

# Food Establishment Inspection Report

Score: 98

Establishment Name: SKYZONE FUEL ZONE

Establishment ID: 4092019582

Location Address: 1275 HADDON HALL DR

City: APEX State: North Carolina

Zip: 27502 County: 92 Wake

Permittee: SKYZONE

Telephone: (919) 948-4450

Inspection  Re-Inspection  Educational Visit

**Wastewater System:**

Municipal/Community  On-Site System

**Water Supply:**

Municipal/Community  On-Site Supply

Date: 01/08/2025 Status Code: A

Time In: 11:50 AM Time Out: 1:00 PM

Category#: II

FDA Establishment Type: \_\_\_\_\_

No. of Risk Factor/Intervention Violations: 3

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 .2652</b>					
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 .2652</b>					
3	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/>				
Management, food & conditional employee; knowledge, responsibilities & reporting		2	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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 .2652, .2653</b>					
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 .2652, .2653, .2655, .2656</b>					
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 <input checked="" type="checkbox"/> T/N/A				
Handwashing sinks supplied & accessible		2	<input checked="" type="checkbox"/>	0	<input checked="" type="checkbox"/>
<b>Approved Source .2653, .2655</b>					
11	<input checked="" type="checkbox"/> OUT				
Food obtained from approved source		2	1	0	
12	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A/N/O				
Required records available: shellstock tags, parasite destruction		2	1	0	
<b>Protection from Contamination .2653, .2654</b>					
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 .2653</b>					
18	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A/N/O				
Proper cooking time & temperatures		3	1.5	0	
19	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT/N/A/N/O				
Proper reheating procedures for hot holding		3	1.5	0	
20	<input checked="" type="checkbox"/> IN <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 <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A/N/O				
Time as a Public Health Control; procedures & records		3	1.5	0	
<b>Consumer Advisory .2653</b>					
25	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A				
Consumer advisory provided for raw/undercooked foods		1	0.5	0	
<b>Highly Susceptible Populations .2653</b>					
26	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A				
Pasteurized foods used; prohibited foods not offered		3	1.5	0	
<b>Chemical .2653, .2657</b>					
27	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A				
Food additives: approved & properly used		1	0.5	0	
28	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A				
Toxic substances properly identified stored & used		2	<input checked="" type="checkbox"/>	0	<input checked="" type="checkbox"/>
<b>Conformance with Approved Procedures .2653, .2654, .2658</b>					
29	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> 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
<b>Safe Food and Water .2653, .2655, .2658</b>					
30	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A				
Variance obtained for specialized processing methods		2	1	0	
<b>Food Temperature Control .2653, .2654</b>					
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 <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O				
Plant food properly cooked for hot holding		1	0.5	0	
35	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> 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 .2653</b>					
37	<input checked="" type="checkbox"/> OUT				
Food properly labeled: original container		2	1	0	
<b>Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657</b>					
38	<input checked="" type="checkbox"/> OUT				
Insects & rodents not present; no unauthorized animals		2	1	0	
39	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT				
Contamination prevented during food preparation, storage & display		2	1	<input checked="" type="checkbox"/>	
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 .2653, .2654</b>					
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"/> IN <input checked="" type="checkbox"/> OUT				
Single-use & single-service articles: properly stored & used		1	0.5	<input checked="" type="checkbox"/>	
46	<input checked="" type="checkbox"/> OUT				
Gloves used properly		1	0.5	0	
<b>Utensils and Equipment .2653, .2654, .2663</b>					
47	<input checked="" type="checkbox"/> OUT				
Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed & used		1	0.5	0	
48	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT				
Warewashing facilities: installed, maintained & used; test strips		1	0.5	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
49	<input checked="" type="checkbox"/> OUT				
Non-food contact surfaces clean		1	0.5	0	
<b>Physical Facilities .2654, .2655, .2656</b>					
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"/> OUT				
Physical facilities installed, maintained & clean		1	0.5	0	
56	<input checked="" type="checkbox"/> OUT				
Meets ventilation & lighting requirements; designated areas used		1	0.5	0	
<b>TOTAL DEDUCTIONS:</b>					<b>2</b>





## Comment Addendum to Inspection Report

**Establishment Name:** SKYZONE FUEL ZONE

**Establishment ID:** 4092019582

**Date:** 01/08/2025 **Time In:** 11:50 AM **Time Out:** 1:00 PM

### 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.

- 3 2-201.11(A-C)&(E); Priority; Employee health policy does not include the symptom sore throat & fever and does not include the illness norovirus. Employees shall be knowledgeable of food-borne illnesses, their associated symptoms, and when not to report to work/be excluded. CDI - Health policy provided. Use provided policy, or adapt corporate policy to include all symptoms and food-borne illnesses.
- 10 6-301.12; Priority Foundation; No paper towels available at the handwashing sink in the front area. All handwashing sinks shall be provided with a hand drying device. CDI - Towels provided.
- 28 7-202.12; Priority; Current sanitizer used: Diversity Final Step Sanitizer. When tested using EHS's Quat test strips (at the 3-compartment sink and in spray bottles), sanitizer measured above 400 ppm. Sanitizer shall measure 200-400 ppm according to manufacturer instructions. Sanitizers shall be used according to manufacturer instructions. CDI - Sanitizer diluted.
- 39 3-305.11; Core; Nachos stored on the floor in the front area. Food shall be stored at least 6 inches above the floor, in a clean, dry location, and in areas where it is not exposed to splash or other contamination. Nachos moved up off the floor.
- 45 4-903.11(A) and (C); Core; Plastic to-go containers stored with the food contact surface facing upwards. Store inverted to prevent contamination until use, or in original protective packaging. Additionally, cardboard boxes holding single-service/single-use items stored on the floor. These shall be stored at least 6 inches above the floor. To-go containers inverted and cardboard boxes moved up off the floor.
- 48 4-302.14; Priority Foundation; No quat test strips available to measure the concentration of sanitizer. A test kit or other device that accurately measures the concentration in MG/L of sanitizing solutions shall be provided. CDI - Test strips ordered prior to inspection. PIC to email/text EHS confirmation once received.