

Food Establishment Inspection Report

Score: 99.5

Establishment Name: SHEETZ 568

Establishment ID: 3034012377

Location Address: 5230 BEAUCHAMP LANE

City: WINSTON SALEM State: North Carolina

Zip: 27104 County: 34 Forsyth

Permittee: SHEETZ INC.

Telephone: (336) 946-1409

Inspection Re-Inspection Educational Visit

Wastewater System:

Municipal/Community On-Site System

Water Supply:

Municipal/Community On-Site Supply

Date: 05/13/2024 Status Code: A

Time In: 1:35 PM Time Out: 3:10 PM

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	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> 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"/> OUT/N/A/N/O	Proper cooking time & temperatures	3	1.5	0
19	<input checked="" type="checkbox"/> IN/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	<input checked="" type="checkbox"/> Time as a Public Health Control; procedures & records	3	1.5	0
Consumer Advisory .2653					
25	<input checked="" type="checkbox"/> IN/OUT	<input checked="" type="checkbox"/> Consumer advisory provided for raw/undercooked foods	1	0.5	0
Highly Susceptible Populations .2653					
26	<input checked="" type="checkbox"/> IN/OUT	<input checked="" type="checkbox"/> Pasteurized foods used; prohibited foods not offered	3	1.5	0
Chemical .2653, .2657					
27	<input checked="" type="checkbox"/> IN/OUT	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> Plant food properly cooked for hot holding	1	0.5	0
35	<input checked="" type="checkbox"/> IN/OUT	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> 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"/> OUT	Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed & used	1	0.5	0
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/N/A	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/N/A	Toilet facilities: properly constructed, supplied & cleaned	1	0.5	0
54	<input checked="" type="checkbox"/> IN/OUT	Garbage & refuse properly disposed; facilities maintained	1	0.5	<input checked="" type="checkbox"/>
55	<input checked="" type="checkbox"/> IN/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:					0.5



Comment Addendum to Food Establishment Inspection Report

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Establishment ID: 3034012377
 Inspection Re-Inspection Date: 05/13/2024
 Educational Visit Status Code: A
 Comment Addendum Attached? Category #: II
 Email 1: khostettl@sheetz.com
 Email 2: fswicegood@sheetz.com
 Email 3:

Temperature Observations

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
hot dog/hot dog roller	138	egg/walk in cooler	31		
burger/hot hold tower	145	mac & cheese/walk in cooler	35		
meatball/hot hold tower	155	chlorine sanitizer/dishmachine	50 ppm		
lettuce/flip top 1	40	quat sanitizer/3 compartment sink	200 ppm		
tomato/flip top 1	41	hot water/3 compartment sink	115		
pico/flip top 1	39				
guacamole/flip top 1	39				
mac & cheese/flip top 1	40				
burrito/flip top 1	41				
turkey/flip top 2	41				
chicken/flip top 2	40				
hamburger/flip top 2	41				
fried egg/flip top 2	41				
sausage/flip top 2	30				
chicken tenders/final cook	202				
fries/final cook	168				
boneless bites/reach in cooler	41				
hotdog/reach in cooler	40				
half & half/milk cooler	41				
burger/walk in cooler	40				

Person in Charge (Print & Sign): Sarah *First* Norton *Last*
 Regulatory Authority (Print & Sign): Daygan *First* Shouse *Last*

[Signature]
[Signature]

REHS ID: 3316 - Shouse, Daygan Verification Dates: Priority: _____ Priority Foundation: _____ Core: _____

REHS Contact Phone Number: (336) 704-3141 Authorize final report to be received via Email: _____

Comment Addendum to Inspection Report

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Establishment ID: 3034012377

Date: 05/13/2024 **Time In:** 1:35 PM **Time Out:** 3:10 PM

Certifications

Name	Certificate #	Type	Issue Date	Expiration Date
Sarah Norton		Food Service	08/06/2020	08/06/2025

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.

- 54 5-501.113 Covering Receptacles (C) One of the dumpster doors on the dumpster pad was left open. Receptacles and waste handling units for REFUSE, recyclables, and returnables shall be kept covered with tight-fitting lids or doors if kept outside the food establishment.
- 55 6-501.12 Cleaning, Frequency and Restrictions (C) Clean wall behind dish machine and 3-compartment sink. Clean wall in dry storage area with hose spray. Physical facilities shall be cleaned as often as necessary to keep them clean. REPEAT.