Food Establishment Inspection Report

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Establishment Name: WALKERTOWN LITTLE LEAGUE	Establishment ID: 3034020728					
Location Address: 4141 WICKENHAM RD						
City: WALKERTOWN State: North Carolina	$D_{\rm res} 01/25/2021$ Otatus Order A					
Zip: 27051 County: 34 Forsyth	Date: 04/25/2024 Status Code: A					
Permittee: WALKERTOWN LITTLE LEAGUE INC.	Time In: <u>5:30 PM</u> Time Out: <u>7:05 PM</u>					
	Category#: II					
Telephone:	FDA Establishment Type: Fast Food Restaurant					
⊗ Inspection ⊖ Re-Inspection ⊖ Educational Visit						
Wastewater System:						
🔿 Municipal/Community 🛛 🖄 On-Site System	No. of Risk Factor/Intervention Violations: $\frac{3}{2}$					
Water Supply:	No. of Repeat Risk Factor/Intervention Violations: 2					
⊗ Municipal/Community O 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 VF					
Supervision .2652	Safe Food and Water .2653, .2655, .2658					
1 Noutina 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					
	32 IN OUT XA Variance obtained for specialized processing 2 1 0					
Employee Health .2652 Management, food & conditional employee;						
knowledge, responsibilities & reporting	Food Temperature Control .2653, .2654					
4 Xour Proper use of reporting, restriction & exclusion 3 1.5 0 F Xour Procedures for responding to vomiting & to a contract of the second	33 X out Proper cooling methods used; adequate equipment for temperature control 1 0.5 0					
5 Nour Procedures for responding to vomiting & 1 0.5 0	34 IN OUT N/A NO Plant food properly cooked for hot holding 1 0.5 0					
Good Hygienic Practices .2652, .2653	35 X OUT N/A N/O Approved thawing methods used 1 0.5 0					
6 ★ out Proper eating, tasting, drinking or tobacco use 1 0.5 0 7 ★ out No discharge from eyes, nose, and mouth 1 0.5 0	36 X out Thermometers provided & accurate 1 0.5 0					
	Food Identification .2653					
Preventing Contamination by Hands .2652, .2653, .2655, .2656 8 X out Hands clean & properly washed 4 2 0	37 X out Food properly labeled: original container 2 1 0					
No bare hand contact with RTE foods or pre-	Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657					
approved alternate procedure property followed	38 X out Insects & rodents not present; no unauthorized 2 1 0					
10 IN ØXT N/A Handwashing sinks supplied & accessible 2 1 X X	Contamination provented during feed					
Approved Source .2653, .2655 11 (X)out Food obtained from approved source 2 1 0	preparation, storage & display 2 1 0					
11 X out Food obtained from approved source 2 1 0 12 IN out X out Food received at proper temperature 2 1 0	40 IN OXT Personal cleanliness 1 0.5 X					
13 Out Food in good condition, safe & unadulterated 2 1 0	41 X out Wiping cloths: properly used & stored 1 0.5 0 49 W out Wiping fruits & uccetables 0 0 0 0					
14 IN OUT NO Required records available: shellstock tags, 2 1 0	- 42 IN OUT ₩ Washing fruits & vegetables 1 0.5 0					
Protection from Contamination .2653, .2654	Proper Use of Utensils .2653, .2654 43 X lout In-use utensils: properly stored 1 0.5 0					
Protection from Contamination .2053, .2054 15 X out N/A N/O Food separated & protected 3 1.5 0	Literaile environment 9 lineray preparty starsed					
16 X out Food-contact surfaces: cleaned & sanitized 3 1.5 0	44 A out dried & handled 1 0.5 0					
17 X out Proper disposition of returned, previously served, 2 1 0	45 X out Single-use & single-service articles: properly					
	Stored & used					
Potentially Hazardous Food Time/Temperature .2653 18 IN OUT MANO Proper cooking time & temperatures 3 1.5 0	46 X out Gloves used properly 1 0.5 0 Utensils and Equipment .2653, .2654, .2663 .2653 .2653 .2653					
19 Xout N/AN/O Proper reheating procedures for hot holding 3 1.5 0						
20 IN OUT X IVO Proper cooling time & temperatures 3 1.5 0	47 X OUT Equipment, food & non-food contact surfaces approved, cleanable, properly designed, 1 0.5 0					
21 Xout Nvalvio Proper hot holding temperatures 3 1.5 0 22 Xout Nvalvio Proper cold holding temperatures 3 1.5 0	constructed & used					
23 X OUT WAND Proper date marking & disposition 3 1.5 0	48 X out Warewashing facilities: installed, maintained & 1 0.5 0					
24 IN OUT NON Time as a Public Health Control; procedures & 3 1.5 0	49 X out Non-food contact surfaces clean 1 0.5 0					
	Physical Facilities .2654, .2655, .2656					
	50 X OUT N/A Hot & cold water available; adequate pressure 1 0.5 0					
25 IN OUT WA Consumer advisory provided for raw/ 1 0.5 0	51 X out Plumbing installed; proper backflow devices 2 1 0					
Highly Susceptible Populations .2653	52 X out Sewage & wastewater properly disposed 2 1 0					
26 IN OUT Pasteurized foods used; prohibited foods not 3 1.5 0	53 IN X T N/A Cleaned Toilet facilities: properly constructed, supplied 1 0.5 X					
Chemical .2653, .2657	Garbage & refuse properly disposed; facilities					
27 IN OUT K Food additives: approved & properly used 1 0.5 0	maintained 1 0.5 0					
28 IN OXT N/A Toxic substances properly identified stored & used 2 X 0 X	55 X out Physical facilities installed, maintained & clean 1 0.5 0					
Conformance with Approved Procedures .2653, .2654, .2658	56 X out Meets ventilation & lighting requirements; designated areas used 1 0.5 0					
29 IN OUT MA 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





Comment Addendum to Food Establishment Inspection Report

Establishment Name: WALKERTOWN LITTLE LEAGUE	Establishment ID: <u>3034020728</u>		
Location Address: 4141 WICKENHAM RD City: WALKERTOWN State: NC County: 34 Forsyth Zip: 27051 Wastewater System: Municipal/Community On-Site System Water Supply: Municipal/Community On-Site System Permittee: WALKERTOWN LITTLE LEAGUE INC. Telephone:	X Inspection Re-Inspection Date: 04/25/2024 Educational Visit Status Code: A Comment Addendum Attached? Category #: II Email 1:Walkertownll.hdaniels@gmail.com Email 2:Krwill86@gmail.com Email 3:		

Temperature Observations					
Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Hot Dog/Commercial Reheat hot holding	140				
Hot Dog/reach in	40				
Chili/hot hold	140				
Ambient/reach in	36				
hot water/3 comp sink	120				
Quat/3 comp sink	300				
	First	Last		Kath Villis	6
Person in Charge (Print & Sign):		Williams		i p www.r	
Regulatory Authority (Print & Sign):	<i>First</i> : Glen	<i>Last</i> Pugh		Mulin	
REHS ID:3016 - Pugh, Glen		Verification Dates: Priority	: Pi	riority Foundation:	Core:
REHS Contact Phone Number: (336)) 703-3164		Authorize final report to be received via Email:		

North Carolina Department of Health & Human Services
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NCPH

Establishment Name: WALKERTOWN LITTLE LEAGUE

Establishment ID: 3034020728 Date: 04/25/2024 Time In: 5:30 PM Time Out: 7:05 PM

Certifications								
Name Certificate #		Туре	Issue Date	Expiration Date				
Step	han Maneen	Food Service		05/12/2026				
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	3 2-201.11 (A), B), (C), and (E) Responsibility of Permit Holder, Person in Charge and Conditional Employees (P) - (A) The PERMIT HOLDER shall require FOOD EMPLOYEES and CONDITIONAL EMPLOYEES to report to the PERSON IN CHARGE information about their health and activities as they relate to diseases that are transmissible through FOOD. A FOOD EMPLOYEE or CONDITIONAL EMPLOYEE shall report the information in a manner that allows the PERSON IN CHARGE to reduce the RISK of foodborne disease transmission. ***Facility did not have an employee health policy or aware of the requirement. CDI printed a copy of the policy and gave to facility.							
10	5-205.11 Using a Handwashing Sink - Ope purposes other than handwashing. ***Hand wash sink in warewashing area ha		· · /	-				
28	7-204.11 Sanitizers, Criteria - Chemicals (and other chemical antimicrobials applied instructions. ***Facility was using a "low splash bleach"	to FOOD-CONTACT SURFAC	CEs shall be used acco	ording to EPA manufacture's				
40	2-303.11 Prohibition - Jewelry (C) - Except may not wear jewelry including medical inf ***Employee was wearing a watch			aring FOOD, FOOD EMPLOYEES				
	2-402.11 Effectiveness - Hair Restraints (C beard restraints, and clothing that covers be exposed FOOD; clean EQUIPMENT, UTEL ***Employee was not wearing a hair restra	oody hair, that are designed an NSILS, and LINENS; and unw	nd worn to effectively h	keep their hair from contacting				

53 5-501.17 Toilet Room Receptacle, Covered (C) - A toilet room used by females shall be provided with a covered receptacle for sanitary napkins.

***Trash cans in women's were not covered.