

Food Establishment Inspection Report

Score: 100

Establishment Name: SHEETZ 436

Establishment ID: 3034012024

Location Address: 790 NORTH MAIN STREET

City: KERNERSVILLE

State: NC

Zip: 27284

County: 34 Forsyth

Permittee: SHEETZ INC

Telephone: (336) 992-2313

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

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

☒ Inspection ☐ Re-Inspection

Date: 07/14/2021

Status Code: A

Time In: 1:10 PM

Time Out: 3:15 PM

Total Time: 2 hrs 5 min

Category #: II

FDA Establishment Type: Fast Food Restaurant

No. of Risk Factor/Intervention Violations: 0

No. of Repeat Risk Factor/Intervention Violations: 0

Foodborne Illness Risk Factors and Public Health Interventions										Good Retail Practices										
Risk factors: Contributing factors that increase the chance of developing foodborne illness.										Good Retail Practices: Preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.										
IN	OUT	N/A	N/C	Compliance Status	OUT	CDI	R	VR		IN	OUT	N/A	N/C	Compliance Status	OUT	CDI	R	VR		
Supervision .2652										Safe Food and Water .2653, .2655, .2658										
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PIC Present; Demonstration-Certification by accredited program and perform duties	2	0				28	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pasteurized eggs used where required	1	0	0			
Employee Health .2652										Food Temperature Control .2653, .2654										
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, employees knowledge; responsibilities & reporting	3	1	0			29	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source	2	1	0			
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of reporting, restriction & exclusion	3	1	0			30	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Variance obtained for specialized processing methods	1	0	0			
Good Hygienic Practices .2652, .2653										Food Identification .2653										
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco use	2	1	0			31	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control	1	0	0			
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose or mouth	1	0	0			32	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Plant food properly cooked for hot holding	1	0	0			
Preventing Contamination by Hands .2652, .2653, .2655, .2656										Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657										
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean & properly washed	4	2	0			33	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used	1	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	1	0			34	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided & accurate	1	0	0			
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Handwashing sinks supplied & accessible	2	1	0			Proper Use of Utensils .2653, .2654										
Approved Source .2653, .2655										Utensils and Equipment .2653, .2654, .2663										
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	2	1	0			41	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored	1	0	0			
10	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food received at proper temperature	2	1	0			42	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils, equipment & linens: properly stored, dried & handled	1	0	0			
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe & unadulterated	2	1	0			43	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Single-use & single-service articles: properly stored & used	1	0	0			
12	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Required records available: shellstock tags, parasite destruction	2	1	0			44	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly	1	0	0			
Protection from Contamination .2653, .2654										Physical Facilities .2654, .2655, .2656										
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated & protected	3	1	0			48	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot & cold water available; adequate pressure	2	1	0			
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized	3	1	0			49	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices	2	1	0			
15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, & unsafe food	2	1	0			50	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage & waste water properly disposed	2	1	0			
Potentially Hazardous Food Time/Temperature .2653										Sanitation .2653, .2654, .2656, .2657										
16	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooking time & temperatures	3	1	0			51	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied & cleaned	1	0	0			
17	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper reheating procedures for hot holding	3	1	0			52	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Garbage & refuse properly disposed; facilities maintained	1	0	0			
18	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooling time & temperatures	3	1	0			53	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained & clean	1	0	0			
19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures	3	1	0			54	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Meets ventilation & lighting requirements; designated areas used	1	0	0			
20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures	3	1	0			Total Deductions: 0										
21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking & disposition	3	1	0													
22	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Time as a public health control: procedures & records	2	1	0													
Consumer Advisory .2653																				
23	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consumer advisory provided for raw or undercooked foods	1	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	1	0													
Chemical .2653, .2657																				
25	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food additives: approved & properly used	1	0	0													
26	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified stored, & used	2	1	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													



North Carolina Department of Health & Human Services

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Food Protection Program

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Comment Addendum to Food Establishment Inspection Report

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☒ Inspection ☐ Re-Inspection Date: 07/14/2021
 Comment Addendum Attached? ☒ Status Code: A
 Water sample taken? ☐ Yes ☒ No Category #: II
 Email 1: khostetl@sheetz.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 dog	roller grill	135.0	quat sani	dishmachine 50ppm	0.0			
meatball	warming cabinet	163.0	chlorine	dishmachine 50ppm	0.0			
hamburger	warming cabinet	170.0	servsafe	M. Floyd 9/5/24	0.0			
chicken	warming cabinet	167.0						
sausage	make-unit 1	41.0						
rice	make-unit 1	41.0						
egg	make-unit 1	40.0						
steak	make-unit 1	41.0						
sliced tomato	make-unit 2	40.0						
cheese	make-unit 2	38.0						
pico de gallo	make-unit 2	38.0						
lettuce	make-unit 2	40.0						
sausage burrito	undercounter refrigerator	40.0						
bacon burrito	undercounter refrigerator	40.0						
spicy chicken	undercounter refrigerator	39.0						
scramble eggs	walk-in cooler	38.0						
western burrito	walk-in cooler	37.0						
sliced turkey	walk-in cooler	40.0						
sliced ham	walk-in cooler	40.0						
hot water	3 compartment sink	120.0						

Person in Charge (Print & Sign): *First* *Last*
 Miranda Floyd
 Regulatory Authority (Print & Sign): *First* *Last*
 Damon Thomas

[Signature]
[Signature] REHS #2877

REHS ID: 2877 - Thomas, Damon

Verification Required Date:

REHS Contact Phone Number: (336) 703-3135



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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.

- 43 4-904.11 Kitchenware and Tableware-Preventing Contamination - C- Single service cups were stored at the drink station uncovered and above the protective rim of the storage container- Single-service and single-use articles shall be handled, displayed, and dispensed so that contamination of food and lip-contact surfaces are prevented- 0 pts.
- 45 4-501.11 Good Repair and Proper Adjustment-Equipment - C- Repair or replace torn gaskets for the glass door beverage coolers and replace the missing drawer for the orange cabinet beneath the coffee station- Equipment shall be maintained in a state of good repair - 0 pts.
-
- 47 4-601.11 (B) and (C) Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils - C- Cleaning is needed for the threshold at the door of the walk-in cooler- Nonfood contact surfaces of equipment shall be kept free of an accumulation of food residue, dust, dirt and other debris- 0 pts.