

Food Establishment Inspection Report

Score: 97

Establishment Name: URBAN AIR ADVENTURE PARK RESTAURANT

Establishment ID: 3034012705

Location Address: 200 SUMMIT SQUARE

City: WINSTON SALEM State: North Carolina

Zip: 27105 County: 34 Forsyth

Permittee: FAB ADVENTURES, LLC

Telephone: (336) 793-2145

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

Date: 03/23/2024

Status Code: A

Time In: 11:35 AM

Time Out: 12:50 PM

Category#: II

FDA Establishment Type: Fast Food Restaurant

No. of Risk Factor/Intervention Violations: 4

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"/> IN OUT	Proper eating, tasting, drinking or tobacco use	1	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"/> IN OUT/N/A	Handwashing sinks supplied & accessible	2	X	0 X X
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"/> IN OUT	Food in good condition, safe & unadulterated	2	1	X X
14	<input checked="" type="checkbox"/> IN OUT/N/A/N/O	Required records available: shellstock tags, parasite destruction	2	1	0
Protection from Contamination .2653, .2654					
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
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"/> 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
Consumer Advisory .2653					
25	<input checked="" type="checkbox"/> IN OUT/N/A	Consumer advisory provided for raw/undercooked foods	1	0.5	0
Highly Susceptible Populations .2653					
26	<input checked="" type="checkbox"/> IN OUT/N/A	Pasteurized foods used; prohibited foods not offered	3	1.5	0
Chemical .2653, .2657					
27	<input checked="" type="checkbox"/> IN OUT/N/A	Food additives: approved & properly used	1	0.5	0
28	<input checked="" type="checkbox"/> 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/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
Safe Food and Water .2653, .2655, .2658					
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
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/N/A/N/O	Plant food properly cooked for hot holding	1	0.5	0
35	<input checked="" type="checkbox"/> IN 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"/> 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	X
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	X
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"/> IN OUT	Garbage & refuse properly disposed; facilities maintained	1	0	X
55	<input checked="" type="checkbox"/> IN OUT	Physical facilities installed, maintained & clean	1	0	X
56	<input checked="" type="checkbox"/> OUT	Meets ventilation & lighting requirements; designated areas used	1	0.5	0
TOTAL DEDUCTIONS:					3



Comment Addendum to Food Establishment Inspection Report

URBAN AIR ADVENTURE PARK

Establishment Name: RESTAURANT

Establishment ID: 3034012705

Location Address: 200 SUMMIT SQUARE

☒ Inspection ☐ Re-Inspection Date: 03/23/2024

City: WINSTON SALEM State: NC

☐ Educational Visit Status Code: A

County: 34 Forsyth Zip: 27105

Comment Addendum Attached? ☒ Category #: II

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

Email 1: faith@urbainairwinstonsalem.com

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

Email 2: orlando@urbanairwinstonsalem.com

Permittee: FAB ADVENTURES, LLC

Email 3:

Telephone: (336) 793-2145

Temperature Observations

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
hot water/3 comp sink	120				
quat sanitizer/3 comp sink	200				
chicken tenders/hot holding	158				
pizza/final cook	174				
wings/final cook	199				
pizza sauce/pizza unit	37				
mozzarella/pizza unit	39				
pepperoni/pizza unit	41				
sausage/pizza unit	39				
pepperoni/pizza reach in	24				
ranch/front make unit	41				
queso/steam well	165				
mozzarella/upright cooler	41				

Person in Charge (Print & Sign): *First*

Last

[Signature]

Regulatory Authority (Print & Sign): *First*
Lauren

Last
Pleasants

[Signature]

REHS ID: 2809 - Pleasants, Lauren Verification Dates: Priority:

Priority Foundation: Core:

REHS Contact Phone Number: (336) 703-3144

Authorize final report to
be received via Email:



North Carolina Department of Health & Human Services

Page 2 of • 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: URBAN AIR ADVENTURE PARK RESTAURANT

Establishment ID: 3034012705

Date: 03/23/2024 **Time In:** 11:35 AM **Time Out:** 12:50 PM

Certifications

Name	Certificate #	Type	Issue Date	Expiration Date
Cordarius Leak	23877072	Food Service		04/19/2028

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.

- 6 2-401.11 Eating, Drinking, or Using Tobacco (C)- Employee food and drinks stored on the prep table by the ticket window with single-service sauce cups. (A) Except as specified in (B) of this section, an employee shall eat, drink, or use any form of tobacco only in designated areas where the contamination of exposed food; clean equipment, utensils, and linens; unwrapped single-service and single-use articles; or other items needing protection can not result. (B) A food employee may drink from a closed beverage container if the container is handled to prevent contamination of: (1) The employee's hands; (2) The container; and (3) Exposed food; clean equipment, utensils, and linens; and unwrapped single-service and single-use articles.
- 10 5-205.11 Using a Handwashing Sink - Operation and Maintenance (Pf) - REPEAT with improvement- An employee was filling a carrot container with water from the handwashing sink. Handwashing sinks shall be accessible for employees at all times and may only be used for handwashing. CDI- Education provided to employee about using prep sinks for food, and handwashing sinks only to wash hands.
- 13 3-202.15 Package Integrity (Pf)- Two dented cans of jalapenos were stored in dry storage. Food packages shall be in good condition and protect the integrity of the contents so that the food is not exposed to adulteration or potential contaminants. CDI- Cans were voluntarily discarded.
- 16 4-602.11 Equipment Food-Contact Surfaces and Utensils - Frequency (C) - The ice machine had visible soil on the top of the shield. Equipment such as beverage nozzles and ice machines shall be cleaned at a frequency necessary to preclude the accumulation of soil or mold, per manufacturer's instructions.
- 47 4-501.11 Good Repair and Proper Adjustment - Equipment (C) - The gasket is torn on the right door of the upright cooler. The lower shelf of the prep table at the front make unit is rusted. Maintain equipment in good repair.
- 49 4-601.11 (B) and (C) Equipment, Food-Contact Surfaces, Nonfood Contact Surfaces, and Utensils (C) - REPEAT- Cleaning needed on the floor in the walk in freezer of ice and food debris. Cleaning needed in the cabinet under the drink machine. Cleaning needed on the outside of the cotton candy machine. Nonfood-contact surfaces shall be free of dust, dirt, food residue, and debris.
- 54 5-501.113 Covering Receptacles (C) - REPEAT- The dumpster lid was open. Maintain waste receptacles closed with tight-fitting lids and doors.
- 55 6-501.12 Cleaning, Frequency and Restrictions (C) - REPEAT- Wall and floor cleaning is needed behind the ovens, ice machine, and drink machine. Ceiling vents are dusty above the kitchen entry door. General perimeter floor cleaning needed. Maintain physical facilities clean.