Food Establishment Inspection Report

Establishment Name: BOWMAN GRAY STADIUM PIT STAND	Establishment ID: 3034020693
Location Address: 1250 MARTIN LUTHER KING JR BLVD	
City: WINSTON SALEM State: North Carolina	
	Date: 05/11/2024 Status Code: A
	Time In: 7:01 PM Time Out: 8:31 PM
Permittee: CITY OF WINSTON SALEM	Category#: II
Telephone: (336) 777-0803	FDA Establishment Type: Fast Food Restaurant
	PDA Establishment Type. <u>Tast Food Restaurant</u>
Wastewater System:	
Ø Municipal/Community ○ On-Site System	No. of Risk Factor/Intervention Violations: 1
Water Supply:	No. of Repeat Risk Factor/Intervention Violations: 0
Municipal/Community On-Site Supply	
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,
Public Health Interventions: Control measures to prevent foodborne illness or injury	and physical objects into foods.
Compliance Status OUT CDI R VR	Compliance Status OUT CDI R VR
Supervision .2652	Safe Food and Water .2653, .2655, .2658
1 Noutiva PIC Present, demonstrates knowledge, & 1 0	30 IN OUT XA Pasteurized eggs used where required 1 0.5 0
performs duties	31 X out Water and ice from approved source 2 1 0
2 XOUT N/A Certified Food Protection Manager 1 0	Variance obtained for specialized processing
Employee Health .2652	32 m our M methods 2 1 0
3 Management, food & conditional employee; knowledge, responsibilities & reporting	Food Temperature Control .2653, .2654
4 X out Proper use of reporting, restriction & exclusion 3 1.5 0	33 IN OVET Proper cooling methods used; adequate
5 X OUT Procedures for responding to vomiting & 1 0.5 0	equipment for temperature control
Good Hygienic Practices .2652, .2653	34 IN OUT N/A MO Plant food properly cooked for hot holding 1 0.5 0 35 IN OUT N/A MO Approved thawing methods used 1 0.5 0
6 X out Proper eating, tasting, drinking or tobacco use 1 0.5 0	36 X out Thermometers provided & accurate 1 0.5 0
7 X OUT No discharge from eyes, nose, and mouth 1 0.5 0	Food Identification .2653
Preventing Contamination by Hands .2652, .2653, .2655, .2656	37 X out Food properly labeled: original container 2 1 0
8 X out Hands clean & properly washed 4 2 0	Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657
9 No bare hand contact with RTE foods or pre- approved alternate procedure properly followed 4 2 0	28 M out Insects & rodents not present; no unauthorized
10 X out wa Handwashing sinks supplied & accessible 2 1 0	38 A out Insects & rodents not present; no unauthorized animals
Approved Source .2653, .2655	39 X out Contamination prevented during food preparation, storage & display 2 1 0
11 X out Food obtained from approved source 2 1 0	40 M out Personal cleanliness 1 0.5 0
12 IN OUT Mo Food received at proper temperature 2 1 0 13 M OUT Food in good condition, safe & unadulterated 2 1 0	41 X out Wiping cloths: properly used & stored 1 0.5 0
Paguirad records qualitable: shalletook tags	42 X OUT N/A Washing fruits & vegetables 1 0.5 0
14 IN OUT MINO parasite destruction 2 1 0	Proper Use of Utensils .2653, .2654
Protection from Contamination .2653, .2654	43 X out In-use utensils: properly stored 1 0.5 0
15 X OUT N/A N/O Food separated & protected 3 1.5 0	44 X out Utensils, equipment & linens: properly stored,
16 IN ØxT Food-contact surfaces: cleaned & sanitized 3 1	dried & handled
17 X out Proper disposition of returned, previously served, 2 1 0	45 X OUT Single-use & single-service articles: properly 1 0.5 0
Potentially Hazardous Food Time/Temperature .2653	46 🗶 out Gloves used properly 1 0.5 0
18 IN OUT N/ANXO Proper cooking time & temperatures 3 1.5 0	Utensils and Equipment .2653, .2654, .2663
19 Xout wave Proper reheating procedures for hot holding 3 1.5 0 20 IN out Xave Proper cooling time & temperatures 3 1.5 0	Equipment, food & non-food contact surfaces
21 X out ways of Proper tot holding temperatures 3 1.5 0	47 🕅 out approved, cleanable, properly designed, 1 0.5 0
22 X OUT N/AN/O Proper cold holding temperatures 3 1.5 0	constructed & used
23 IN OUT WAND Proper date marking & disposition 3 1.5 0	48 X out Warewashing facilities: installed, maintained & 1 0.5 0
24 IN OUT NO Time as a Public Health Control; procedures & 3 1.5 0	49 X out Non-food contact surfaces clean 1 0.5 0
Consumer Advisory .2653	Physical Facilities .2654, .2655, .2656
25 Kout N/A Consumer advisory provided for raw/ 1 0.5 0	50 X out N/A Hot & cold water available; adequate pressure 1 0.5 0
Undercooked toods	51 X our Plumbing installed; proper backflow devices 2 1 0
Highly Susceptible Populations .2653	52 X our Sewage & wastewater properly disposed 2 1 0 52 X our Toilet facilities: properly constructed, supplied Image: Constructed output
26 OUT NA Offered offered 3 1.5 0	53 X OUT N/A & Cleaned 1 0.5 0
Chemical .2653, .2657	54 X OUT Garbage & refuse properly disposed; facilities
27 IN out % Food additives: approved & properly used 1 0.5 0 28 Out N/A Toxic substances properly identified stored & used 2 1 0	55 X out Physical facilities installed, maintained & clean 1 0.5 0
Conformance with Approved Procedures .2653, .2654, .2658	designated areas used 1 0.5 0
29 IN OUT IN COMPLIANCE with Variance, specialized process, reduced oxygen packaging criteria or HACCP plan 2 1 0	TOTAL DEDUCTIONS: 2

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



NC North Carolin

Comment Addendum to Food Establishment Inspection Report

Establishment Name: BOWMAN GRAY	STADIUM PIT STAND	Establishment ID: 3034020693				
Location Address: <u>1250 MARTIN LUT</u> City: WINSTON SALEM	HER KING JR BLVD State:NC	⊠Inspection	Date: <u>05/11/2024</u> Status Code: ^A			
County: 34 Forsyth	Zip: 27101	Comment Addendum Attached?	Category #: II			
Wastewater System: X Municipal/Community Water Supply: X Municipal/Community		Email 1:kedwards@legends.net				
Permittee: CITY OF WINSTON SALE	M	Email 2:				
Telephone: <u>(336)</u> 777-0803		Email 3:				

		Temperature Observ			
tem/Location	Temp	Item/Location	Temp	Item/Location	Temp
ot water /three compartment sink uat sanitizer /three compartment sink in	140				
	0				
rench fries /pan	154				
hicken tenders /pan	160				
hili/hot holding	170				
ot dogs /hot holding	167				
				~	
	First	Last		VIAA	
Person in Charge (Print & Sign):	Kit	Edwards		NUUG	
	First	Last		Ch Maiz	
egulatory Authority (Print & Sign):	Craig	Bethel		MOTOR	
EHS ID:1766 - Bethel, Craig		Verification Dates: Priority:	P	riority Foundation:	Core:
EHS Contact Phone Number: (336)	703-3143				

Establishment Name: BOWMAN GRAY STADIUM PIT STAND

Establishment ID: 3034020693

Date: 05/11/2024 Time In: 7:01 PM Time Out: 8:31 PM

Certifications							
Name	Certificate #	Туре	Issue Date	Expiration Date			
Spencer Edwards		Food Service	08/12/2022	08/12/2027			
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.							
 4-501.11 Manual Warewashing Equipment, Hot Water Sanitization Temperatures (P) No sanitizer was made available at the time of inspection. A chemical SANITIZER used in a SANITIZING solution for a manual or mechanical operation at contact times specified under 4- 703.11(C) shall meet the criteria specified under §7-204.11 Sanitizers, Criteria, shall be used in accordance with the EPA- registered label use instructions, P and shall be used as follows: Temporary fix: Utensils will be brought to the Bowman Grey West Concession. 							
EQUIPMENT for cool	french fries being held at ing and heating FOOD, a	t room temperature. Meas	OOD, shall be sufficie	ent in number and capacity to			

provide FOOD temperatures as specified under Chapter 3 c Temporary fix: Will use the Time as a public health control