

Food Establishment Inspection Report

Score: 100

Establishment Name: CITY BEVERAGE

Establishment ID: 3034012294

Location Address: 915 BURKE STREET

City: WINSTON SALEM State: North Carolina

Zip: 27101 County: 34 Forsyth

Permittee: CITY BEVERAGE INC. OF WINSTON SALEM

Telephone: (336) 722-2774

Inspection Re-Inspection

Wastewater System:

Municipal/Community On-Site System

Water Supply:

Municipal/Community On-Site Supply

Date: 11/29/2022 Status Code: A

Time In: 12:50 PM Time Out: 1:45 PM

Category#: 1

FDA Establishment Type:

No. of Risk Factor/Intervention Violations: 0

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

| Compliance Status | | OUT | CDI | R | VR |
|------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|-----|-----|---|----|
| Supervision .2652 | | | | | |
| 1 | IN OUT <input checked="" type="checkbox"/> | | | | |
| PIC Present, demonstrates knowledge, & performs duties | | 1 | 0 | | |
| 2 | IN OUT <input checked="" type="checkbox"/> | | | | |
| Certified Food Protection Manager | | 1 | 0 | | |
| Employee Health .2652 | | | | | |
| 3 | <input checked="" type="checkbox"/> OUT | | | | |
| Management, food & conditional employee; knowledge, responsibilities & reporting | | 2 | 1 | 0 | |
| 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 | IN OUT <input checked="" type="checkbox"/> | | | | |
| No bare hand contact with RTE foods or pre-approved alternate procedure properly followed | | 4 | 2 | 0 | |
| 10 | <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> | | | | |
| Handwashing sinks supplied & accessible | | 2 | 1 | 0 | |
| Approved Source .2653, .2655 | | | | | |
| 11 | <input checked="" type="checkbox"/> OUT | | | | |
| Food obtained from approved source | | 2 | 1 | 0 | |
| 12 | IN OUT <input checked="" type="checkbox"/> | | | | |
| Food received at proper temperature | | 2 | 1 | 0 | |
| 13 | <input checked="" type="checkbox"/> OUT | | | | |
| Food in good condition, safe & unadulterated | | 2 | 1 | 0 | |
| 14 | IN OUT <input checked="" type="checkbox"/> | | | | |
| Required records available: shellstock tags, parasite destruction | | 2 | 1 | 0 | |
| Protection from Contamination .2653, .2654 | | | | | |
| 15 | IN OUT <input checked="" type="checkbox"/> | | | | |
| Food separated & protected | | 3 | 1.5 | 0 | |
| 16 | <input checked="" type="checkbox"/> OUT | | | | |
| Food-contact surfaces: cleaned & sanitized | | 3 | 1.5 | 0 | |
| 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 | IN OUT <input checked="" type="checkbox"/> | | | | |
| Proper cooking time & temperatures | | 3 | 1.5 | 0 | |
| 19 | IN OUT <input checked="" type="checkbox"/> | | | | |
| Proper reheating procedures for hot holding | | 3 | 1.5 | 0 | |
| 20 | IN OUT <input checked="" type="checkbox"/> | | | | |
| Proper cooling time & temperatures | | 3 | 1.5 | 0 | |
| 21 | IN OUT <input checked="" type="checkbox"/> | | | | |
| Proper hot holding temperatures | | 3 | 1.5 | 0 | |
| 22 | IN OUT <input checked="" type="checkbox"/> | | | | |
| Proper cold holding temperatures | | 3 | 1.5 | 0 | |
| 23 | IN OUT <input checked="" type="checkbox"/> | | | | |
| Proper date marking & disposition | | 3 | 1.5 | 0 | |
| 24 | IN OUT <input checked="" type="checkbox"/> | | | | |
| Time as a Public Health Control; procedures & records | | 3 | 1.5 | 0 | |
| Consumer Advisory .2653 | | | | | |
| 25 | IN OUT <input checked="" type="checkbox"/> | | | | |
| Consumer advisory provided for raw/undercooked foods | | 1 | 0.5 | 0 | |
| Highly Susceptible Populations .2653 | | | | | |
| 26 | IN OUT <input checked="" type="checkbox"/> | | | | |
| Pasteurized foods used; prohibited foods not offered | | 3 | 1.5 | 0 | |
| Chemical .2653, .2657 | | | | | |
| 27 | IN OUT <input checked="" type="checkbox"/> | | | | |
| Food additives: approved & properly used | | 1 | 0.5 | 0 | |
| 28 | IN OUT <input checked="" type="checkbox"/> | | | | |
| Toxic substances properly identified stored & used | | 2 | 1 | 0 | |
| Conformance with Approved Procedures .2653, .2654, .2658 | | | | | |
| 29 | IN OUT <input checked="" type="checkbox"/> | | | | |
| 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 | IN OUT <input checked="" type="checkbox"/> | | | | |
| 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 | IN OUT <input checked="" type="checkbox"/> | | | | |
| 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 | IN OUT <input checked="" type="checkbox"/> | | | | |
| Plant food properly cooked for hot holding | | 1 | 0.5 | 0 | |
| 35 | IN OUT <input checked="" type="checkbox"/> | | | | |
| 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 | 0 | |
| 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 | IN OUT <input checked="" type="checkbox"/> | | | | |
| 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 | 0.5 | 0 | |
| 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 | 0 | |
| Physical Facilities .2654, .2655, .2656 | | | | | |
| 50 | <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> | | | | |
| 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 <input checked="" type="checkbox"/> | | | | |
| Toilet facilities: properly constructed, supplied & cleaned | | 1 | 0.5 | 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 | 0 | |
| 56 | <input checked="" type="checkbox"/> OUT | | | | |
| Meets ventilation & lighting requirements; designated areas used | | 1 | 0.5 | 0 | |
| TOTAL DEDUCTIONS: 0 | | | | | |



Comment Addendum to Food Establishment Inspection Report

Establishment Name: CITY BEVERAGE
 Location Address: 915 BURKE STREET
 City: WINSTON SALEM State: NC
 County: 34 Forsyth Zip: 27101
 Wastewater System: Municipal/Community On-Site System
 Water Supply: Municipal/Community On-Site System
 Permittee: CITY BEVERAGE INC. OF WINSTON SALEM
 Telephone: (336) 722-2774

Establishment ID: 3034012294
 Inspection Re-Inspection Date: 11/29/2022
 Comment Addendum Attached? Status Code: A
 Water sample taken? Yes No Category #: I
 Email 1: citybeverage@yahoo.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 |
|-----------|-----------------|------|------|----------|------|------|----------|------|
| hot water | three comp sink | 123 | | | | | | |
| cl sani | three comp sink | 200 | | | | | | |
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|----------------------------------------------|--------------|-------------|--------------------------------------------------------------------------------------|
| | <i>First</i> | <i>Last</i> | |
| Person in Charge (Print & Sign): | | |  |
| | <i>First</i> | <i>Last</i> | |
| Regulatory Authority (Print & Sign): Shannon | | Maloney |  |

REHS ID: 2826 - Maloney, Shannon Verification Required Date: _____

REHS Contact Phone Number: (336) 703-3382 Authorize final report to be received via Email: _____

Comment Addendum to Inspection Report

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Establishment ID: 3034012294

Date: 11/29/2022 **Time In:** 12:50 PM **Time Out:** 1:45 PM

Additional Comments

-2017 food code forms emailed to facility.