

Food Establishment Inspection Report

Score: 100

Establishment Name: SHEETZ 641

Establishment ID: 3034012517

Location Address: 5034 RAVEN RD.

City: WINSTON SALEM State: North Carolina

Zip: 27106 County: 34 Forsyth

Permittee: SHEETZ, INC.

Telephone: _____

☒ Inspection ☐ Re-Inspection ☐ Educational Visit**Wastewater System:**☒ Municipal/Community ☐ On-Site System**Water Supply:**☒ Municipal/Community ☐ On-Site Supply

Date: 04/08/2024

Status Code: A

Time In: 9:00 AM

Time Out: 10:30 AM

Category#: II

FDA Establishment Type: Fast Food Restaurant

No. of Risk Factor/Intervention Violations: 0

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

| Compliance Status | | OUT | CDI | R | VR |
|---|--|--|-----|-----|----|
| Supervision .2652 | | | | | |
| 1 | <input checked="" type="checkbox"/> OUT/N/A | PIC Present, demonstrates knowledge, & performs duties | 1 | 0 | |
| 2 | <input checked="" type="checkbox"/> OUT/N/A | Certified Food Protection Manager | 1 | 0 | |
| Employee Health .2652 | | | | | |
| 3 | <input checked="" type="checkbox"/> OUT | Management, food & conditional employee; knowledge, responsibilities & reporting | 2 | 1 | 0 |
| 4 | <input checked="" type="checkbox"/> OUT | Proper use of reporting, restriction & exclusion | 3 | 1.5 | 0 |
| 5 | <input checked="" type="checkbox"/> OUT | Procedures for responding to vomiting & diarrheal events | 1 | 0.5 | 0 |
| Good Hygienic Practices .2652, .2653 | | | | | |
| 6 | <input checked="" type="checkbox"/> OUT | Proper eating, tasting, drinking or tobacco use | 1 | 0.5 | 0 |
| 7 | <input checked="" type="checkbox"/> OUT | No discharge from eyes, nose, and mouth | 1 | 0.5 | 0 |
| Preventing Contamination by Hands .2652, .2653, .2655, .2656 | | | | | |
| 8 | <input checked="" type="checkbox"/> OUT | Hands clean & properly washed | 4 | 2 | 0 |
| 9 | <input checked="" type="checkbox"/> OUT/N/A/N/O | No bare hand contact with RTE foods or pre-approved alternate procedure properly followed | 4 | 2 | 0 |
| 10 | <input checked="" type="checkbox"/> OUT/N/A | Handwashing sinks supplied & accessible | 2 | 1 | 0 |
| Approved Source .2653, .2655 | | | | | |
| 11 | <input checked="" type="checkbox"/> OUT | Food obtained from approved source | 2 | 1 | 0 |
| 12 | <input checked="" type="checkbox"/> IN OUT | Food received at proper temperature | 2 | 1 | 0 |
| 13 | <input checked="" type="checkbox"/> OUT | Food in good condition, safe & unadulterated | 2 | 1 | 0 |
| 14 | <input checked="" type="checkbox"/> IN OUT | Required records available: shellstock tags, parasite destruction | 2 | 1 | 0 |
| Protection from Contamination .2653, .2654 | | | | | |
| 15 | <input checked="" type="checkbox"/> OUT/N/A/N/O | Food separated & protected | 3 | 1.5 | 0 |
| 16 | <input checked="" type="checkbox"/> OUT | Food-contact surfaces: cleaned & sanitized | 3 | 1.5 | 0 |
| 17 | <input checked="" type="checkbox"/> OUT | Proper disposition of returned, previously served, reconditioned & unsafe food | 2 | 1 | 0 |
| Potentially Hazardous Food Time/Temperature .2653 | | | | | |
| 18 | <input checked="" type="checkbox"/> IN OUT/N/A/N/O | Proper cooking time & temperatures | 3 | 1.5 | 0 |
| 19 | <input checked="" type="checkbox"/> OUT/N/A/N/O | Proper reheating procedures for hot holding | 3 | 1.5 | 0 |
| 20 | <input checked="" type="checkbox"/> IN OUT/N/A/N/O | Proper cooling time & temperatures | 3 | 1.5 | 0 |
| 21 | <input checked="" type="checkbox"/> OUT/N/A/N/O | Proper hot holding temperatures | 3 | 1.5 | 0 |
| 22 | <input checked="" type="checkbox"/> OUT/N/A/N/O | Proper cold holding temperatures | 3 | 1.5 | 0 |
| 23 | <input checked="" type="checkbox"/> OUT/N/A/N/O | Proper date marking & disposition | 3 | 1.5 | 0 |
| 24 | <input checked="" type="checkbox"/> IN OUT | Time as a Public Health Control; procedures & records | 3 | 1.5 | 0 |
| Consumer Advisory .2653 | | | | | |
| 25 | <input checked="" type="checkbox"/> IN OUT | Consumer advisory provided for raw/undercooked foods | 1 | 0.5 | 0 |
| Highly Susceptible Populations .2653 | | | | | |
| 26 | <input checked="" type="checkbox"/> IN OUT | Pasteurized foods used; prohibited foods not offered | 3 | 1.5 | 0 |
| Chemical .2653, .2657 | | | | | |
| 27 | <input checked="" type="checkbox"/> IN OUT | Food additives: approved & properly used | 1 | 0.5 | 0 |
| 28 | <input checked="" type="checkbox"/> OUT/N/A | Toxic substances properly identified stored & used | 2 | 1 | 0 |
| Conformance with Approved Procedures .2653, .2654, .2658 | | | | | |
| 29 | <input checked="" type="checkbox"/> IN OUT | Compliance with variance, specialized process, reduced oxygen packaging 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.

| Compliance Status | | OUT | CDI | R | VR |
|---|--|--|-----|-----|----|
| Safe Food and Water .2653, .2655, .2658 | | | | | |
| 30 | <input checked="" type="checkbox"/> IN OUT | Pasteurized eggs used where required | 1 | 0.5 | 0 |
| 31 | <input checked="" type="checkbox"/> OUT | Water and ice from approved source | 2 | 1 | 0 |
| 32 | <input checked="" type="checkbox"/> IN OUT | Variance obtained for specialized processing methods | 2 | 1 | 0 |
| Food Temperature Control .2653, .2654 | | | | | |
| 33 | <input checked="" type="checkbox"/> OUT | Proper cooling methods used; adequate equipment for temperature control | 1 | 0.5 | 0 |
| 34 | <input checked="" type="checkbox"/> IN OUT | Plant food properly cooked for hot holding | 1 | 0.5 | 0 |
| 35 | <input checked="" type="checkbox"/> OUT | Approved thawing methods used | 1 | 0.5 | 0 |
| 36 | <input checked="" type="checkbox"/> OUT | Thermometers provided & accurate | 1 | 0.5 | 0 |
| Food Identification .2653 | | | | | |
| 37 | <input checked="" type="checkbox"/> OUT | Food properly labeled: original container | 2 | 1 | 0 |
| Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657 | | | | | |
| 38 | <input checked="" type="checkbox"/> OUT | Insects & rodents not present; no unauthorized animals | 2 | 1 | 0 |
| 39 | <input checked="" type="checkbox"/> OUT | Contamination prevented during food preparation, storage & display | 2 | 1 | 0 |
| 40 | <input checked="" type="checkbox"/> OUT | Personal cleanliness | 1 | 0.5 | 0 |
| 41 | <input checked="" type="checkbox"/> OUT | Wiping cloths: properly used & stored | 1 | 0.5 | 0 |
| 42 | <input checked="" type="checkbox"/> IN OUT | Washing fruits & vegetables | 1 | 0.5 | 0 |
| Proper Use of Utensils .2653, .2654 | | | | | |
| 43 | <input checked="" type="checkbox"/> OUT | In-use utensils: properly stored | 1 | 0.5 | 0 |
| 44 | <input checked="" type="checkbox"/> OUT | Utensils, equipment & linens: properly stored, dried & handled | 1 | 0.5 | 0 |
| 45 | <input checked="" type="checkbox"/> OUT | Single-use & single-service articles: properly stored & used | 1 | 0.5 | 0 |
| 46 | <input checked="" type="checkbox"/> OUT | Gloves used properly | 1 | 0.5 | 0 |
| Utensils and Equipment .2653, .2654, .2663 | | | | | |
| 47 | <input checked="" type="checkbox"/> IN | Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed & used | 1 | 0.5 | X |
| 48 | <input checked="" type="checkbox"/> OUT | Warewashing facilities: installed, maintained & used; test strips | 1 | 0.5 | 0 |
| 49 | <input checked="" type="checkbox"/> OUT | Non-food contact surfaces clean | 1 | 0.5 | 0 |
| Physical Facilities .2654, .2655, .2656 | | | | | |
| 50 | <input checked="" type="checkbox"/> OUT | Hot & cold water available; adequate pressure | 1 | 0.5 | 0 |
| 51 | <input checked="" type="checkbox"/> OUT | Plumbing installed; proper backflow devices | 2 | 1 | 0 |
| 52 | <input checked="" type="checkbox"/> OUT | Sewage & wastewater properly disposed | 2 | 1 | 0 |
| 53 | <input checked="" type="checkbox"/> OUT | Toilet facilities: properly constructed, supplied & cleaned | 1 | 0.5 | 0 |
| 54 | <input checked="" type="checkbox"/> IN | Garbage & refuse properly disposed; facilities maintained | 1 | 0.5 | X |
| 55 | <input checked="" type="checkbox"/> OUT | Physical facilities installed, maintained & clean | 1 | 0.5 | 0 |
| 56 | <input checked="" type="checkbox"/> OUT | Meets ventilation & lighting requirements; designated areas used | 1 | 0.5 | 0 |
| TOTAL DEDUCTIONS: | | | | | 0 |



Comment Addendum to Food Establishment Inspection Report

Establishment Name: SHEETZ 641

Establishment ID: 3034012517

Location Address: 5034 RAVEN RD.

☒ Inspection ☐ Re-Inspection Date: 04/08/2024

City: WINSTON SALEM State: NC

☐ Educational Visit

Status Code: A

County: 34 Forsyth Zip: 27106

Comment Addendum Attached? ☒

Category #: II

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

Email 1: tmartinez@sheetz.com

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

Permittee: SHEETZ, INC.

Email 2:

Telephone: _____

Email 3:

Temperature Observations

| Item/Location | Temp | Item/Location | Temp | Item/Location | Temp |
|---------------------------------|------|---------------|------|---------------|------|
| lettuce /make unit | 39 | | | | |
| tomatoes /make unit | 34 | | | | |
| prov cheese /make unit | 36 | | | | |
| pico /make unit | 37 | | | | |
| rice /make unit | 38 | | | | |
| milk/milk unit | 37 | | | | |
| ambient /milk unit | 39 | | | | |
| egg/breakfast unit | 40 | | | | |
| sausage /breakfast unit | 39 | | | | |
| chicken sausage /breakfast unit | 38 | | | | |
| scrambled eggs/walk in cooler | 35 | | | | |
| chicken/walk in cooler | 37 | | | | |
| ambient /walk in cooler | 36 | | | | |
| hot dogs /hot holding | 167 | | | | |
| hot dogs /reheat | 166 | | | | |
| cl sani/dishmachine | 100 | | | | |
| quat sani /three comp sink | 300 | | | | |
| hot water /three comp sink | 123 | | | | |

First
Person in Charge (Print & Sign): Tammy

Last
Martinez

Tammy Martinez

First
Regulatory Authority (Print & Sign): Shannon

Last
Maloney

Shannon Maloney

REHS ID: 2826 - Maloney, Shannon

Verification Dates: Priority:

Priority Foundation:

Core:

REHS Contact Phone Number: (336) 703-3382

Authorize final report to
be received via Email: _____



North Carolina Department of Health & Human Services

Page 2 of _____
● Division of Public Health ● Environmental Health Section
DHHS is an equal opportunity employer.
Food Establishment Inspection Report, 12/2023

● Food Protection Program



Comment Addendum to Inspection Report

Establishment Name: SHEETZ 641

Establishment ID: 3034012517

Date: 04/08/2024 **Time In:** 9:00 AM **Time Out:** 10:30 AM

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.

- 47 4-501.11 Good Repair and Proper Adjustment - Equipment REPEAT- (different location than previous inspection)- Recaulk back of smoothie/coffee sink where caulking is missing from wall. Equipment shall be maintained in good repair.
- 54 5-501.113 Outside Receptacles- Dumpster doors open during inspection. Keep dumpster and other outside waste handling containers for refuse, recyclables, and returnables covered with tight-fitting lids or doors.