

Food Establishment Inspection Report

Score: 93.5

Establishment Name: WEST FORSYTH HIGH SCHOOL CONCESSION

Establishment ID: 3034020205

Location Address: 1735 LEWISVILLE-CLEMMONS ROAD

Inspection Re-Inspection

City: CLEMMONS

State: NC

Date: 09 / 11 / 2014 Status Code: A

Zip: 27012

County: 34 Forsyth

Time In: 05 : 30 ^{am} / _{pm} Time Out: 08 : 00 ^{am} / _{pm}

Permittee: O.K. WEST ATHLETIC ASSOC.

Total Time: 2 hrs 30 minutes

Telephone: _____

Category #: II

Wastewater System: Municipal/Community On-Site System

FDA Establishment Type: _____

Water Supply: Municipal/Community On-Site Supply

No. of Risk Factor/Intervention Violations: 4

No. of Repeat Risk Factor/Intervention Violations: _____

| 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 | <input checked="" type="checkbox"/> | 0 | | |
| Employee Health .2652 | | | | | | | | |
| 2 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Management, employees knowledge; responsibilities & reporting | 3 | <input checked="" type="checkbox"/> | 0 | |
| 3 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Proper use of reporting, restriction & exclusion | 3 | 1.5 | 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 | 0.5 | 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 | 1.5 | 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 | 1.5 | 0 | |
| 14 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Food-contact surfaces: cleaned & sanitized | 3 | <input checked="" type="checkbox"/> | 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 | 1.5 | 0 | |
| 17 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Proper reheating procedures for hot holding | 3 | 1.5 | 0 | |
| 18 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Proper cooling time & temperatures | 3 | 1.5 | 0 | |
| 19 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Proper hot holding temperatures | 3 | 1.5 | 0 | |
| 20 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Proper cold holding temperatures | 3 | <input checked="" type="checkbox"/> | 0 | |
| 21 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Proper date marking & disposition | 3 | 1.5 | 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 | 0.5 | 0 | |
| Highly Susceptible Populations .2653 | | | | | | | | |
| 24 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pasteurized foods used; prohibited foods not offered | 3 | 1.5 | 0 | |
| Chemical .2653, .2657 | | | | | | | | |
| 25 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Food additives: approved & properly used | 1 | 0.5 | 0 | |
| 26 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Toxic substances properly identified stored, & used | 2 | 1 | 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pasteurized eggs used where required | 1 | 0.5 | 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 | 0.5 | 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 | 0.5 | 0 | |
| 32 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Plant food properly cooked for hot holding | 1 | 0.5 | 0 | |
| 33 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Approved thawing methods used | 1 | 0.5 | 0 | |
| 34 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Thermometers provided & accurate | 1 | 0.5 | 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 | 1 | <input checked="" type="checkbox"/> | |
| 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 | 0.5 | 0 | |
| 39 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Wiping cloths: properly used & stored | 1 | 0.5 | 0 | |
| 40 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Washing fruits & vegetables | 1 | 0.5 | 0 | |
| Proper Use of Utensils .2653, .2654 | | | | | | | | |
| 41 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | In-use utensils: properly stored | 1 | 0.5 | 0 | |
| 42 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Utensils, equipment & linens: properly stored, dried & handled | 1 | 0.5 | 0 | |
| 43 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Single-use & single-service articles: properly stored & used | 1 | 0.5 | 0 | |
| 44 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Gloves used properly | 1 | 0.5 | 0 | |
| 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 | 2 | 1 | 0 | |
| 46 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Warewashing facilities: installed, maintained, & used; test strips | 1 | 0.5 | 0 | |
| 47 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Non-food contact surfaces clean | 1 | 0.5 | 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Plumbing installed; proper backflow devices | 2 | 1 | 0 | |
| 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 | 0.5 | 0 | |
| 52 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Garbage & refuse properly disposed; facilities maintained | 1 | 0.5 | 0 | |
| 53 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Physical facilities installed, maintained & clean | 1 | 0.5 | 0 | |
| 54 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Meets ventilation & lighting requirements; designated areas used | 1 | 0.5 | 0 | |
| Total Deductions: | | | | | 6.5 | | | |



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Inspection Re-Inspection Date: 09/11/2014

City: CLEMMONS State: NC

Comment Addendum Attached? Status Code: A

County: 34 Forsyth Zip: 27012

Category #: II

Wastewater System: Municipal/Community On-Site System

Water Supply: Municipal/Community On-Site System

Permittee: O.K. WEST ATHLETIC ASSOC.

Email 1:

Email 2:

Email 3:

Temperature Observations

| Item | Location | Temp | Item | Location | Temp | Item | Location | Temp |
|---------------|------------------------|------|------|----------|------|------|----------|------|
| hot water | three compartment sink | 165 | | | | | | |
| cole slaw | sandwich make unit | 60 | | | | | | |
| sliced cheese | sandwich make unit | 62 | | | | | | |
| chili | hot holding | 176 | | | | | | |
| hamburgers | hot holding | 147 | | | | | | |
| hot dogs | hot holding | 160 | | | | | | |
| air temp | sandwich make unit | 47 | | | | | | |

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
As of January 1, 2014, A person in charge of the foodstand must have passed a ANSI Certified Managers Food Safety Course and be present at the hours of operation.



2 2-201.11 (A), (B), (C), & (E) Responsibility of Permit Holder, Person in Charge, and Conditional Employees - P
No Employee Health Policy is in place at the time of inspection. A copy of a employee health policy was left with the person in charge.

14 4-501.114 Manual and Mechanical Warewashing Equipment, Chemical Sanitization-Temperature, pH, Concentration and Hardness - P
Sanitizer in both forms of Quaternary Ammonium and Bleach Water were weak at the time of inspection. Quat Ammonium needs to be at concentration of 200 ppm and bleach water at a concentration of 50-100 ppm.

CDI - Bleach water was remixed to 50 ppm.

Person in Charge (Print & Sign): *Norman* *Denny*

Norman Denny

Regulatory Authority (Print & Sign): *Craig* *Bethel*

Craig Bethel 2475

REHS ID: 1766 - Bethel, Craig

Verification Required Date: / /

REHS Contact Phone Number: () -



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- 20 3-501.16 (A)(2) and (B) Potentially Hazardous Food (Time/Temperature Control for Safety Food), Hot and Cold Holding - P
Cole slaw and sliced cheese were off temperature. 60-62F was measured.
Air temp of the sandwich make unit below was 47F.
Use metal pans instead of plastic, keep top of sandwich make unit closed as much as possible, have unit checked or serviced before next game.
- 36 6-501.111 Controlling Pests - PF
A few flies around the three compartment sink were noticed.
Call Pest Control for options of controlling flies in a food stand.



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✓
Spell



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