

# Food Establishment Inspection Report

Score: 99

Establishment Name: FC BRNCOS CONCESSION STAND

Establishment ID: 3034011983

Location Address: 6200 BINGHAM AV

City: CLEMMONS State: North Carolina

Zip: 27012 County: 34 Forsyth

Permittee: FORSYTHBRNCOSATHLETICASSOC.INC.

Telephone:

☒ Inspection ☐ Re-Inspection

Wastewater System:

☒ Municipal/Community ☐ On-Site System

Water Supply:

☒ Municipal/Community ☐ On-Site Supply

Date: 09/24/2022 Status Code: A

Time In: 11:30 AM Time Out: 1:00 PM

Category#: II

FDA Establishment Type: Fast Food Restaurant

No. of Risk Factor/Intervention Violations: 4

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
<b>Supervision .2652</b>					
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	X	0	
<b>Employee Health .2652</b>					
3	<input checked="" type="checkbox"/> OUT	Management, food & conditional employee; knowledge, responsibilities & reporting	2	1	X
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	X
<b>Good Hygienic Practices .2652, .2653</b>					
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
<b>Preventing Contamination by Hands .2652, .2653, .2655, .2656</b>					
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	X
<b>Approved Source .2653, .2655</b>					
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 N/A N/O	Required records available: shellstock tags, parasite destruction	2	1	0
<b>Protection from Contamination .2653, .2654</b>					
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	1.5	0
17	<input checked="" type="checkbox"/> OUT	Proper disposition of returned, previously served, reconditioned & unsafe food	2	1	0
<b>Potentially Hazardous Food Time/Temperature .2653</b>					
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 N/A N/O	Time as a Public Health Control; procedures & records	3	1.5	0
<b>Consumer Advisory .2653</b>					
25	<input checked="" type="checkbox"/> OUT N/A	Consumer advisory provided for raw/undercooked foods	1	0.5	0
<b>Highly Susceptible Populations .2653</b>					
26	<input checked="" type="checkbox"/> OUT N/A	Pasteurized foods used; prohibited foods not offered	3	1.5	0
<b>Chemical .2653, .2657</b>					
27	<input checked="" type="checkbox"/> OUT N/A	Food additives: approved & properly used	1	0.5	0
28	<input checked="" type="checkbox"/> OUT N/A	Toxic substances properly identified stored & used	2	1	0
<b>Conformance with Approved Procedures .2653, .2654, .2658</b>					
29	<input checked="" type="checkbox"/> OUT N/A	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
<b>Safe Food and Water .2653, .2655, .2658</b>					
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
<b>Food Temperature Control .2653, .2654</b>					
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 N/A N/O	Plant food properly cooked for hot holding	1	0.5	0
35	<input checked="" type="checkbox"/> OUT N/A N/O	Approved thawing methods used	1	0.5	0
36	<input checked="" type="checkbox"/> OUT	Thermometers provided & accurate	1	0.5	0
<b>Food Identification .2653</b>					
37	<input checked="" type="checkbox"/> OUT	Food properly labeled: original container	2	1	0
<b>Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657</b>					
38	<input checked="" type="checkbox"/> OUT	Insects & rodents not present; no unauthorized animals	2	1	X
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	<input checked="" type="checkbox"/> OUT N/A	Washing fruits & vegetables	1	0.5	0
<b>Proper Use of Utensils .2653, .2654</b>					
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
<b>Utensils and Equipment .2653, .2654, .2663</b>					
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
<b>Physical Facilities .2654, .2655, .2656</b>					
50	<input checked="" type="checkbox"/> OUT N/A	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 N/A	Toilet facilities: properly constructed, supplied & cleaned	1	0.5	X
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
<b>TOTAL DEDUCTIONS:</b>					1



# Comment Addendum to Food Establishment Inspection Report

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 County: 34 Forsyth Zip: 27012  
 Wastewater System: ☒ Municipal/Community ☐ On-Site System  
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 Permittee: FORSYTHBRONCOSATHLETICASSOC.INC.  
 Telephone: \_\_\_\_\_

Establishment ID: 3034011983  
☒ Inspection ☐ Re-Inspection Date: 09/24/2022  
 Comment Addendum Attached? ☒ Status Code: A  
 Water sample taken? ☐ Yes ☒ No Category #: II  
 Email 1: fcbpresident@forsythcountybroncos.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
Hamburger	Final	191						
Chili	Hot Hold	197						
Hot Dog	Hot Hold	183						
Slaw	Make Unit	41						
Ambient	Drink Cooler	38						
Ambient	Make Cooler	37						
Hot Water	Three-Comp	129						
Chlorine Sani	Three-Comp	100						

*First*  
 Person in Charge (Print & Sign): Robert  
*First*  
 Regulatory Authority (Print & Sign): Ebonie

*Last*  
 Patterson  
*Last*  
 Wilborn


REHS ID: 3122 - Wilborn, Ebonie  
 REHS Contact Phone Number: \_\_\_\_\_

Verification Required Date: \_\_\_\_\_  
 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

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**Establishment ID:** 3034011983

**Date:** 09/24/2022 **Time In:** 11:30 AM **Time Out:** 1:00 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.

- 2 2-102.12 (A) Certified Food Protection Manager -(C) No one present currently holds a certified food protection. The person in charge shall be a certified food protection manager who has shown proficiency of required information through passing a test that is part of an accredited program.
- 3 2-201.11 (A), (B), (C), and (E) Responsibility of Permit Holder, Person in Charge and Conditional Employees -(P) Establishment has not been inspected since the adoption of the 2017 food code and does not have the updated employee health policy. Ensure food employees report illnesses, symptoms and exposure. CDI Updated employee health policy left with establishment.
- 5 2-501.11 Clean-up of Vomiting and Diarrheal Event -(Pf) No written procedure or kit to handle a vomit or diarrhea event. Has not been inspected since the 2017 adoption. A food establishment shall have written procedures for employees to follow when responding to vomiting or diarrheal events that involve the discharge of vomitus or fecal matter onto surfaces in the food establishment. The procedures shall address the specific actions employees must take to minimize the spread of contamination and the exposure of employees, consumers, food, and surfaces to vomitus or fecal matter. CDI Written procedures left establishment.
- 10 6-301.12 Hand Drying Provision -(Pf) No paper towels available upon arrival into kitchen. Provide paper towels or approved alternative for hand drying at each hand sink. CDI Paper towels added to hand sink.
- 38 6-501.111 Controlling Pests -(C) Clean dead bugs from the light fixtures. Keep the premises free of insects, rodents, and other pests.
- 53 6-501.18 Cleaning of Plumbing Fixtures -(C) Additional cleaning needed to toilets in the restrooms and hand sink. Maintain clean handwashing sinks, toilets and urinals in the facility.

### Additional Comments

Updated documents given to establishment.