Food Establishment Inspection Report

Establishment Name: LJVM STAND 114 (OLD GOLD GRILL)	Establishment ID: 3034020791				
Location Address: 2825 UNIVERSITY PARKWAY					
City: WINSTON SALEM State: North Carolina					
	Date: 03/20/2024 Status Code: A				
Zip: 27105 County: 34 Forsyth	Time In: 9:35 PM Time Out: 10:35 PM				
Permittee: WAKE FOREST UNIVERSITY	Category#: II				
Telephone: (336) 896-9809					
Ø Inspection	FDA Establishment Type: Fast Food Restaurant				
Wastewater System:					
-	No. of Risk Factor/Intervention Violations: 1				
⊗ Municipal/Community O On-Site System					
Water Supply:	No. of Repeat Risk Factor/Intervention Violations: 0				
Municipal/Community ○ 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 VR				
Supervision .2652	Safe Food and Water .2653, .2655, .2658				
1 Noutivia PIC Present, demonstrates knowledge, & 1 0	30 IN OUT XA Pasteurized eggs used where required 1 0.5 0				
penomis duties	31 X OUT Water and ice from approved source 2 1 0				
2 XOUTINIA Certified Food Protection Manager 1 0	32 IN OUT XA Variance obtained for specialized processing				
Employee Health .2652	32 N 001 94 methods				
3 Noxr Management, food & conditional employee; knowledge, responsibilities & reporting 2 X 0 X	Food Temperature Control .2653, .2654				
4 X out Proper use of reporting, restriction & exclusion 3 1.5 0	33 X OUT Proper cooling methods used; adequate				
F Hour Procedures for responding to vomiting & 1 of 0	equipment for temperature control 1 0.5 0				
diarrheal events	34 X OUT N/A N/O Plant food properly cooked for hot holding 1 0.5 0				
Good Hygienic Practices .2652, .2653 6 X out Proper eating, tasting, drinking or tobacco use 1 0.5 0	35 IN OUT N/A MO Approved thawing methods used 1 0.5 0				
6 X out Proper eating, tasting, drinking or tobacco use 1 0.5 0 7 X out No discharge from eyes, nose, and mouth 1 0.5 0	36 X our Thermometers provided & accurate 1 0.5 0				
Preventing Contamination by Hands .2652, .2653, .2655, .2656	Food Identification .2653				
8 X Out Hands clean & properly washed 4 2 0	37 X out Food properly labeled: original container 2 1 0				
No have hand contact with BTE foods or pre-	Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657				
9 X out NANO approved alternate procedure properly followed 4 2 0	38 X out Insects & rodents not present; no unauthorized 2 1 0				
10 X OUT WA Handwashing sinks supplied & accessible 2 1 0					
Approved Source .2653, .2655	39 X out Contamination prevented during food preparation, storage & display 2 1 0				
11 Your Food obtained from approved source 2 1 0	40 X out Personal cleanliness 1 0.5 0				
12 IN OUT > Food received at proper temperature 2 1 0 13 (X) OUT Food in good condition, safe & unadulterated 2 1 0	41 X out Wiping cloths: properly used & stored 1 0.5 0				
Paguired records available: shellstock tage	42 IN OUT ₩ Washing fruits & vegetables 1 0.5 0				
14 IN OUT AND Parasite destruction 2 1 0	Proper Use of Utensils .2653, .2654				
Protection from Contamination .2653, .2654	43 X OUT In-use utensils: properly stored 1 0.5 0				
15 XOUTNANO Food separated & protected 3 1.5 0	44 X out Utensils, equipment & linens: properly stored,				
16 X out Food-contact surfaces: cleaned & sanitized 3 1.5 0	44 X 001 dried & handled 1 0.5 0				
17 Nour Proper disposition of returned, previously served, 2 1 0	45 ★ out Single-use & single-service articles: properly 1 0.5 0				
	Stored & used				
Potentially Hazardous Food Time/Temperature .2653 18 IN OUT N/A WO Proper cooking time & temperatures 3 1.5 0					
19 IN OUT NAMO Proper reheating procedures for hot holding 3 1.5 0	Utensils and Equipment .2653, .2654, .2663				
20 IN OUT N/A NO 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 IN OUT WAN/O Proper hot holding temperatures 3 1.5 0	47 X OUT approved, cleanable, properly designed, 1 0.5 0 constructed & used				
22 IN OUT WANK Proper cold holding temperatures 3 1.5 0	Warewashing facilities: installed, maintained & 1 05 0				
23 X OUT NA NO Proper date marking & disposition 3 1.5 0	48 M out Warewashing facilities: installed, maintained & 1 0.5 0				
24 Noutinanio Time as a Public Health Control, procedures & 3 1.5 0	49 🗙 ουτ Non-food contact surfaces clean 1 0.5 0				
Consumer Advisory .2653	Physical Facilities .2654, .2655, .2656				
25 N OUT A Consumer advisory provided for raw/ 1 0.5 0	50 X OUT N/A Hot & cold water available; adequate pressure 1 0.5 0				
undercooked toods	51 X out Plumbing installed; proper backflow devices 2 1 0				
Highly Susceptible Populations .2653	52 X our Sewage & wastewater properly disposed 2 1 0				
26 IN OUT A Pasteurized toods used; prohibited toods not 3 1.5 0	53 X OUT N/A Toilet facilities: properly constructed, supplied 1 0.5 0				
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 X OUT N/A Toxic substances properly identified stored & used 2 1 0	55 IN OXT Physical facilities installed, maintained & clean X 0.5 0 X				
Conformance with Approved Procedures .2653, .2654, .2658	56 X out Meets ventilation & lighting requirements; 1 0.5 0				
29 IN OUT A Compliance with variance, specialized process, reduced oxygen packaging criteria or HACCP plan 2 1 0	TOTAL DEDUCTIONS: 2				
readese exygen paoraging ontena or incoor plan	I UTAL DEDUCTIONS: 4				

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



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NCRH North Carolina

Comment Addendum to Food Establishment Inspection Report

Establishment Name: LJVM STAND 114 (OLD GOLD	Establishment ID: 3034020791				
Location Address: <u>2825 UNIVERSITY PARKWAY</u> City: <u>WINSTON SALEM</u> County: <u>34 Forsyth</u> Zip: <u>271</u> Wastewater System: X Municipal/Community On-Site Syste Water Supply: X Municipal/Community On-Site Syste Permittee: <u>WAKE FOREST UNIVERSITY</u> Telephone: <u>(336)</u> 896-9809	_ State: <u>NC</u> 05	 Inspection Re-Inspection Educational Visit Comment Addendum Attached? X Email 1:jlivingston@proofpudding.com Email 2: Email 3: 	Date: <u>03/20/2024</u> Status Code: <u>A</u> Category #: <u>II</u>		
Temperature Observations					

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Fries /cooked for TPHC	203.0				
Hot Water/3-compartment sink	151.0				
Sink and Surface Sani/3-compartment sink	700.0				
				<u> </u>	
	First	Last		Ym V VM	
Person in Charge (Print & Sign):		Livingston	_		
Desulatory Authority (Drint 9 Cian)	First	Last		n/ MA	
Regulatory Authority (Print & Sign):	Victoria	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:			
North Carolina Department of		DHHS is an equal opportu	Health Health Environmer Inity employer. Inspection Report, 12/2		ction Program

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Establishment ID: 3034020791 Date: 03/20/2024 Time In: 9:35 PM Time Out: 10:35 PM

Certifications						
Name	Certificate #	Туре	Issue Date	Expiration Date		
Jack Livingston		Food Service	03/16/2021	03/16/2026	_	
Violations ci	Obser ted in this report must be corre	vations and Corre		8-405.11 of the food code.		

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- 2-201.11 (D) and (F) Responsibility of Permit Holder, Person in Charge, and Conditional Employees Responsibility of the PIC to Exclude or Restrict-P: Per conversation with the PIC, the temporary/conditional employees that work inside the stands serving food are not trained on the foodborne illnesses or symptoms to report. (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, including providing necessary additional information, such as the date of onset of symptoms and an illness, or of a diagnosis without symptoms, if the food employee or conditional employee health policies. The PIC is to review the illnesses with the employees and inform them on who to report any diagnosed illness or any symptoms observed
- 55 6-501.11 Repairing Premises, Structures, Attachments, and Fixtures Methods-REPEAT-C: Repair damaged wall coating on wall behind grade card/remove pipes where drink station was removed and reseal hole in wall Physical facilities shall be maintained in good repair.//6-501.12 Cleaning, Frequency and Restrictions -REPEAT-C: Cleaning is needed on walls behind electrical panel and floors throughout the stand. Physical facilities shall be cleaned as often as necessary to keep them clean.