

Food Establishment Inspection Report

Score: 97

Establishment Name: BUOY BOWLS #1 (WCID #573)

Establishment ID: 4092030314

Location Address: 2305 SPECKLED ALDER CT

City: APEX State: North Carolina

Zip: 27523 County: 92 Wake

Permittee: DEREK SHARPE

Telephone: (919) 550-7748

Inspection Re-Inspection Educational Visit

Wastewater System:

Municipal/Community On-Site System

Water Supply:

Municipal/Community On-Site Supply

Date: 11/26/2024 Status Code: A

Time In: 2:05 PM Time Out: 2:50 PM

Category#: II

FDA Establishment Type: Fast Food Restaurant

No. of Risk Factor/Intervention Violations: 1

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 |
|--|---|-----|-----|---|----|
| Supervision .2652 | | | | | |
| 1 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A | | | | |
| PIC Present, demonstrates knowledge, & performs duties | | 1 | 0 | | |
| 2 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> 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"/> 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 | |
| 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 <input type="checkbox"/> N/A <input type="checkbox"/> N/O | | | | |
| No bare hand contact with RTE foods or pre-approved alternate procedure properly followed | | 4 | 2 | 0 | |
| 10 | <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A | | | | |
| Handwashing sinks supplied & accessible | | 2 | X | 0 | X |
| Approved Source .2653, .2655 | | | | | |
| 11 | <input checked="" type="checkbox"/> OUT | | | | |
| Food obtained from approved source | | 2 | 1 | 0 | |
| 12 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A | | | | |
| 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O | | | | |
| Required records available: shellstock tags, parasite destruction | | 2 | 1 | 0 | |
| Protection from Contamination .2653, .2654 | | | | | |
| 15 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> 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 | |
| Potentially Hazardous Food Time/Temperature .2653 | | | | | |
| 18 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O | | | | |
| Proper cooking time & temperatures | | 3 | 1.5 | 0 | |
| 19 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O | | | | |
| Proper reheating procedures for hot holding | | 3 | 1.5 | 0 | |
| 20 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O | | | | |
| Proper cooling time & temperatures | | 3 | 1.5 | 0 | |
| 21 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O | | | | |
| Proper hot holding temperatures | | 3 | 1.5 | 0 | |
| 22 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | | | | |
| Proper cold holding temperatures | | 3 | 1.5 | 0 | |
| 23 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | | | | |
| Proper date marking & disposition | | 3 | 1.5 | 0 | |
| 24 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O | | | | |
| Time as a Public Health Control; procedures & records | | 3 | 1.5 | 0 | |
| Consumer Advisory .2653 | | | | | |
| 25 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A | | | | |
| Consumer advisory provided for raw/undercooked foods | | 1 | 0.5 | 0 | |
| Highly Susceptible Populations .2653 | | | | | |
| 26 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A | | | | |
| Pasteurized foods used; prohibited foods not offered | | 3 | 1.5 | 0 | |
| Chemical .2653, .2657 | | | | | |
| 27 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A | | | | |
| Food additives: approved & properly used | | 1 | 0.5 | 0 | |
| 28 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A | | | | |
| Toxic substances properly identified stored & used | | 2 | 1 | 0 | |
| Conformance with Approved Procedures .2653, .2654, .2658 | | | | | |
| 29 | <input type="checkbox"/> IN <input 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 |
|--|---|-----|-----|---|----------|
| Safe Food and Water .2653, .2655, .2658 | | | | | |
| 30 | <input type="checkbox"/> IN <input 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O | | | | |
| Plant food properly cooked for hot holding | | 1 | 0.5 | 0 | |
| 35 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input 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 | |
| Food Identification .2653 | | | | | |
| 37 | <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT | | | | |
| Food properly labeled: original container | | 2 | X | 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 type="checkbox"/> IN <input checked="" type="checkbox"/> OUT | | | | |
| Wiping cloths: properly used & stored | | X | 0.5 | 0 | X |
| 42 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> 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"/> OUT | | | | |
| Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed & used | | 1 | 0.5 | 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 | |
| Physical Facilities .2654, .2655, .2656 | | | | | |
| 50 | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> 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 | |
| TOTAL DEDUCTIONS: | | | | | 3 |



Comment Addendum to Inspection Report

Establishment Name: BUOY BOWLS #1 (WCID #573)

Establishment ID: 4092030314

Date: 11/26/2024 **Time In:** 2:05 PM **Time Out:** 2:50 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.

- 10 Observation: The hand wash sink was observed blocked with a jug of sanitizer. CDI: Jug of sanitizer removed from sink for access.
5-205.11 Using a Handwashing Sink - Operation and Maintenance (Pf)
(A) A handwashing sink shall be maintained so that it is accessible at all times for employee use.
- Observation: Paper towels were not available at the dispenser at hand sink. CDI: Staff placed paper towels at hand sink for use.
6-301.12 Hand Drying Provision (Pf)
Provide paper towels or approved alternative for hand drying at each handsink. -Pf
- 37 Observation: Storage working containers with dry ingredients were not labeled. 3-302.12 Food Storage Containers Identified with Common Name of Food (C)
Label all working containers of food (oils, spices, salts, flour, sugar) except food that is easy to identify such as dry pasta
- 41 Observation: In use wiping clothes are being stored on countertops. Ensure that wiping clothes are stored in a sanitizer between use.
3-304.14; Core; B) Cloths in-use for wiping counters and other EQUIPMENT surfaces shall be: (1) Held between uses in a chemical sanitizer solution

Additional Comments

Great improvements continue work with staff.