

# Food Establishment Inspection Report

Score: 98

Establishment Name: WENDY'S

Establishment ID: 4092018582

Location Address: 1900 LAKE PINE DR

City: APEX State: North Carolina

Zip: 27602 County: 92 Wake

Permittee: DELIGHT RALEIGH, LLC

Telephone: (919) 387-8640

Inspection  Re-Inspection  Educational Visit

**Wastewater System:**

Municipal/Community  On-Site System

**Water Supply:**

Municipal/Community  On-Site Supply

Date: 06/24/2025 Status Code: A

Time In: 9:00 AM Time Out: 11:00 AM

Category#: III

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
<b>Supervision</b> .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		
<b>Employee Health</b> .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	
<b>Good Hygienic Practices</b> .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	
<b>Preventing Contamination by Hands</b> .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	
<b>Approved Source</b> .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	
<b>Protection from Contamination</b> .2653, .2654					
15	<input checked="" type="checkbox"/> 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	
<b>Potentially Hazardous Food Time/Temperature</b> .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"/> 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				
Time as a Public Health Control; procedures & records		3	1.5	0	
<b>Consumer Advisory</b> .2653					
25	<input checked="" type="checkbox"/> IN/OUT				
Consumer advisory provided for raw/undercooked foods		1	0.5	0	
<b>Highly Susceptible Populations</b> .2653					
26	<input checked="" type="checkbox"/> IN/OUT				
Pasteurized foods used; prohibited foods not offered		3	1.5	0	
<b>Chemical</b> .2653, .2657					
27	<input checked="" type="checkbox"/> IN/OUT				
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	
<b>Conformance with Approved Procedures</b> .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
<b>Safe Food and Water</b> .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	
<b>Food Temperature Control</b> .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"/> OUT/N/A/N/O				
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	
<b>Food Identification</b> .2653					
37	<input checked="" type="checkbox"/> OUT				
Food properly labeled: original container		2	1	0	
<b>Prevention of Food Contamination</b> .2652, .2653, .2654, .2656, .2657					
38	<input checked="" type="checkbox"/> IN/OUT				
Insects & rodents not present; no unauthorized animals		2	X	0	X
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	
<b>Proper Use of Utensils</b> .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	
<b>Utensils and Equipment</b> .2653, .2654, .2663					
47	<input checked="" type="checkbox"/> IN/OUT				
Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed & used		1	X	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	
<b>Physical Facilities</b> .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	X	0	
56	<input checked="" type="checkbox"/> IN/OUT				
Meets ventilation & lighting requirements; designated areas used		1	0.5	X	
<b>TOTAL DEDUCTIONS:</b>					<b>2</b>



# Comment Addendum to Food Establishment Inspection Report



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Establishment ID: 4092018582  
 Inspection  Re-Inspection Date: 06/24/2025  
 Educational Visit Status Code: A  
 Comment Addendum Attached?  Category #: III  
 Email 1: apex02133@gmail.com  
 Email 2:  
 Email 3: jbradfield@delightrg.com

## Temperature Observations

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
cheese sauce/grill tray	161				
sausage/warm tray	152				
fried egg/warm tray	155				
chicken breast/warming tray	157				
breakfast fries/hot lamp	154				
chicken breast/final cook	198				
cut lettuce cooling/WIC 30 min	54				
sliced tomato cooling/WIC 30 min	50				
raw burger patty/WIC	40				
ambient air/WIC	34				
salad cooling/RIC 30 min	57				
ambient air/RIC	36				
cut lettuce cooling/WIC retemp 1hr	42				
sliced tomato cooling/WIC retemp 1hr	43				
salad cooling/RIC retemp 1hr	48				

Person in Charge (Print & Sign): *First* Mary *Last* Rogers  
 Regulatory Authority (Print & Sign): *First* Carla *Last* Pressley

REHS ID: 2800 - Pressley, Carla Verification Dates: Priority: Priority Foundation: 07/04/2025 Core:  
 REHS Contact Phone Number: (984) 239-0850 Authorize final report to be received via Email: Mary R

## Comment Addendum to Inspection Report

**Establishment Name:** WENDY'S

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**Date:** 06/24/2025 **Time In:** 9:00 AM **Time Out:** 11:00 AM

### 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 6-501.111 Controlling Pests (Pf)

Flies observed in the establishment today. The premises shall be kept free of pests. Utilize approved methods of pest control, keep doors and windows closed especially in summer to avoid their entry. \*\*\*WILL VERIFY WITHIN TEN DAYS\*\*\*

47 4-501.11 Good Repair and Proper Adjustment - Equipment (C)

The following items are damaged and shall be repaired or replaced: reach in freezer (ice build up on bottom shelf floor and plastic coated metal shelving peeling and rusting) and missing and blown bulbs under hood system along cook line. Equipment shall be kept in good repair. Replace shelving and blown/missing bulbs. Inspect for ice build up.

55 6-501.11 Repairing - Premises, Structures, Attachments, and Fixtures - Methods (C) 6-501.12 Cleaning, Frequency and Restrictions (C)

The following areas/items are soiled and shall be cleaned: walk in freezer floors under shelving; air vents in restrooms (black build up); wall tile in men's restroom stall, and stainless steel panels, pipes and drain lines along cook/fry line. Physical facilities shall be kept clean and in good repair. Repair wall tiles and clean listed areas.

56 6-304.11 Mechanical - Ventilation (C)

Excessive condensate build up on walls and surfaces. Dining area has wetness odors. Mechanical ventilation of sufficient capacity shall be provided to keep rooms free of excessive condensation and odors.