

Food Establishment Inspection Report

Score: 96

Establishment Name: WAKE MART

Establishment ID: 3034020736

Location Address: 4100 NORTH CHERRY STREET

City: WINSTON SALEM State: North Carolina

Zip: 27105 County: 34 Forsyth

Permittee: MOMANI INC.

Telephone: (336) 759-0088

☒ Inspection ☐ Re-Inspection ☐ Educational Visit

Wastewater System:

☒ Municipal/Community ☐ On-Site System

Water Supply:

☒ Municipal/Community ☐ On-Site Supply

Date: 04/23/2024

Status Code: A

Time In: 9:50 AM

Time Out: 11:50 AM

Category#: III

FDA Establishment Type: Fast Food Restaurant

No. of Risk Factor/Intervention Violations: 1

No. of Repeat Risk Factor/Intervention Violations: 1

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	<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	
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	<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
Approved Source .2653, .2655					
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	Required records available: shellstock tags, parasite destruction	2	1	0
Protection from Contamination .2653, .2654					
15	<input checked="" type="checkbox"/> IN 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
Potentially Hazardous Food Time/Temperature .2653					
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"/> IN OUT/N/A/N/O	Proper hot holding temperatures	3	1.5	0
22	<input checked="" type="checkbox"/> IN OUT/N/A/N/O	Proper cold holding temperatures	3	1.5	0
23	<input checked="" type="checkbox"/> IN OUT/N/A/N/O	Proper date marking & disposition	3	1.5	0
24	<input checked="" type="checkbox"/> IN OUT	Time as a Public Health Control; procedures & records	3	1.5	0
Consumer Advisory .2653					
25	<input checked="" type="checkbox"/> IN OUT	Consumer advisory provided for raw/undercooked foods	1	0.5	0
Highly Susceptible Populations .2653					
26	<input checked="" type="checkbox"/> IN OUT	Pasteurized foods used; prohibited foods not offered	3	1.5	0
Chemical .2653, .2657					
27	<input checked="" type="checkbox"/> IN OUT	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	1	0
Conformance with Approved Procedures .2653, .2654, .2658					
29	<input checked="" type="checkbox"/> IN OUT	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	<input checked="" type="checkbox"/> IN 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"/> IN OUT	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	<input checked="" type="checkbox"/> IN OUT	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
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"/> IN 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"/> OUT/N/A	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"/> IN 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"/> IN OUT	Physical facilities installed, maintained & clean	1	0.5	0
56	<input checked="" type="checkbox"/> IN OUT	Meets ventilation & lighting requirements; designated areas used	1	0.5	0
TOTAL DEDUCTIONS:					4



Comment Addendum to Food Establishment Inspection Report

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Wastewater System: ☒ Municipal/Community ☐ On-Site System
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Permittee: MOMANI INC.
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Establishment ID: 3034020736
☒ Inspection ☐ Re-Inspection Date: 04/23/2024
☐ Educational Visit Status Code: A
Comment Addendum Attached? ☒ Category #: III
Email 1: Krishnadawadi26@yahoo.com
Email 2:
Email 3: ahmad@momaniinc.com

Temperature Observations

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Diced Tomatoes/serving line	34.0				
Sliced Tomatoes/serving line	41.0				
Shredded Lettuce/serving line	39.0				
Hot Dogs/serving line	36.0				
Chicken Breast/serving line	39.0				
Cole Slaw/serving line	37.0				
Chili/hot holding	138.0				
Bologna/upright cooler	34.0				
Hot Dogs/upright cooler	36.0				
Diced Tomatoes/upright cooler	39.0				
Hot Water/3-compartment sink	129.0				
C. Sani/3-compartment sink	100.0				

First
Person in Charge (Print & Sign): Krishna

Last
Dawadi

First
Regulatory Authority (Print & Sign): Victoria

Last
Murphy

REHS ID: 2795 - Murphy, Victoria Verification Dates: Priority:

Priority Foundation: Core:

REHS Contact Phone Number: (336) 703-3814

Authorize final report to
be received via Email: [Signature]



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, 12/2023

● Food Protection Program



Comment Addendum to Inspection Report

Establishment Name: WAKE MART

Establishment ID: 3034020736

Date: 04/23/2024 **Time In:** 9:50 AM **Time Out:** 11:50 AM

Certifications

Name	Certificate #	Type	Issue Date	Expiration Date
Krishna Dawadi		Food Service	12/09/2019	12/09/2024

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.

- 15 3-302.11 Packaged and Unpackaged Food - Separation, Packaging, and Segregation-REPEAT-P: Packages of raw turkey bacon were stored above shredded lettuce in the produce cooler/a container of raw eggs stored over a box of shredded lettuce in the produce cooler. (A) Food shall be protected from cross contamination by:(1) Except as specified in (1)(d) below, separating raw animal foods during storage, preparation, holding, and display from:(a) Raw ready-to-eat food including other raw animal food such as fish for sushi or molluscan shellfish, or other raw ready-to-eat food such as fruits and vegetables, (b) Cooked ready-to-eat food. CDI: The PIC rearranged items.
- 38 6-501.111 Controlling Pests-C: A large number of ants were observed in the cabinets under the drink station. The premises shall be maintained free of insects, rodents, and other pests. The presence of insects, rodents, and other pests shall be controlled to eliminate their presence on the premises. *increase pest control frequency*
- 47 4-501.11 Good Repair and Proper Adjustment - Equipment-REPEAT-C: Recondition legs and lowering shelving of equipment. Equipment shall be maintained in good repair. *vast improvement from previous inspection, continue reconditioning shelving*
- 55 6-501.11 Repairing - Premises, Structures, Attachments, and Fixtures - Methods-REPEAT-C: Recaulk around toilets in restrooms/recaulk around base of the can wash/recaulk handwashing sinks in the restroom/plug holes in walls above 3-compartment sink. Physical facilities shall be maintained in good repair..// 6-501.12 Cleaning, Frequency and Restrictions-REPEAT-C: Cleaning is needed on walls in the warewashing area. Physical facilities shall be maintained clean.
- 56 6-305.11 Designation - Dressing Areas and Lockers-C: Employees jacket and purses were comingled with sauces in the dry storage area. (B) Lockers or other suitable facilities shall be provided for the orderly storage of employees' clothing and other possessions.