procedure properly followed Handwashing sinks supplied & accessible	2	1	0			-
		ove		oure	· · · ·	-	-	0			-
		оит			Food obtained from approved source	2	1	0			Τ
	-	OUT	<u> </u>	¢%		2	1	0			
		оит			Food in good condition, safe & unadulterated       2       1       0         Required records available: shellstock tags,       2       1       0						$\vdash$
14		ουτ	' <b>X</b> A	N/O	parasite destruction	2	1	0			
					Contamination .2653, .2654		-				_
	1.	OUT OUT		N/O	Food separated & protected Food-contact surfaces: cleaned & sanitized	3	1.5 1.5	0			$\vdash$
	+	оυт	-		Proper disposition of returned, previously served,	2	1	0			1
				1070	reconditioned & unsafe food ardous Food Time/Temperature .2653						_
		ОUТ			Proper cooking time & temperatures	3	1.5	0			Τ
		оит оит			Proper reheating procedures for hot holding 3 1.5 0						
		OUT									+
		ουτ			Proper cold holding temperatures 3 1.5 0						
23	<u> </u>	ουτ			Proper date marking & disposition Time as a Public Health Control; procedures &	3	1.5	0			$\vdash$
		ουτ			records	3	1.5	0			
	T	out	<u> </u>		sory .2653 Consumer advisory provided for raw/	L					Т
					undercooked foods	1	0.5	0			
	Ē	<u> </u>		epti	ble Populations .2653 Pasteurized foods used; prohibited foods not						T
26	IN	ουτ	NXA		offered	3	1.5	0			
	-	nica	-		.2653, .2657	1	c -	0			
	7     Nout M     Food additives: approved & properly used     1     0.5     0       8     Xout NA     Toxic substances properly identified stored & used     2     1     0								+		
	Conformance with Approved Procedures .2653, .2654, .2658										
29	IN	ουτ	NXA		Compliance with variance, specialized process, reduced oxygen packaging criteria or HACCP plan	2	1	0			
					North Carolina Department of Health &	H	ıma	n S	Service		Divis

Establishment ID: 3034020674

	Status Code: A Time Out: 3:10 PM
Category#: II	
FDA Establishment Type:	

No. of Risk Factor/Intervention Violations: <u>1</u> No. of Repeat Risk Factor/Intervention Violations: <u>0</u>

U	or	npl	iar	nce	Status		OU	Г	CDI	R	VF
Sa	lfe∣	Food	l an	d Wa	ater .2653, .2655, .2658	-			I		
30	IN	оит	N)(A		Pasteurized eggs used where required	1	0.5	0			
31		OUT	~		Water and ice from approved source	2	1	0			
32	IN	оит	¢¥^		Variance obtained for specialized processing methods	2	1	0			
Fo	od	Ten	nper	atur	e Control .2653, .2654			-			
33	X	оит			Proper cooling methods used; adequate equipment for temperature control	1	0.5	0			
34	IN	OUT	Ŋ <b>X</b> A	N/O	Plant food properly cooked for hot holding	1	0.5	0			
35	Ņ	OUT	N/A	N/O	Approved thawing methods used	1	0.5	0			
36	X	OUT			Thermometers provided & accurate	1	0.5	0			
Fo	od	Ide	ntifie	catio	on .2653						
37	X	OUT			Food properly labeled: original container	2	1	0			
Pr	eve	entic	n o	fFoo	od Contamination .2652, .2653, .2654, .2656, .20	657					
38	×	оит			Insects & rodents not present; no unauthorized animals	2	1	0			
	M	оит			Contamination prevented during food preparation, storage & display	2	1	0			
	<i>.</i> .	OUT			Personal cleanliness	1	0.5	0			
-+		OUT			Wiping cloths: properly used & stored	1	0.5	0			
		OUT			Washing fruits & vegetables	0.5	0				
			se o	fUte	ensils .2653, .2654					_	
43	M	OUT			In-use utensils: properly stored		0.5	0			
44	M	оит			Utensils, equipment & linens: properly stored, dried & handled	1	0.5	0			
		оит			Single-use & single-service articles: properly stored & used	1	0.5	· ·			
		OUT			Gloves used properly	1	0.5	0			
Ut	ens	sils a	and	Equ	ipment .2653, .2654, .2663			_		_	
47	IN	<b>%(</b> ⊺			Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed & used			x			
48	M	оит			Warewashing facilities: installed, maintained & used; test strips	1	0.5	0			
49	M	OUT			Non-food contact surfaces clean	1	0.5	0			
				ilitie	s .2654, .2655, .2656						
		OUT	N/A		Hot & cold water available; adequate pressure		0.5 X	0			
-	IN	OXIT			Plumbing installed; proper backflow devices			0		Х	
51	14	OUT			Sewage & wastewater properly disposed	2	1	0			
51				i	Toilet facilities: properly constructed, supplied	1	0.5	0			
51 52 53	M	оит	N/A		& cleaned	1		-			
51 52 53 54	× N	<b>0)∢</b> ⊺	N/A		Garbage & refuse properly disposed; facilities maintained	x	0.5	0		X	
51 52 53 54	× N		N/A		Garbage & refuse properly disposed; facilities	+		0		x x	

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# Comment Addendum to Food Establishment Inspection Report

Establishment Name: SPEEDWAY 6932		Establishment ID: 3034020674					
Location Address: <u>3600 SOUTH MAIN ST</u> City: WINSTON SALEM	REET State: <u>NC</u>	X Inspection Re-Inspection	Date: <u>05/11/2022</u> Status Code: <u>A</u> Category #: <u>II</u>				
County: <u>34 Forsyth</u>	_ Zip: <u>27127</u>	Water sample taken? Yes X No					
Wastewater System: 🛛 Municipal/Community 🗌 🕬		Email 1:306932@stores.speedway.com Email 2: Email 3:					
Permittee: SPEEDWAY LLC							
Telephone: <u>(336)</u> 784-8248							
	Temperature C	)bservations					

		161	nperature Obser	valions				
	Effective January 1, 2019 Cold Holding is now 41 degrees or less							
	Location 4/7/27	Temp Item 0	Location	Temp Item	Location	Temp		
chicken roll	roller	136						
taquito	"	140						
cheeseburger bite	"	141						
dogs	"	142						
taquito	"	137						
cheese	dispenser	136						
chili	"	144						
chicken burrito	hot case	162						
rib sandwich	"	158						
pizza	pizza case	156						
cheese	small cooler	r 38						
ambient	upright	34						
water	3 comp	117						

Person in Charge (Print & Sign): Stacy	First	- <i>irst</i> Brisbane		Staggendon
	First		Last	1.200
Regulatory Authority (Print & Sign): Nora	Sykes			- ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
REHS ID: 2664 - :	Sykes, Nora			Verification Required Date:
REHS Contact Phone Number: (336) 7 North Carolina Department of Health & Hu	ic Health   Environn ortunity employer. Int Inspection Report, 10	nental Health Section • Food Protection Program		

### Establishment Name: SPEEDWAY 6932

#### Establishment ID: 3034020674

Date: 05/11/2022 Time In: 1:05 PM Time Out: 3:10 PM

## **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 2-401.11 Eating, Drinking, or Using Tobacco (C)- Employee drink on shelf above single service items in kitchen. Employees shall eat, drink, or use any form of tobacco only in designated area to prevent cross contamination.
- 47 4-501.11 Good Repair and Proper Adjustment Equipment (C)- Torn gasket on left door of make top two door unit. Repair.
- 51 5-205.15 (B) System maintained in good repair C- REPEAT- Faucet of three comp sink does not fully turnoff without use of secondary valve. Sink in center of store with contstant flow of water from faucet and can not be turned off. Maintain plumbing systems in good repair. Repair.
- 54 5-501.113 Covering Receptacles (C)- REPEAT-Doors on dumpsters open. Maintain dumpster doors closed. //5-501.16 Storage Areas, Rooms and Receptacles, Capacity and Availability (C)- No trash can available at hand sink near office. If disposable towels are used at handwashing lavatories, a waste receptacle shall be located at each lavatory or group of adjacent lavatories.
- 55 6-201.11 Floors, Walls and Ceilings-Cleanability C-REPEAT- Splashguard at back hand sink caulked to floor with caulk that is not smooth and floor is not easily cleanable in this area. Establishment must provide floors, floor coverings, walls, wall coverings, and ceilings that are designed, constructed and installed so they are smooth and easily cleanable.//6-501.11 Repairing-Premises, Structures, Attachments, and Fixtures-Methods - C- Vent in restroom is hanging from ceiling. Readjust ceiling tile in back room to fit into ceiling grid above water heater. Caulk around electrical pipe penetrations at electrical panels. Smooth out caulk on counter at food service area. Floors, walls, and ceilings including the attachments such as soap and towel dispensers; light fixtures; and heat/ac vents shall be maintained in good repair.