

Food Establishment Inspection Report

Score: 96

Establishment Name: STARBUCKS COFFEE SHOP #8540

Establishment ID: 3034011510

Location Address: 2015 FRONTIS PLAZA BLVD

☒ Inspection ☐ Re-Inspection

City: WINSTON SALEM

State: NC

Date: 01 / 12 / 2018 **Status Code:** A

Zip: 27103 **County:** 34 Forsyth

Time In: 10 : 10 ^{am} _{pm} **Time Out:** 12 : 00 ^{am} _{pm}

Permittee: STARBUCKS COFFEE COMPANY

Total Time: 1 hr 50 minutes

Telephone: (336) 765-2716

Category #: II

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

FDA Establishment Type:

No. of Risk Factor/Intervention Violations: 2

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

No. of Repeat Risk Factor/Intervention Violations: 1

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PIC Present; Demonstration-Certification by accredited program and perform duties			2	0		
Employee Health .2652										
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, employees knowledge; responsibilities & reporting			3	13	0	
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of reporting, restriction & exclusion			3	13	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	03	0	
Preventing Contamination by Hands .2652, .2653, .2655, .2656										
6	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hands clean & properly washed			4	2	<input checked="" type="checkbox"/>	<input checked="" 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			3	13	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	13	0	
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized			3	13	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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooking time & temperatures			3	13	0	
17	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper reheating procedures for hot holding			3	13	0	
18	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooling time & temperatures			3	13	0	
19	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper hot holding temperatures			3	13	0	
20	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures			3	<input checked="" type="checkbox"/>	0	<input checked="" type="checkbox"/>
21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking & disposition			3	13	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	03	0	
Highly Susceptible Populations .2653										
24	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pasteurized foods used; prohibited foods not offered			3	13	0	
Chemical .2653, .2657										
25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food additives: approved & properly used			1	03	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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pasteurized eggs used where required			1	03	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	03	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	03	0	
32	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Plant food properly cooked for hot holding			1	03	0	
33	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used			1	03	0	
34	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided & accurate			1	03	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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects & rodents not present; no unauthorized animals			2	1	0	
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display			2	1	0	
38	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness			1	<input checked="" type="checkbox"/>	0	<input checked="" type="checkbox"/>
39	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used & stored			1	<input checked="" type="checkbox"/>	0	<input checked="" type="checkbox"/>
40	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Washing fruits & vegetables			1	03	0	
Proper Use of Utensils .2653, .2654										
41	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored			1	03	0	
42	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils, equipment & linens: properly stored, dried & handled			1	03	0	
43	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Single-use & single-service articles: properly stored & used			1	03	0	
44	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly			1	03	0	
Utensils and Equipment .2653, .2654, .2663										
45	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed, & used			2	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
46	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained, & used; test strips			1	03	0	
47	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean			1	03	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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices			2	<input checked="" type="checkbox"/>	0	<input checked="" type="checkbox"/>
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	03	0	
52	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Garbage & refuse properly disposed; facilities maintained			1	03	<input checked="" type="checkbox"/>	
53	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained & clean			1	<input checked="" type="checkbox"/>	0	<input checked="" type="checkbox"/>
54	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Meets ventilation & lighting requirements; designated areas used			1	03	0	
Total Deductions: 4										



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CR
Off



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County: 34 Forsyth Zip: 27103

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

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

Permittee: STARBUCKS COFFEE COMPANY

Telephone: (336) 765-2716

☒ Inspection ☐ Re-Inspection Date: 01/12/2018

Comment Addendum Attached? ☐ Status Code: A

Category #: II

Email 1: s08540@retail.starbucks.com

Email 2:

Email 3:

Temperature Observations

Effective January 1, 2019 Cold Holding will change to 41 degrees

Item	Location	Temp	Item	Location	Temp	Item	Location	Temp
MILK	PREP/RIC	51	ANSI FP	E. HENSHAW 12/4/18	00			
EGG SAND	RIC	43						
LEMONADE	BEV RIC	42						
1/2 AND 1/2	RIC	41						
MILK	BACK RIC	45						
EGG SAND	BACK RIC	45						
SANI	DISH MACHINE-HW	167						
3 COMP	QAC	150						

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 2-301.12 Cleaning Procedure - P-Observed barista handle money and then don gloves to prep beverage without handwashing. Food employees shall wash their hands anytime that they become contaminated and prior to donning gloves. CDI-Staff educated, hands washed and gloves donned.// 0 points
- 20 3-501.16 (A)(2) and (B) Potentially Hazardous Food (Time/Temperature Control for Safety Food), Hot and Cold Holding - P-Repeat-Measured gallon of milk on prep surface at 51F. Barista states that milk was removed from reach-in cooler and placed on prep table during rush. Potentially hazardous foods shall be maintained at 45F or below.
- 38 2-303.11 Prohibition-Jewelry - C-Repeat-Observed food employee engaging in food prep with bracelet. Except for a plain ring such as a wedding band, while preparing food, food employees may not wear jewelry including medical information jewelry on their arms and hands.//2-302.11 Maintenance-Fingernails - PF-Observed food employee engaging in food prep without wearing intact gloves. Unless wearing intact gloves in good repair, a food employee may not wear fingernail polish or artificial fingernails when working with exposed food. CDI-Staff educated, hands washed and gloves donned.

Lock
Text



Person in Charge (Print & Sign): *First* ELIZABETH *Last* HENSHAW

Regulatory Authority (Print & Sign): *First* JENNIFER *Last* BROWN

REHS ID: 2536 - Brown, Jennifer

Verification Required Date: 01 / 19 / 2018

REHS Contact Phone Number: (336) 703-3131



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- 39 3-304.14 Wiping Cloths, Use Limitation - C-Measured 0 ppm QAC sanitizer in wiping cloth buckets. Wiping cloths in use for wiping counters and other equipment shall be submerged in a sanitizing solution of manufacturers specifications (150-400 ppm QAC). CDI-Sanitizer remade to the correct strength.
- 45 4-501.11 Good Repair and Proper Adjustment-Equipment - C-Repeat-Repair/replace gasket to front line reach-in cooler that is not secure, and not allowing unit to close. Flaking non-food storage cabinets on front line. Equipment shall be maintained in good repair./0 POINTS
- 49 5-205.15 (B) System maintained in good repair - C-Only men's toilet not in operation during inspection due to being clogged. Plumbing system shall be maintained in good repair. Plumber has been contacted by facility for repair./5-202.14 Backflow Prevention Device, Design Standard - P-Atmospheric backflow prevention device is not approved for use on canwash with chemical tower (no documentation for air gap) as well as splitter valve with stop cock. A backflow or backsiphonage prevention device installed on a water supply system shall meet American Society of Sanitary Engineering (A.S.S.E.) standards for construction, installation, maintenance, inspection, and testing for that specific application and type of device. A backflow prevention device rated for constant pressure shall be installed on the faucet. VERIFICATION REQUIRED. JENNIFER BROWN AT 336-703-3131 OR BROWNJK@FORSYTH.CC
- 52 5-501.111 Area, Enclosures and Receptacles, Good Repair - C-Outdoor receptacle is missing top lid. Storage areas, enclosures, and receptacles for REFUSE, recyclables, and returnables shall be maintained in good repair. Replace unit
- 53 6-501.12 Cleaning, Frequency and Restrictions - C-Repeat-Floor under mats by 3 compartment sink, beside dish machine and under 3 compartment sink are soiled. Physical facilities shall be maintained clean.



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Spell



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