

# Food Establishment Inspection Report

Score: 100

Establishment Name: CAMEL CITY COFFEE

Establishment ID: 3034012639

Location Address: 110 OAKWOOD DR. SUITE F

☒ Inspection ☐ Re-Inspection

City: WINSTON SALEM

State: NC

Date: 02/19/2021

Status Code: A

Zip: 27103

County: 34 Forsyth

Time In: 10:25 AM

Time Out: 11:30 AM

Permittee: CAMEL CITY COFFEE, LLC

Total Time: 1 hrs 5 min

Telephone: (336) 955-2246

Category #: II

Wastewater System: ☒ Municipal/Community ☐ On-Site System

FDA Establishment Type: Full-Service Restaurant

Water Supply: ☒ Municipal/Community ☐ On-Site Supply

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.									
IN	OUT	N/A	N/C	Compliance Status	OUT	CDI	R	VR	
<b>Supervision</b> .2652									
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PIC Present; Demonstration-Certification by accredited program and perform duties	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Employee Health</b> .2652									
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, employees knowledge; responsibilities & reporting	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of reporting, restriction & exclusion	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Good Hygienic Practices</b> .2652, .2653									
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco use	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose or mouth	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Preventing Contamination by Hands</b> .2652, .2653, .2655, .2656									
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean & properly washed	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No bare hand contact with RTE foods or pre-approved alternate procedure properly followed	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Handwashing sinks supplied & accessible	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Approved Source</b> .2653, .2655									
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food received at proper temperature	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe & unadulterated	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Required records available: shellstock tags, parasite destruction	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Protection from Contamination</b> .2653, .2654									
13	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food separated & protected	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, & unsafe food	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Potentially Hazardous Food Time/Temperature</b> .2653									
16	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooking time & temperatures	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper reheating procedures for hot holding	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooling time & temperatures	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper hot holding temperatures	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking & disposition	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Time as a public health control: procedures & records	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Consumer Advisory</b> .2653									
23	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consumer advisory provided for raw or undercooked foods	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Highly Susceptible Populations</b> .2653									
24	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pasteurized foods used; prohibited foods not offered	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Chemical</b> .2653, .2657									
25	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food additives: approved & properly used	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
26	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified stored, & used	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Conformance with Approved Procedures</b> .2653, .2654, .2658									
27	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Compliance with variance, specialized process, reduced oxygen packing criteria or HACCP plan	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Good Retail Practices									
Good Retail Practices: Preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.									
IN	OUT	N/A	N/C	Compliance Status	OUT	CDI	R	VR	
<b>Safe Food and Water</b> .2653, .2655, .2658									
28	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pasteurized eggs used where required	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
29	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
30	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Variance obtained for specialized processing methods	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Food Temperature Control</b> .2653, .2654									
31	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
32	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Plant food properly cooked for hot holding	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
33	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Approved thawing methods used	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
34	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided & accurate	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Food Identification</b> .2653									
35	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled: original container	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Prevention of Food Contamination</b> .2652, .2653, .2654, .2656, .2657									
36	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects & rodents not present; no unauthorized animals	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
38	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
39	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used & stored	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
40	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Washing fruits & vegetables	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Proper Use of Utensils</b> .2653, .2654									
41	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
42	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils, equipment & linens: properly stored, dried & handled	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
43	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Single-use & single-service articles: properly stored & used	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
44	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Utensils and Equipment</b> .2653, .2654, .2663									
45	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed, & used	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
46	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained, & used; test strips	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
47	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Physical Facilities</b> .2654, .2655, .2656									
48	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot & cold water available; adequate pressure	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
49	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
50	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage & waste water properly disposed	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
51	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied & cleaned	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
52	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Garbage & refuse properly disposed; facilities maintained	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
53	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained & clean	1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
54	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Meets ventilation & lighting requirements; designated areas used	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Total Deductions:									0



North Carolina Department of Health & Human Services

Division of Public Health

Environmental Health Section

Food Protection Program



Establishment Name:	CAMEL CITY COFFEE	Establishment ID:	3034012639				
Location Address:	110 OAKWOOD DR. SUITE F	<input checked="" type="checkbox"/> Inspection	<input type="checkbox"/> Re-Inspection	Date:	02/19/2021		
City:	WINSTON SALEM	State:	NC	Comment Addendum Attached?	<input checked="" type="checkbox"/>	Status Code:	A
County:	34 Forsyth	Zip:	27103	Water sample taken?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Category #:	II
Wastewater System:	<input checked="" type="checkbox"/> Municipal/Community <input type="checkbox"/> On-Site System						
Water Supply:	<input checked="" type="checkbox"/> Municipal/Community <input type="checkbox"/> On-Site System						
Permittee:	CAMEL CITY COFFEE, LLC	Email 1: info@camelcitycoffee.com					
Telephone:	(336) 955-2246	Email 2:					
		Email 3:					

**Effective January 1, 2019 Cold Holding is now 41 degrees or less**

[illegible]

Samuel Morris

Verification Required Date:



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- Food Protection Program



# Comment Addendum to Food Establishment Inspection Report

**Establishment Name:** CAMEL CITY COFFEE

**Establishment ID:** 3034012639

## 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.

- 38 2-402.11 Effectiveness-Hair Restraints -REPEAT- C: Employees preparing coffee and handling multi-use equipment with no form of hair restraint. Food employees shall wear hair restraints such as hats, hair coverings, or nets beard restraints and clothing that covers body hair that are designed and worn to effectively keep their hair from contacting exposed food, clean equipment, utensils and linens and unwrapped single-service and unwrapped single-service and single-use articles.
- 53 6-501.12 Cleaning, Frequency and Restrictions - C: Cleaning needed to walls in warewashing area. Physical facilities shall be cleaned as often as necessary to keep them clean.