Food Establishment Inspection Report

| Establishment | Name: SPEEDWAY 8202 |
|---------------|---------------------|
| | |

| | L | oca | atio | on / | Address: 4301 STYERS FERRY ROAD | | | | | | |
|----|---|-------------|------|----------|--|----------|------------|----------|-------|----|-----------|
| | City: WINSTON SALEM State: North Carolina | | | | | | | | | | |
| | Zip: 27104 County: 34 Forsyth | | | | | | | | | | |
| | Permittee: SPEEDWAY, LLC | | | | | | | | | | |
| | Т | ele | ph | or | ne: <u>(</u> 336) 945-0507 | | | | | | |
| | | 8 |) Ir | Isp | ection 🔿 Re-Inspection 🔿 I | Ec | duc | at | iona | ١V | isit |
| | ۷ | Vas | ste | wa | iter System: | | | | | | |
| | | <u> </u> | | | icipal/Community On-Site System | | | | | | |
| | ۷ | Vat | er | Sι | ıpply: | | | | | | |
| | | Ø | M | lun | icipal/Community On-Site Supply | | | | | | |
| | Fc | ood | bo | rne | e Illness Risk Factors and Public Health Ir | ٦te | erv | er | ntion | s | |
| | Ris | k fa | cto | rs: (| Contributing factors that increase the chance of developing foo | db | orne | illi | ness. | | |
| | Pu | blic | Hea | lth | Interventions: Control measures to prevent foodborne illness | or | inju | ry | | | |
| C | o | mp | lia | nc | e Status | (| OUT | Г | CDI | R | VR |
| S | upe | ervis | ion | | .2652 | _ | | _ | | | |
| 1 | X | оит | N/A | | PIC Present, demonstrates knowledge, & performs duties | 1 | | 0 | | | |
| 2 | X | оит | N/A | | Certified Food Protection Manager | 1 | | 0 | | | |
| E | mp | loye | еH | ealt | h .2652 | | | - | | | |
| 3 | X | оит | | | Management, food & conditional employee; knowledge, responsibilities & reporting | 2 | 1 | 0 | | | |
| 4 | X | оит | | | Proper use of reporting, restriction & exclusion | 3 | 1.5 | 0 | | | |
| 5 | Ж | оит | | | Procedures for responding to vomiting & diarrheal events | 1 | 0.5 | 0 | | | |
| G | 000 | d Hy | gie | nic I | Practices .2652, .2653 | <u> </u> | | L | | | |
| 6 | Ņ | OUT | | | Proper eating, tasting, drinking or tobacco use | 1 | 0.5 | - | | | |
| 7 | | OUT | | 200 | No discharge from eyes, nose, and mouth | 1 | 0.5 | 0 | | | |
| 8 | - | OUT | - | Jon | tamination by Hands .2652, .2653, .2655, .265 Hands clean & properly washed | ь 4 | 2 | 0 | | | |
| 9 | ŕ | оит | | N/O | No bare hand contact with RTE foods or pre- | 4 | 2 | 0 | | | |
| | | оит | | | approved alternate procedure properly followed Handwashing sinks supplied & accessible | 2 | 1 | 0 | | | |
| | | ove | | ouro | | - | 1 | 0 | | | |
| | | оит | | | Food obtained from approved source | 2 | 1 | 0 | | | |
| | - | OUT | | ¢¥(| Food received at proper temperature Food in good condition, safe & unadulterated | 2 | 1 | 0 | | | |
| 13 | ŕ . | оит | | | Required records available: shellstock tags, | \vdash | | | | | |
| | | ουτ | | | parasite destruction | 2 | 1 | 0 | | | |
| | | | | _ | Contamination .2653, .2654 | - | | | | | |
| | | OUT OM_T | _ | N/O | Food separated & protected Food-contact surfaces: cleaned & sanitized | | 1.5 1.5 | | | | |
| | + | OUT | | | Proper disposition of returned, previously served, | 2 | 1 | 0 | | | |
| | | | | | reconditioned & unsafe food ardous Food Time/Temperature .2653 | 1 | 1 | Ľ | | | |
| | | OUT | | | | 3 | 1.5 | 0 | | | |
| | - | OUT | _ | | | 3 | 1.5 | - | | | |
| | _ | оит оит | | <u> </u> | Proper cooling time & temperatures Proper hot holding temperatures | 3 3 | 1.5 1.5 | <u> </u> | | | |
| 22 | X | оит | N/A | N/O | Proper cold holding temperatures | 3 | 1.5 | 0 | | | |
| | | оит | | | Proper date marking & disposition Time as a Public Health Control; procedures & | 3 | 1.5 | 0 | | | |
| 24 | IN | ουτ | ۹¥۹ | N/O | records | 3 | 1.5 | 0 | | | |
| | T | - | _ | _ | sory .2653 | - | | | | | |
| 25 | IN | оит | NXA | | Consumer advisory provided for raw/ undercooked foods | 1 | 0.5 | 0 | | | |
| н | igh | ly Si | usc | epti | ble Populations .2653 | _ | | _ | | | |
| 26 | IN | оит | NXA | | Pasteurized foods used; prohibited foods not offered | 3 | 1.5 | 0 | | | |
| С | her | nica | 1 | | .2653, .2657 | _ | | _ | | | |
| | | OUT | · · | | Food additives: approved & properly used Toxic substances properly identified stored & used | 1 2 | 0.5 | 0 | | | \square |
| | - | OUT | | e w | ith Approved Procedures .2653, .2654, .2658 | 14 | 1 | 0 | | | |
| | | олт | | | Compliance with variance, specialized process, | 2 | 1 | 0 | | | |
| | | | | | reduced oxygen packaging criteria or HACCP plan | Ĺ | 1 | Ľ | | | |

Establishment ID: 3034020660

| Date: 04/12/2024 | Status |
|------------------|--------|
| | |

| Time In: 1:10 PM | Time Out: | 2:55 PM |
|------------------|-----------|---------|
| | Time Out. | |

Category#: II

FDA Establishment Type: Fast Food Restaurant

Code: A

No. of Risk Factor/Intervention Violations: 1

No. of Repeat Risk Factor/Intervention Violations: 0

| С | or | npl | iar | nce | Status | | OU | Г | CDI | R | , |
|----|----------|--------------|--------------|---------------|--|----|-----|---|-----|----------|---|
| S | afe | Foo | d an | d W | ater .2653, .2655, .2658 | _ | | | | | L |
| | | OUT | | | Pasteurized eggs used where required | 1 | 0.5 | 0 | 1 | · — | г |
| 31 | | OUT | 200 | | Water and ice from approved source | 2 | 1 | 0 | | \vdash | ┝ |
| | | | | | Variance obtained for specialized processing | 1 | - | Ľ | | | ╞ |
| 32 | IN | OUT | ¢¥^ | | methods | 2 | 1 | 0 | | | |
| F | ood | Ten | nper | atur | e Control .2653, .2654 | | | | | | |
| 33 | X | оит | | | Proper cooling methods used; adequate equipment for temperature control | 1 | 0.5 | 0 | | | |
| 34 | IN | оит | N/A | N X ∕0 | Plant food properly cooked for hot holding | 1 | 0.5 | 0 | | | T |
| 35 | IN | OUT | N/A | Ň | Approved thawing methods used | 1 | 0.5 | 0 | | | Γ |
| 36 | IN | O∭(T | | | Thermometers provided & accurate | 1 | 0Ж5 | 0 | | | |
| F | bod | Ide | ntifio | catio | on .2653 | | | | | | |
| _ | | OUT | | | Food properly labeled: original container | 2 | 1 | 0 | | | |
| P | reve | entic | on of | fFo | od Contamination .2652, .2653, .2654, .2656, .26 | 57 | | _ | | _ | |
| 38 | IN | %(⊺ | | | Insects & rodents not present; no unauthorized animals | 2 | x | 0 | | x | |
| 39 | M | оит | | | Contamination prevented during food preparation, storage & display | 2 | 1 | 0 | | | |
| | <i>.</i> | OUT | | | Personal cleanliness | 1 | 0.5 | 0 | | | |
| 41 | X | оит | | | Wiping cloths: properly used & stored | 1 | 0.5 | 0 | | | |
| 42 | IN | оит | ٩ X A | | Washing fruits & vegetables | 1 | 0.5 | 0 | | | |
| Р | op | er U | se o | fUte | ensils .2653, .2654 | | | | | | |
| 43 | M | ουτ | | | In-use utensils: properly stored | 1 | 0.5 | 0 | | | |
| 44 | M | оит | | | Utensils, equipment & linens: properly stored, dried & handled | 1 | 0.5 | 0 | | | |
| 45 | M | оит | | | Single-use & single-service articles: properly stored & used | 1 | 0.5 | 0 | | | |
| 46 | M | OUT | | | Gloves used properly | 1 | 0.5 | 0 | | | |
| U | ten | sils a | and | Equ | ipment .2653, .2654, .2663 | | | | | | |
| 47 | IN | প্শ | | | Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed & used | | | | | | |
| 48 | IN | о)∢(т | | | Warewashing facilities: installed, maintained & used; test strips | 1 | 0.5 | X | | | |
| 49 | X | OUT | | | Non-food contact surfaces clean | 1 | 0.5 | 0 | | | |
| Р | hys | ical | Faci | ilitie | s .2654, .2655, .2656 | | | | | | |
| | | OUT | N/A | | Hot & cold water available; adequate pressure | 1 | 0.5 | - | | | |
| | | оит | | | Plumbing installed; proper backflow devices | 2 | 1 | 0 | | | |
| 52 | M | OUT | | | Sewage & wastewater properly disposed | 2 | 1 | 0 | | | |
| 53 | M | оит | N/A | | Toilet facilities: properly constructed, supplied & cleaned | 1 | 0.5 | 0 | | | |
| 54 | | 0)∢ ⊺ | | | Garbage & refuse properly disposed; facilities maintained | 1 | ð%5 | | | x | |
| 55 | IN | 0)4(т | | | Physical facilities installed, maintained & clean | X | 0.5 | 0 | | | |
| 56 | м | оυт | | | Meets ventilation & lighting requirements; | 1 | 0.5 | 1 | | | |



ent of Health & Human Services • Division of Public Health • Environmental Health Section • Food Prot Program DHHS is an equal opportunity employer. Page 1 of Food Establishment Inspection Report, 12/2023

Comment Addendum to Food Establishment Inspection Report

| Establishment Name: SPEEDWAY 8202 | | Establishment ID: 3034020660 | | | | | |
|--|---|---|---|--|--|--|--|
| Location Address: <u>4301 STYERS FERRY</u> City: <u>WINSTON SALEM</u> County: <u>34 Forsyth</u> | <u>(ROAD</u> State: <u>NC</u> Zip: <u>27104</u> | X Inspection Re-Inspection Educational Visit Comment Addendum Attached? X | Date: <u>04/12/2024</u> Status Code: <u>A</u> Category #: <u>II</u> | | | | |
| Wastewater System: X Municipal/Community Water Supply: X Municipal/Community Permittee: SPEEDWAY, LLC Telephone: (336) 945-0507 | | Email 1:coop46994@7-11.com Email 2: Email 3:ashley.hoover@7-11.com | | | | | |

| | | Temperature Observ | 74110113 | | |
|--------------------------------------|----------------------------|-------------------------------|-----------------------------|----------------------------------|------|
| tem/Location | Temp | Item/Location | Temp | Item/Location | Temp |
| ora big bite/hot dog roller | 172 | | | | |
| uffalo chicken roller/hot dog roller | 174 | | | | |
| aco taquito/hot dog roller | 135 | | | | |
| alapeno taquito/hot dog roller | 147 | | | | |
| ot water/3 compartment sink | 139 | | | | |
| uat sanitizer/3 compartment sink | 200 ppm | | | | |
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| | | | | | |
| Person in Charge (Print & Sign | <i>First</i>): Monique | <i>Last</i> Wilkins | | Mal | |
| | First | Last | | $\overline{\frown}$ | |
| egulatory Authority (Print & Sigr | ı): Daygan | Shouse | | Dereboe | |
| EHS ID:3316 - Shouse, Daygar | ı | Verification Dates: Priority: | Pr | riority Foundation:04/22/2024 Co | re: |
| EHS Contact Phone Number: (33 | 6) 704-3141 | | orize final r ceived via | | |

Establishment Name: SPEEDWAY 8202

Establishment ID: 3034020660

| | | Certifications | 6 | | | | | | |
|---|---|---|--|--|--|--|--|--|--|
| Name Cer | ame Certificate # Type Issue Date Expiration Date | | | | | | | | |
| Monique Wilkins | | Food Service | 04/30/2022 | 04/30/2024 | | | | | |
| Violations cited in this rend | | tions and Correct within the time frames belo | | 8-405 11 of the food code | | | | | |
| 16 4-602.12 Cooking and Baking shall be cleaned at least every | Equipment (C) N | licrowave needs to be c | eaned. The cavities ar | nd door seals of microwave oven | | | | | |
| 36 4-302.12 Food Temperature M properly. Food temperature me maintenance of food temperature *10-day verification required. | easuring devices ures. | shall be provided and re | eadily accessible for us | se in ensuring attainment and | | | | | |
| 38 6-501.112 Removing Dead or present in light shields and cei be removed from control devic attraction of pests. REPEAT. | ling vents throug | hout establishment. Dea | ad or trapped birds, ins | ects, rodents, and other pests sh | | | | | |
| 47 4-501.11 Good Repair and Pro Equipment shall be maintained | | | paint under sink cabir | net next to coffee machine. | | | | | |
| | , or other recepta drainboards or ot | acles used for washing a her equipment used to s | and rinsing equipment, substitute for drainboar | | | | | | |
| 54 5-501.113 Covering Receptacl refuse, recyclables, and return REPEAT. | | | | s and waste handling units for t outside the food establishment. | | | | | |
| | ment company to | o replace/repair dumpst | er. Storage areas, encl | mpster are damaged and unable losures, and receptacles for refus | | | | | |
| 55 6-501.11 Repairing - Premises roller. Physical facilities shall b | | | - Methods (C) FRP pee | eling off on wall behind hot dog | | | | | |
| | ng methods othe | r than water flushing ar | | omen's restroom missing. In foc ors, the floor and wall junctures | | | | | |
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