

Food Establishment Inspection Report

Score: 96.5

Establishment Name: URBAN AIR ADVENTURE PARK RESTAURANT

Establishment ID: 3034012705

Location Address: 200 SUMMIT SQUARE

City: WINSTON SALEM State: North Carolina

Zip: 27105 County: 34 Forsyth

Permittee: FAB ADVENTURES, LLC

Telephone: (336) 793-2145

☒ Inspection ☐ Re-Inspection

Wastewater System:

☒ Municipal/Community ☐ On-Site System

Water Supply:

☒ Municipal/Community ☐ On-Site Supply

Date: 07/01/2022 Status Code: A

Time In: 10:40 AM Time Out: 12:10 PM

Category#: II

FDA Establishment Type: Fast Food Restaurant

No. of Risk Factor/Intervention Violations: 4

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

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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
Approved Source .2653, .2655					
11	<input checked="" type="checkbox"/> OUT	Food obtained from approved source	2	1	0
12	<input checked="" type="checkbox"/> OUT	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"/> OUT	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	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
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"/> OUT/N/A/N/O	Proper reheating procedures for hot holding	3	1.5	0
20	<input checked="" type="checkbox"/> 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"/> OUT	Time as a Public Health Control; procedures & records	3	1.5	0
Consumer Advisory .2653					
25	<input checked="" type="checkbox"/> OUT	Consumer advisory provided for raw/undercooked foods	1	0.5	0
Highly Susceptible Populations .2653					
26	<input checked="" type="checkbox"/> OUT	Pasteurized foods used; prohibited foods not offered	3	1.5	0
Chemical .2653, .2657					
27	<input checked="" type="checkbox"/> OUT	Food additives: approved & properly used	1	0.5	0
28	<input checked="" type="checkbox"/> OUT/N/A	Toxic substances properly identified stored & used	2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Conformance with Approved Procedures .2653, .2654, .2658					
29	<input checked="" type="checkbox"/> OUT	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"/> OUT	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"/> OUT	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"/> OUT	Plant food properly cooked for hot holding	1	0.5	0
35	<input checked="" type="checkbox"/> OUT	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	<input checked="" type="checkbox"/>
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"/> OUT	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	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
Physical Facilities .2654, .2655, .2656					
50	<input checked="" type="checkbox"/> OUT	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	Toilet facilities: properly constructed, supplied & cleaned	1	<input checked="" type="checkbox"/>	0
54	<input checked="" type="checkbox"/> OUT	Garbage & refuse properly disposed; facilities maintained	1	0.5	0
55	<input checked="" type="checkbox"/> OUT	Physical facilities installed, maintained & clean	1	0.5	<input checked="" type="checkbox"/>
56	<input checked="" type="checkbox"/> OUT	Meets ventilation & lighting requirements; designated areas used	1	0.5	0
TOTAL DEDUCTIONS:					3.5



Comment Addendum to Food Establishment Inspection Report

Establishment Name: RESTAURANT
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 City: WINSTON SALEM State: NC
 County: 34 Forsyth Zip: 27105
 Wastewater System: ☒ Municipal/Community ☐ On-Site System
 Water Supply: ☒ Municipal/Community ☐ On-Site System
 Permittee: FAB ADVENTURES, LLC
 Telephone: (336) 793-2145

Establishment ID: 3034012705
☒ Inspection ☐ Re-Inspection Date: 07/01/2022
 Comment Addendum Attached? ☒ Status Code: A
 Water sample taken? ☐ Yes ☒ No Category #: II
 Email 1: faith@urbainairwinstonsalem.com
 Email 2:
 Email 3:

Temperature Observations

Effective January 1, 2019 Cold Holding is now 41 degrees or less

Item	Location	Temp	Item	Location	Temp	Item	Location	Temp
ServSafe	Pashara Mickens 1/26/27	0						
hot water	3 comp sink	123						
quat sanitizer	3 comp sink	200						
nacho cheese	reheat for hot holding	179						
mozzarella	upright cooler	41						
hotdog	front make unit	41						
pepperoni	pizza make unit	39						
pizza sauce	pizza make unit	38						

First
 Person in Charge (Print & Sign): Pashara

Last
 Mickens

Pashara Mickens

First
 Regulatory Authority (Print & Sign): Lauren

Last
 Pleasants

Lauren Pleasants

REHS ID: 2809 - Pleasants, Lauren

Verification Required Date: 07/10/2022

REHS Contact Phone Number: (336) 703-3144

Authorize final report to
 be received via Email: _____



North Carolina Department of Health & Human Services

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 Division of Public Health • Environmental Health Section
 DHHS is an equal opportunity employer.
 Food Establishment Inspection Report, 10/2021

• Food Protection Program



Comment Addendum to Inspection Report

Establishment Name: URBAN AIR ADVENTURE PARK RESTAURANT

Establishment ID: 3034012705

Date: 07/01/2022 **Time In:** 10:40 AM **Time Out:** 12:10 PM

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.

- 3 2-201.11 (A), (B), (C), and (E) Responsibility of Permit Holder, Person in Charge and Conditional Employees (P) - Manager was unable to provide the employee health reporting agreement that includes the 5 symptoms and 6 reportable illnesses. The permit holder shall require that food employees report to the person in charge information about their health and activities as they relate to foodborne illness. CDI- Copy of employee health reporting agreement provided by REHS. 0 pts.
- 10 6-301.11 Handwashing Cleanser, Availability (Pf) - Soap dispenser was broken in the men's restroom and no soap was available. Each handwashing sink or group of 2 adjacent handwashing sinks shall be provided with a supply of hand cleanser. CDI- Dispenser was fixed during inspection. 0 pts.
- 16 4-601.11 (A) Equipment, Food-Contact Surfaces, Nonfood Contact Surfaces, and Utensils (Pf) - REPEAT- Majority of metal pans, thermometer, can opener, and utensils were soiled with greasy food residue. Food-contact surfaces shall be clean to sight and touch. Verification required on rewashing and sanitizing all food-contact surfaces. Contact Lauren Pleasants at (336)703-3144 or pleasaml@forsyth.cc when complete by 7/10/22.
- 28 7-202.12 Conditions of Use (P) - Aerosol can of residential use pesticide was stored on a lower shelf of prep table and manager stated it was used in the kitchen at the close of business day. Poisonous or toxic materials shall be used according to Law and this Code; manufacturer's use directions including in labeling, and, for a pesticide, manufacturer's label instructions that state that its use is allowed in a food establishment. CDI- Can of pesticide removed from the kitchen.
- 39 3-305.11 Food Storage - Preventing Contamination from the Premises (C) - In walk in freezer, ice is accumulating on food boxes. Food shall be stored in a clean, dry location, where it is not exposed to splash, dust, or other contamination, and at least 6 inches off the floor. 0 pts.
- 44 4-901.11 Equipment and Utensils, Air-Drying Required (C) - REPEAT- Metal pans stacked wet on clean dish shelving. Allow cleaned and sanitized utensils and equipment to air-dry. Do not towel dry.

4-903.11 (A), (B), and (D) Equipment, Utensils, Linens and Single-Service and Single-Use Articles Storing (C)- Utensils stored in soiled containers on clean dish shelving. Utensils shall be stored in a clean, dry location, where they are not exposed to splash, dust, or other contamination, and at least 6 inches off the floor.
- 49 4-601.11 (B) and (C) Equipment, Food-Contact Surfaces, Nonfood Contact Surfaces, and Utensils (C) - Additional cleaning needed in the following areas of food debris: ledge around front make unit behind the lid, underneath the steam well, on lower shelves of prep tables, and door hinges of pizza make unit. Cleaning needed on dusty vent of ice machine and splash zone of beverage dispenser at front counter. Nonfood-contact surfaces shall be free of dust, dirt, food residue, and debris. 0 pts.
- 53 6-501.18 Cleaning of Plumbing Fixtures (C) - Urinal needs additional cleaning on the underside of the basin in the men's restroom. Toilet and diaper changing station need cleaning in the family restroom. Maintain plumbing fixtures clean.
- 55 6-501.12 Cleaning, Frequency and Restrictions (C) - Floor drains need more frequent cleaning. Floor cleaning needed in men's restroom. Wall cleaning needed around pizza prep station and behind the beverage machine at the front counter. Maintain physical facilities clean. 0 pts.