

Food Establishment Inspection Report

Score: 100

Establishment Name: CITY BEVERAGE

Establishment ID: 3034012294

Location Address: 915 BURKE STREET

City: WINSTON SALEM State: North Carolina

Zip: 27101 County: 34 Forsyth

Permittee: CITY BEVERAGE INC. OF WINSTON SALEM

Telephone: (336) 722-2774

☒ Inspection ☐ Re-Inspection**Wastewater System:**☒ Municipal/Community ☐ On-Site System**Water Supply:**☒ Municipal/Community ☐ On-Site Supply

Date: 11/29/2022 Status Code: A

Time In: 12:50 PM Time Out: 1:45 PM

Category#: 1

FDA Establishment Type: _____

No. of Risk Factor/Intervention Violations: 0

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
Supervision .2652							
1	IN	OUT	<input checked="" type="checkbox"/>	PIC Present, demonstrates knowledge, & performs duties	1	0	
2	IN	OUT	<input checked="" type="checkbox"/>	Certified Food Protection Manager	1	0	
Employee Health .2652							
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
Good Hygienic Practices .2652, .2653							
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
Preventing Contamination by Hands .2652, .2653, .2655, .2656							
8	<input checked="" type="checkbox"/>	OUT		Hands clean & properly washed	4	2	0
9	IN	OUT	<input checked="" type="checkbox"/>	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
Approved Source .2653, .2655							
11	<input checked="" type="checkbox"/>	OUT		Food obtained from approved source	2	1	0
12	IN	OUT	<input checked="" type="checkbox"/>	Food received at proper temperature	2	1	0
13	<input checked="" type="checkbox"/>	OUT		Food in good condition, safe & unadulterated	2	1	0
14	IN	OUT	<input checked="" type="checkbox"/>	Required records available: shellstock tags, parasite destruction	2	1	0
Protection from Contamination .2653, .2654							
15	IN	OUT	<input checked="" type="checkbox"/>	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
Potentially Hazardous Food Time/Temperature .2653							
18	IN	OUT	<input checked="" type="checkbox"/>	Proper cooking time & temperatures	3	1.5	0
19	IN	OUT	<input checked="" type="checkbox"/>	Proper reheating procedures for hot holding	3	1.5	0
20	IN	OUT	<input checked="" type="checkbox"/>	Proper cooling time & temperatures	3	1.5	0
21	IN	OUT	<input checked="" type="checkbox"/>	Proper hot holding temperatures	3	1.5	0
22	IN	OUT	<input checked="" type="checkbox"/>	Proper cold holding temperatures	3	1.5	0
23	IN	OUT	<input checked="" type="checkbox"/>	Proper date marking & disposition	3	1.5	0
24	IN	OUT	<input checked="" type="checkbox"/>	Time as a Public Health Control; procedures & records	3	1.5	0
Consumer Advisory .2653							
25	IN	OUT	<input checked="" type="checkbox"/>	Consumer advisory provided for raw/undercooked foods	1	0.5	0
Highly Susceptible Populations .2653							
26	IN	OUT	<input checked="" type="checkbox"/>	Pasteurized foods used; prohibited foods not offered	3	1.5	0
Chemical .2653, .2657							
27	IN	OUT	<input checked="" type="checkbox"/>	Food additives: approved & properly used	1	0.5	0
28	IN	OUT	<input checked="" type="checkbox"/>	Toxic substances properly identified stored & used	2	1	0
Conformance with Approved Procedures .2653, .2654, .2658							
29	IN	OUT	<input checked="" type="checkbox"/>	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
Safe Food and Water .2653, .2655, .2658							
30	IN	OUT	<input checked="" type="checkbox"/>	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	IN	OUT	<input checked="" type="checkbox"/>	Variance obtained for specialized processing methods	2	1	0
Food Temperature Control .2653, .2654							
33	<input checked="" type="checkbox"/>	OUT		Proper cooling methods used; adequate equipment for temperature control	1	0.5	0
34	IN	OUT	<input checked="" type="checkbox"/>	Plant food properly cooked for hot holding	1	0.5	0
35	IN	OUT	<input checked="" type="checkbox"/>	Approved thawing methods used	1	0.5	0
36	<input checked="" type="checkbox"/>	OUT		Thermometers provided & accurate	1	0.5	0
Food Identification .2653							
37	<input checked="" type="checkbox"/>	OUT		Food properly labeled: original container	2	1	0
Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657							
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	IN	OUT	<input checked="" type="checkbox"/>	Washing fruits & vegetables	1	0.5	0
Proper Use of Utensils .2653, .2654							
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
Utensils and Equipment .2653, .2654, .2663							
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
Physical Facilities .2654, .2655, .2656							
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"/>	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
TOTAL DEDUCTIONS:				0			



Comment Addendum to Food Establishment Inspection Report

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☒ Inspection ☐ Re-Inspection Date: 11/29/2022
 Comment Addendum Attached? ☒ Status Code: A
 Water sample taken? ☐ Yes ☒ No Category #: I
 Email 1: citybeverage@yahoo.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 water	three comp sink	123						
cl sani	three comp sink	200						

Person in Charge (Print & Sign):

First

Last

First

Last

Regulatory Authority (Print & Sign): Shannon

Maloney

[Signature]

[Signature]

REHS ID: 2826 - Maloney, Shannon

Verification Required Date:

REHS Contact Phone Number: (336) 703-3382

Authorize final report to
be received via Email:



North Carolina Department of Health & Human Services

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 DHHS is an equal opportunity employer.
 Food Establishment Inspection Report, 10/2021

• Division of Public Health • Environmental Health Section • Food Protection Program



Comment Addendum to Inspection Report

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Date: 11/29/2022 **Time In:** 12:50 PM **Time Out:** 1:45 PM

Additional Comments

-2017 food code forms emailed to facility.