

# Food Establishment Inspection Report

Score: 94.5

Establishment Name: BUOY BOWLS #3 (WCID #777)

Establishment ID: 4092030486

Location Address: 2305 SPECKLED ALDER CT

City: APEX State: North Carolina

Zip: 27523 County: 92 Wake

Permittee: DEREK SHARPE

Telephone: (919) 924-4782

Inspection  Re-Inspection  Educational Visit

**Wastewater System:**

Municipal/Community  On-Site System

**Water Supply:**

Municipal/Community  On-Site Supply

Date: 04/01/2025 Status Code: A

Time In: 1:35 PM Time Out: 2:50 PM

Category#: II

FDA Establishment Type: Fast Food Restaurant

No. of Risk Factor/Intervention Violations: 5

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"/> IN <input checked="" type="checkbox"/> N/A				
Certified Food Protection Manager		1	X		
<b>Employee Health .2652</b>					
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 .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"/> IN <input checked="" type="checkbox"/> T				
Hands clean & properly washed		4	X	0	X
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	X	0	X
<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 <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 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"/> IN <input checked="" type="checkbox"/> T N/A N/O				
Food separated & protected		3	1.5	X	X
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 <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> N/A N/O				
Proper cooling time & temperatures		3	1.5	0	
21	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A N/O				
Proper hot holding temperatures		3	1.5	0	
22	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> T N/A N/O				
Proper cold holding temperatures		3	X	0	X
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"/> OUT N/A				
Toxic substances properly identified stored & used		2	1	0	
<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 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"/> OUT				
Contamination prevented during food preparation, storage & display		2	1	0	
40	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> T				
Personal cleanliness		1	0.5	0	
41	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> T				
Wiping cloths: properly used & stored		1	0.5	X	X
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"/> 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 .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"/> T				
Warewashing facilities: installed, maintained & used; test strips		1	0.5	0	X
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"/> IN <input checked="" 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	
<b>TOTAL DEDUCTIONS:</b>					<b>5.5</b>





## Comment Addendum to Inspection Report

**Establishment Name:** BUOY BOWLS #3 (WCID #777)

**Establishment ID:** 4092030486

**Date:** 04/01/2025 **Time In:** 1:35 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.

- 2 Observation: A certified food manager is not available on the truck . Ensure at least one person is a certified food manager during truck operation.  
2-102.12 (A) Certified Food Protection Manager (C)  
(A) PIC shall demonstrate knowledge by being a certified food protection manager.
- 8 Observation: The staff member operating truck did not engage in handwashing and was observed wiping gloves on wiping cloth, not changing gloves or washing hands prior to engaging in preparation after performing other tasks. CDI: Discussed and educated staff member about when to wash hands, changing gloves and not multitasking.  
2-301.14 When to Wash (P)  
Wash hands before engaging in food preparation including working with exposed food, clean equipment and utensils, and unwrapped single service and single use articles. -P
- 10 Observation: The handsink had dirty utensils and prep bins store din the basin preventing staff from washing hands. Ensure that hand sinks are maintained clean and not used for other purposes. CDI: Utensils and prep bins removed from hand sink for handwashing 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 Pf.
- 15 Observation: The staff member was osberved wiping soiled gloves on cloth, not changing between tasks handling other items/equipment kiosk and food products. CDI: Staff was educated on glove use, discontinue multitasking with gloves - Gloves are only not touch ready to eat foods. Gloves were removed during inspection.  
3-304.15 (A) Gloves, Use Limitation (P)  
(A) Discard gloves after a task is complete or any time they are damaged or soiled. -P
- 22 Observation: The almond fluid is being left out on the counter during production tasks allowing for improperly tempered product exceeding 41F (Observed at 54F)  
Ensure that almond fluid that is a TCS food (temeprature control safety) is kept under refrigeration. CDI: Product was discarded during inspection for corrective action.  
3-501.16 (A) (2) and (B) Time / Temperature Control for Safety Food, Hot and Cold Holding (P)  
(A)(2) Maintain TCS foods in cold holding at 41F or less. -P
- 40 Observation: Staff wearing watch and bracelet during production. Ensure that staff are informed that watches and other wrist items cannot be cleaned under effective handwashing and pose a bacteria risk when preparing foods.  
2-303.11 Prohibition - Jewelry (C)  
Remove jewelry on hands and arms while preparing food. A plain ring, such as a wedding band, is allowed.
- 41 Observation: The wiping cloth used to wipe up cutting board and other production areas was not stored in a sanitizer between use. CDI: Sanitizer bucket was made during inspection for corrective action.  
3-304.14 Wiping Cloths, Use Limitations (C)  
(B) Hold in-use wiping cloths in properly concentrated sanitizer between uses.
- 48 Observation: There are not sanitizer test strips located on the mobile truck. A sanitizer bucket for wiping clothes was made up and test strips were provided to test concentration of bucket 300ppm after adding additional water. Verification for test strips by April 11,2025.  
4-302.14 Sanitizing Solutions, Testing Devices (Pf)  
Provide a test kit that accurately measures sanitizer concentrations. -Pf

### Additional Comments

Provide a quaternary ammonia test kit for the staff to use and ensure wiping clothes are stored in a sanitizer bucket with correct concentrations. A verification for corrective action is needed by 4/11/25.