

# Food Establishment Inspection Report

Score: 98.5

Establishment Name: SHEETZ #355

Establishment ID: 3034012751

Location Address: 5198 REIDSVILLE RD

City: WALKERTOWN State: North Carolina

Zip: 27051 County: 34 Forsyth

Permittee: SHEETZ INC.

Telephone: (336) 754-1718

Inspection  Re-Inspection  Educational Visit

**Wastewater System:**

Municipal/Community  On-Site System

**Water Supply:**

Municipal/Community  On-Site Supply

Date: 03/19/2024 Status Code: A

Time In: 9:05 AM Time Out: 10:55 AM

Category#: II

FDA Establishment Type: Fast Food Restaurant

No. of Risk Factor/Intervention Violations: 2

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		1	0		
<b>Employee Health .2652</b>					
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	
<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	0	
<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"/> IN/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"/> IN/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"/> IN/OUT				
Food-contact surfaces: cleaned & sanitized		3	1.5	X	X
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"/> IN/OUT/N/A/N/O				
Proper cooking time & temperatures		3	1.5	0	
19	<input checked="" type="checkbox"/> IN/OUT/N/A/N/O				
Proper reheating procedures for hot holding		3	1.5	0	
20	<input checked="" type="checkbox"/> IN/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"/> IN/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"/> IN/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"/> IN/OUT/N/A				
Pasteurized foods used; prohibited foods not offered		3	1.5	0	
<b>Chemical .2653, .2657</b>					
27	<input checked="" type="checkbox"/> IN/OUT/N/A				
Food additives: approved & properly used		1	0.5	0	
28	<input checked="" type="checkbox"/> IN/OUT/N/A				
Toxic substances properly identified stored & used		2	X	0	X
<b>Conformance with Approved Procedures .2653, .2654, .2658</b>					
29	<input checked="" type="checkbox"/> IN/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"/> IN/OUT/N/A				
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"/> IN/OUT/N/A				
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"/> IN/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	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	<input checked="" type="checkbox"/> IN/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"/> IN/OUT				
Utensils, equipment & linens: properly stored, dried & handled		1	0.5	X	
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"/> IN/OUT				
Non-food contact surfaces clean		1	0.5	X	
<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	0	
54	<input checked="" type="checkbox"/> OUT				
Garbage & refuse properly disposed; facilities maintained		1	0.5	0	
55	<input checked="" type="checkbox"/> IN/OUT				
Physical facilities installed, maintained & clean		1	X	0	X
56	<input checked="" type="checkbox"/> OUT				
Meets ventilation & lighting requirements; designated areas used		1	0.5	0	
<b>TOTAL DEDUCTIONS:</b>					<b>1.5</b>



# Comment Addendum to Food Establishment Inspection Report

Establishment Name: SHEETZ #355  
 Location Address: 5198 REIDSVILLE 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: SHEETZ INC.  
 Telephone: (336) 754-1718

Establishment ID: 3034012751  
 Inspection  Re-Inspection Date: 03/19/2024  
 Educational Visit Status Code: A  
 Comment Addendum Attached?  Category #: II  
 Email 1: khostetl@sheetz.com  
 Email 2:  
 Email 3:

## Temperature Observations

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Cheese Sauce/Chili/In dispenser	136	Ambient/Walk In Cooler	36		
Tomato/Flip Top	39	Ambient/Coffee Reach In 1	28		
D. T Omat o/Flip Top	40	Ambient/Coffee Reach In 2	33		
L E t t u c e / F l i p T o p	41	Milk/Coffee Bar	41		
Lettuce/Flip Top reach in	40	Cream/Coffee Bar	41		
Cheese/Flip Top	39	Hot Water/3 comp sink	121		
Steak/Flip Top	36	Chlorine/Dish Machine	100		
Chicken/Flip Top	29	Quaternary Ammonia/3 comp sink	500		
Rice/Flip Top	39	Quat/Diluted	200		
Pepperoni/Flip Top	36				
Sausage/Flip Top	36				
Egg/Flip Top	38				
Ham/Flip Top	39				
Chicken/Reach In	36				
Pot Sticker/Reach In	37				
Ambient/Grab N Go Cooler	37				
A M b i e n t / G r a b N G o C o o l e r	38				
Chicken/Walk In Cooler	33				
Steak/Walk In Cooler	36				
Hamburger/Walk In Cooler	34				

Person in Charge (Print & Sign): *First* April *Last* Buckner  
 Regulatory Authority (Print & Sign): *First* Glen *Last* Pugh

  
  
 \_\_\_\_\_  
 \_\_\_\_\_

REHS ID: 3016 - Pugh, Glen Verification Dates: Priority: \_\_\_\_\_ Priority Foundation: \_\_\_\_\_ Core: \_\_\_\_\_  
 REHS Contact Phone Number: (336) 703-3164 Authorize final report to be received via Email: \_\_\_\_\_



# Comment Addendum to Inspection Report

**Establishment Name:** SHEETZ #355

**Establishment ID:** 3034012751

**Date:** 03/19/2024 **Time In:** 9:05 AM **Time Out:** 10:55 AM

## Certifications

Name	Certificate #	Type	Issue Date	Expiration Date
April Buckner	ServeSafe	Food Service		05/06/2026

## 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.

- 16 4-602.11 Equipment Food-Contact Surfaces and Utensils - Frequency (P) - Surfaces of UTENSILS and EQUIPMENT contacting FOOD that is not TIME/TEMPERATURE CONTROL FOR SAFETY FOOD shall be cleaned: (4) In EQUIPMENT such as ice bins and BEVERAGE dispensing (b) Absent manufacturer specifications, at a frequency necessary to preclude accumulation of soil or mold.  
\*\*\*The frothing wand at the espresso machine still had milk left in it. Be sure to follow manufacture's specification to use the "clean" function after frothing to expel any left over milk. Wand was cleaned and sanitized.
- 28 7-204.11 Sanitizers, Criteria - Chemicals (P) - Chemical SANITIZERS, including chemical sanitizing solutions generated on-site, and other chemical antimicrobials applied to FOOD-CONTACT SURFACEs shall: (A) Meet the requirements specified in 40 CFR 180.940 Tolerance exemptions for active and inert ingredients for use in antimicrobial formulations (Food-contact surface sanitizing solutions).  
\*\*\*The quaternary ammonia sanitizer at 3 comp sink was dispensing at 500+ ppm. PIC stated they recently switched to a different brand or label for this sanitizer. Solution was visibly pink. CDI discussed with PIC and she placed a work order. Showed PIC how to dilute solution and mixed it to 200 ppm.
- 44 4-903.11 (A), (B), and (D) Equipment, Utensils, Linens and Single-Service and Single-Use Articles Storing (C) - Cleaned EQUIPMENT and UTENSILS, laundered LINENS, and SINGLE-SERVICE and SINGLEUSE ARTICLES shall be stored:(1) In a clean, dry location.  
\*\*\*The utensil holder next to oven needs to be cleaned.
- 49 4-601.11 (C) Equipment, Food-Contact Surfaces, Nonfood Contact Surfaces, and Utensils (C) - NonFOOD-CONTACT SURFACES of EQUIPMENT shall be kept free of an accumulation of dust, dirt, FOOD residue, and other debris.  
\*\*\*Additional cleaning is needed at: -The fryer freezer drawers; -Inside cabinets at slushy and fountain area; -Fronts of cabinets and equipment at the cook line and make line.
- 55 6-501.12 Cleaning, Frequency and Restrictions (C) - Physical facilities shall be cleaned as often as necessary to keep them clean.  
\*\*\*Floor cleaning needed throughout kitchen area in front and back.