

Food Establishment Inspection Report

Score: 99.5

Establishment Name: SHEETZ 436

Establishment ID: 3034012024

Location Address: 790 NORTH MAIN STREET

Inspection Re-Inspection

City: KERNERSVILLE

State: NC

Date: 03 / 14 / 2018 Status Code: A

Zip: 27284

County: 34 Forsyth

Time In: 09 : 50 am pm Time Out: 11 : 30 am pm

Permittee: SHEETZ INC

Total Time: 1 hr 40 minutes

Telephone: (336) 992-2313

Category #: II

Wastewater System: Municipal/Community On-Site System

FDA Establishment Type: Fast Food Restaurant

Water Supply: Municipal/Community On-Site Supply

No. of Risk Factor/Intervention Violations: 1

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.						
IN	OUT	N/A	NO	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 0 0 0
Employee Health .2652						
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, employees knowledge; responsibilities & reporting	3	13 0 0 0
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of reporting, restriction & exclusion	3	13 0 0 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 0 0
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose or mouth	1	03 0 0 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 0 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	13 0 0 0
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Handwashing sinks supplied & accessible	2	1 0 0 0
Approved Source .2653, .2655						
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	2	1 0 0 0
10	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food received at proper temperature	2	1 0 0 0
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe & unadulterated	2	1 0 0 0
12	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Required records available: shellstock tags, parasite destruction	2	1 0 0 0
Protection from Contamination .2653, .2654						
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated & protected	3	13 0 0 0
14	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized	3	13 0 0 0
15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, & unsafe food	2	1 0 0 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 0 0
17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper reheating procedures for hot holding	3	13 0 0 0
18	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooling time & temperatures	3	13 0 0 0
19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures	3	13 0 0 0
20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures	3	13 0 0 0
21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking & disposition	3	13 0 0 0
22	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Time as a public health control: procedures & records	2	1 0 0 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 0 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 0 0
Chemical .2653, .2657						
25	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food additives: approved & properly used	1	03 0 0 0
26	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified stored, & used	2	1 0 0 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 0 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	NO	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 0 0
29	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source	2	1 0 0 0
30	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Variance obtained for specialized processing methods	1	03 0 0 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 0 0
32	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Plant food properly cooked for hot holding	1	03 0 0 0
33	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used	1	03 0 0 0
34	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided & accurate	1	03 0 0 0
Food Identification .2653						
35	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled: original container	2	1 0 0 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 0 0
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display	2	1 0 0 0
38	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	1	03 0 0 0
39	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used & stored	1	03 0 0 0
40	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Washing fruits & vegetables	1	03 0 0 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 0 0
42	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils, equipment & linens: properly stored, dried & handled	1	03 0 0 0
43	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Single-use & single-service articles: properly stored & used	1	03 0 0 0
44	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly	1	03 0 0 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 0 0 0
46	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained, & used; test strips	1	03 0 0 0
47	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean	1	03 0 0 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 0 0
49	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices	2	1 0 0 0
50	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage & waste water properly disposed	2	1 0 0 0
51	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied & cleaned	1	03 0 0 0
52	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Garbage & refuse properly disposed; facilities maintained	1	03 0 0 0
53	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained & clean	1	03 0 0 0
54	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Meets ventilation & lighting requirements; designated areas used	1	03 0 0 0
Total Deductions:					0.5	



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 Permittee: SHEETZ INC
 Telephone: (336) 992-2313

Establishment ID: 3034012024
 Inspection Re-Inspection Date: 03/14/2018
 Comment Addendum Attached? Status Code: A
 Category #: II
 Email 1: khostetl@sheetz.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
Christina	09/07/22	0	Turkey	Make unit	44	Tomatoes	Walk-in cooler	35
Hot water	3 comp sink	145	Chicken	Make unit	38	Grilled chicken	Walk-in cooler	28
Chlorine	Dish machine	50	Steak	Make unit	36	Milk	Retail cooler	41
Hot dogs	Reheat	164	Rice	Make unit	42			
Grilled chicken	Reheat	200	Tomatoes	Make unit	36			
Meatballs	Hot hold	165	Lettuce	Make unit	42			
Chili	Hot hold	160	Slaw	Make unit	33			
Nacho cheese	Dispenser	135	Milk	Milk reach-in	43			

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.

- 14 4-601.11 (A) Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils - P- 0 pts. Four cambro pans observed with food residue. Food-contact surfaces shall be clean to sight and touch. CDI- Utensils were sent back to be re-washed.// 4-501.114 Manual and Mechanical Warewashing Equipment, Chemical Sanitization-Temperature, pH, Concentration and Hardness - P- Quat sanitizer dispenser at three compartment sink is currently not functioning due to tear on water line of sanitizer. Person in charge stated at beginning of inspection that work order has been placed for damaged water line and should be replaced by tomorrow morning (work order provided). Sanitizers shall be provided. CDI- Employees were instructed to use chlorine dish machine as primary means of sanitization or fill up sanitizer vat with chlorine and water.
- 45 4-501.11 Good Repair and Proper Adjustment-Equipment - C- 0 pts. Repair loose stopper at sanitizer vat of three compartment sink. Equipment shall be maintained in good repair.
- 49 5-205.15 (B) System maintained in good repair - C- 0 pts. Repair water leak at can wash. Plumbing systems shall be maintained in good repair.

Lock Text

Person in Charge (Print & Sign): Christina ^{First} Lankford ^{Last}
 Regulatory Authority (Print & Sign): ^{Eva} ^{First} Robert ^{Last} REHS

Christina Lankford
 Eva Robert REHS

REHS ID: 2551 - Robert, Eva

Verification Required Date: ___ / ___ / ___

REHS Contact Phone Number: (336) 703 - 3135



North Carolina Department of Health & Human Services • Division of Public Health • Environmental Health Section • Food Protection Program
 DHHS is an equal opportunity employer.



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- 52 5-501.113 Covering Receptacles - C- One door on recycling reBISTRO B AND WINE BARceptacle maintained open. Receptacles shall be maintained covered.



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✓
Spell



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