

# Food Establishment Inspection Report

Score: 99.5Establishment Name: CITY BEVERAGEEstablishment ID: 3034012294Location Address: 915 BURKE STREET☒ Inspection ☐ Re-InspectionCity: WINSTON SALEMState: NCDate: 04 / 08 / 2014 Status Code: AZip: 27101County: 34 ForsythTime In: 01 : 30 <sup>am</sup><sub>pm</sub> Time Out: 03 : 00 <sup>am</sup><sub>pm</sub>Permittee: CITY BEVERAGE INC. OF WINSTON SALEMTotal Time: 1 hr 30 minutesCategory #: 1

Telephone: \_\_\_\_\_

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

FDA Establishment Type: \_\_\_\_\_

No. of Risk Factor/Intervention Violations: 2Water Supply: ☒ Municipal/Community ☐ On-Site Supply

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 type="checkbox"/>	<input checked="" type="checkbox"/>	PIC Present; Demonstration-Certification by accredited program and perform duties			<u>2</u>	<u>0</u>	<input type="checkbox"/>	<input type="checkbox"/>
Employee Health				.2652						
2	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Management, employees knowledge; responsibilities & reporting			<u>3</u>	<u>15</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Proper use of reporting, restriction & exclusion			<u>3</u>	<u>15</u>	<u>0</u>	<input type="checkbox"/>
Good Hygienic Practices				.2652, .2653						
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Proper eating, tasting, drinking, or tobacco use			<u>2</u>	<u>1</u>	<u>0</u>	<input type="checkbox"/>
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>		No discharge from eyes, nose or mouth			<u>1</u>	<u>05</u>	<u>0</u>	<input type="checkbox"/>
Preventing Contamination by Hands				.2652, .2653, .2655, .2656						
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Hands clean & properly washed			<u>4</u>	<u>2</u>	<u>0</u>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No bare hand contact with RTE foods or pre-approved alternate procedure properly followed			<u>3</u>	<u>15</u>	<u>0</u>	<input type="checkbox"/>
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Handwashing sinks supplied & accessible			<u>2</u>	<u>1</u>	<u>0</u>	<input type="checkbox"/>
Approved Source				.2653, .2655						
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Food obtained from approved source			<u>2</u>	<u>1</u>	<u>0</u>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food received at proper temperature			<u>2</u>	<u>1</u>	<u>0</u>	<input type="checkbox"/>
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Food in good condition, safe & unadulterated			<u>2</u>	<u>1</u>	<u>0</u>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Required records available: shellstock tags, parasite destruction			<u>2</u>	<u>1</u>	<u>0</u>	<input type="checkbox"/>
Protection from Contamination				.2653, .2654						
13	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food separated & protected			<u>3</u>	<u>15</u>	<u>0</u>	<input type="checkbox"/>
14	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Food-contact surfaces: cleaned & sanitized			<u>3</u>	<u>15</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
15	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Proper disposition of returned, previously served, reconditioned, & unsafe food			<u>2</u>	<u>1</u>	<u>0</u>	<input type="checkbox"/>
Potentially Hazardous Food Time/Temperature				.2653						
16	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooking time & temperatures			<u>3</u>	<u>15</u>	<u>0</u>	<input type="checkbox"/>
17	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper reheating procedures for hot holding			<u>3</u>	<u>15</u>	<u>0</u>	<input type="checkbox"/>
18	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooling time & temperatures			<u>3</u>	<u>15</u>	<u>0</u>	<input type="checkbox"/>
19	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper hot holding temperatures			<u>3</u>	<u>15</u>	<u>0</u>	<input type="checkbox"/>
20	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cold holding temperatures			<u>3</u>	<u>15</u>	<u>0</u>	<input type="checkbox"/>
21	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper date marking & disposition			<u>3</u>	<u>15</u>	<u>0</u>	<input type="checkbox"/>
22	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Time as a public health control: procedures & records			<u>2</u>	<u>1</u>	<u>0</u>	<input type="checkbox"/>
Consumer Advisory				.2653						
23	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consumer advisory provided for raw or undercooked foods			<u>1</u>	<u>05</u>	<u>0</u>	<input type="checkbox"/>
Highly Susceptible Populations				.2653						
24	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pasteurized foods used; prohibited foods not offered			<u>3</u>	<u>15</u>	<u>0</u>	<input type="checkbox"/>
Chemical				.2653, .2657						
25	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food additives: approved & properly used			<u>1</u>	<u>05</u>	<u>0</u>	<input type="checkbox"/>
26	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Toxic substances properly identified stored, & used			<u>2</u>	<u>1</u>	<u>0</u>	<input type="checkbox"/>
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			<u>2</u>	<u>1</u>	<u>0</u>	<input type="checkbox"/>

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			<u>1</u>	<u>05</u>	<u>0</u>	<input type="checkbox"/>
29	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Water and ice from approved source			<u>2</u>	<u>1</u>	<u>0</u>	<input type="checkbox"/>
30	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Variance obtained for specialized processing methods			<u>1</u>	<u>05</u>	<u>0</u>	<input type="checkbox"/>
Food Temperature Control				.2653, .2654						
31	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Proper cooling methods used; adequate equipment for temperature control			<u>1</u>	<u>05</u>	<u>0</u>	<input type="checkbox"/>
32	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Plant food properly cooked for hot holding			<u>1</u>	<u>05</u>	<u>0</u>	<input type="checkbox"/>
33	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Approved thawing methods used			<u>1</u>	<u>05</u>	<u>0</u>	<input type="checkbox"/>
34	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Thermometers provided & accurate			<u>1</u>	<u>05</u>	<u>0</u>	<input type="checkbox"/>
Food Identification				.2653						
35	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Food properly labeled: original container			<u>2</u>	<u>1</u>	<u>0</u>	<input type="checkbox"/>
Prevention of Food Contamination				.2652, .2653, .2654, .2656, .2657						
36	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Insects & rodents not present; no unauthorized animals			<u>2</u>	<u>1</u>	<u>0</u>	<input type="checkbox"/>
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Contamination prevented during food preparation, storage & display			<u>2</u>	<u>1</u>	<u>0</u>	<input type="checkbox"/>
38	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Personal cleanliness			<u>1</u>	<u>05</u>	<u>0</u>	<input type="checkbox"/>
39	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Wiping cloths: properly used & stored			<u>1</u>	<u>05</u>	<u>0</u>	<input type="checkbox"/>
40	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Washing fruits & vegetables			<u>1</u>	<u>05</u>	<u>0</u>	<input type="checkbox"/>
Proper Use of Utensils				.2653, .2654						
41	<input checked="" type="checkbox"/>	<input type="checkbox"/>		In-use utensils: properly stored			<u>1</u>	<u>05</u>	<u>0</u>	<input type="checkbox"/>
42	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Utensils, equipment & linens: properly stored, dried & handled			<u>1</u>	<u>05</u>	<u>0</u>	<input type="checkbox"/>
43	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Single-use & single-service articles: properly stored & used			<u>1</u>	<u>05</u>	<u>0</u>	<input type="checkbox"/>
44	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Gloves used properly			<u>1</u>	<u>05</u>	<u>0</u>	<input type="checkbox"/>
Utensils and Equipment				.2653, .2654, .2663						
45	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed, & used			<u>2</u>	<u>1</u>	<u>0</u>	<input type="checkbox"/>
46	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Warewashing facilities: installed, maintained, & used; test strips			<u>1</u>	<input checked="" type="checkbox"/>	<u>0</u>	<input type="checkbox"/>
47	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Non-food contact surfaces clean			<u>1</u>	<u>05</u>	<u>0</u>	<input type="checkbox"/>
Physical Facilities				.2654, .2655, .2656						
48	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Hot & cold water available; adequate pressure			<u>2</u>	<u>1</u>	<u>0</u>	<input type="checkbox"/>
49	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Plumbing installed; proper backflow devices			<u>2</u>	<u>1</u>	<u>0</u>	<input type="checkbox"/>
50	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Sewage & waste water properly disposed			<u>2</u>	<u>1</u>	<u>0</u>	<input type="checkbox"/>
51	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Toilet facilities: properly constructed, supplied & cleaned			<u>1</u>	<u>05</u>	<u>0</u>	<input type="checkbox"/>
52	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Garbage & refuse properly disposed; facilities maintained			<u>1</u>	<u>05</u>	<u>0</u>	<input type="checkbox"/>
53	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Physical facilities installed, maintained & clean			<u>1</u>	<u>05</u>	<u>0</u>	<input type="checkbox"/>
54	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Meets ventilation & lighting requirements; designated areas used			<u>1</u>	<u>05</u>	<u>0</u>	<input type="checkbox"/>
Total Deductions:							0.5			

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# Comment Addendum to Food Establishment Inspection Report

Establishment Name: CITY BEVERAGE

Establishment ID: 3034012294

Location Address: 915 BURKE STREET

☒ Inspection ☐ Re-Inspection Date: 04/08/2014

City: WINSTON SALEM State: NC

Comment Addendum Attached? ☐ Status Code: A

County: 34 Forsyth Zip: 27101

Category #: I

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

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

Permittee: CITY BEVERAGE INC. OF WINSTON SALEM

Email 1:

Email 2:

Telephone: \_\_\_\_\_

Email 3:

## Temperature Observations

Item	Location	Temp	Item	Location	Temp	Item	Location	Temp
water	3 comp sink	119						

## 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.

- 2 2-201.11 (A), (B), (C), & (E) Responsibility of Permit Holder, Person in Charge, and Conditional Employees - P - No employee health policy in place. Employee Hygiene Handbook given. Explained possible options.
- 14 4-703.11 Hot Water and Chemical-Methods - P - Be sure glasses are washed, rinsed in running water, immersed in sanitizer for at least 30 seconds, then allowed to air dry.
- 46 4-302.14 Sanitizing Solutions, Testing Devices - PF - Chlorine test strips must be available to measure sanitizer strength. No test strips could be found. Locate or obtain chlorine test strips. Sanitizer in 3 compartment sink was 200ppm. Sanitizer should be 50-100ppm. Recommend trying half a tablet and checking strength.



Person in Charge (Print & Sign): Harry *First* Davis *Last*

Regulatory Authority (Print & Sign): Lynn *First* Stone *Last*

REHS ID: 1286 - Stone, Lynn

*Handwritten signature: HSD*  
*Handwritten signature: Lynn B Stone, REHS*

Verification Required Date:     /     /    

REHS Contact Phone Number: ( 336 ) 703 - 3137



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## Observations and Corrective Actions

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✓  
Spell



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Spell



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Spell



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✓  
Spell

