

# Food Establishment Inspection Report

Score: 96

Establishment Name: T J'S DELI

Establishment ID: 3034011643

Location Address: 1273 CORPORATION PARKWAY

Inspection  Re-Inspection

City: WINSTON SALEM

State: NC

Date: 04 / 18 / 2016 Status Code: A

Zip: 27127

County: 34 Forsyth

Time In: 02 : 35 <sup>am</sup> <sub>pm</sub> Time Out: 04 : 55 <sup>am</sup> <sub>pm</sub>

Total Time: 2 hrs 20 minutes

Permittee: A 1 INC

Category #: IV

Telephone: (336) 748-0155

FDA Establishment Type: Full-Service Restaurant

Wastewater System:  Municipal/Community  On-Site System

No. of Risk Factor/Intervention Violations: 2

Water Supply:  Municipal/Community  On-Site Supply

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.										
IN	OUT	N/A	N/O	Compliance Status			OUT	CDI	R	VR
<b>Supervision .2652</b>										
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PIC Present; Demonstration-Certification by accredited program and perform duties			2	0	<input type="checkbox"/>	<input type="checkbox"/>
<b>Employee Health .2652</b>										
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, employees knowledge; responsibilities & reporting			3	1.5	0	<input type="checkbox"/>
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of reporting, restriction & exclusion			3	1.5	0	<input type="checkbox"/>
<b>Good Hygienic Practices .2652, .2653</b>										
4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco use			2	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose or mouth			1	0.5	0	<input type="checkbox"/>
<b>Preventing Contamination by Hands .2652, .2653, .2655, .2656</b>										
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean & properly washed			4	2	0	<input type="checkbox"/>
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No bare hand contact with RTE foods or pre-approved alternate procedure properly followed			3	1.5	0	<input type="checkbox"/>
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Handwashing sinks supplied & accessible			2	1	0	<input type="checkbox"/>
<b>Approved Source .2653, .2655</b>										
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source			2	1	0	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food received at proper temperature			2	1	0	<input type="checkbox"/>
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe & unadulterated			2	1	0	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Required records available: shellstock tags, parasite destruction			2	1	0	<input type="checkbox"/>
<b>Protection from Contamination .2653, .2654</b>										
13	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food separated & protected			3	1.5	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized			3	1.5	0	<input type="checkbox"/>
15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, & unsafe food			2	1	0	<input type="checkbox"/>
<b>Potentially Hazardous Food Time/Temperature .2653</b>										
16	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooking time & temperatures			3	1.5	0	<input type="checkbox"/>
17	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper reheating procedures for hot holding			3	1.5	0	<input type="checkbox"/>
18	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling time & temperatures			3	1.5	0	<input type="checkbox"/>
19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures			3	1.5	0	<input type="checkbox"/>
20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures			3	1.5	0	<input type="checkbox"/>
21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking & disposition			3	1.5	0	<input type="checkbox"/>
22	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Time as a public health control: procedures & records			2	1	0	<input type="checkbox"/>
<b>Consumer Advisory .2653</b>										
23	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consumer advisory provided for raw or undercooked foods			1	0.5	0	<input type="checkbox"/>
<b>Highly Susceptible Populations .2653</b>										
24	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pasteurized foods used; prohibited foods not offered			3	1.5	0	<input type="checkbox"/>
<b>Chemical .2653, .2657</b>										
25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food additives: approved & properly used			1	0.5	0	<input type="checkbox"/>
26	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified stored, & used			2	1	0	<input type="checkbox"/>
<b>Conformance with Approved Procedures .2653, .2654, .2658</b>										
27	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Compliance with variance, specialized process, reduced oxygen packing criteria or HACCP plan			2	1	0	<input type="checkbox"/>

Good Retail Practices										
Good Retail Practices: Preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.										
IN	OUT	N/A	N/O	Compliance Status			OUT	CDI	R	VR
<b>Safe Food and Water .2653, .2655, .2658</b>										
28	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pasteurized eggs used where required			1	0.5	0	<input type="checkbox"/>
29	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source			2	1	0	<input type="checkbox"/>
30	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Variance obtained for specialized processing methods			1	0.5	0	<input type="checkbox"/>
<b>Food Temperature Control .2653, .2654</b>										
31	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control			1	0.5	0	<input type="checkbox"/>
32	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Plant food properly cooked for hot holding			1	0.5	0	<input type="checkbox"/>
33	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used			1	0.5	0	<input type="checkbox"/>
34	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided & accurate			1	0.5	0	<input type="checkbox"/>
<b>Food Identification .2653</b>										
35	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled: original container			2	1	0	<input type="checkbox"/>
<b>Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657</b>										
36	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects & rodents not present; no unauthorized animals			2	1	0	<input type="checkbox"/>
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display			2	1	0	<input type="checkbox"/>
38	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness			1	0.5	<input checked="" type="checkbox"/>	<input type="checkbox"/>
39	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used & stored			1	<input checked="" type="checkbox"/>	0	<input checked="" type="checkbox"/>
40	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits & vegetables			1	0.5	0	<input type="checkbox"/>
<b>Proper Use of Utensils .2653, .2654</b>										
41	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored			<input checked="" type="checkbox"/>	0.5	0	<input checked="" type="checkbox"/>
42	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Utensils, equipment & linens: properly stored, dried & handled			1	<input checked="" type="checkbox"/>	0	<input type="checkbox"/>
43	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Single-use & single-service articles: properly stored & used			1	0.5	0	<input type="checkbox"/>
44	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly			1	0.5	0	<input type="checkbox"/>
<b>Utensils and Equipment .2653, .2654, .2663</b>										
45	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed, & used			2	1	0	<input type="checkbox"/>
46	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained, & used; test strips			1	0.5	0	<input type="checkbox"/>
47	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean			1	<input checked="" type="checkbox"/>	0	<input type="checkbox"/>
<b>Physical Facilities .2654, .2655, .2656</b>										
48	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot & cold water available; adequate pressure			2	1	0	<input type="checkbox"/>
49	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices			2	1	0	<input type="checkbox"/>
50	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage & waste water properly disposed			2	1	0	<input type="checkbox"/>
51	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied & cleaned			1	0.5	<input checked="" type="checkbox"/>	<input type="checkbox"/>
52	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Garbage & refuse properly disposed; facilities maintained			1	0.5	0	<input type="checkbox"/>
53	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained & clean			1	<input checked="" type="checkbox"/>	0	<input type="checkbox"/>
54	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Meets ventilation & lighting requirements; designated areas used			<input checked="" type="checkbox"/>	0.5	0	<input type="checkbox"/>
<b>Total Deductions:</b>							<b>4</b>			



# Comment Addendum to Food Establishment Inspection Report

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**County:** 34 Forsyth **Zip:** 27127  
**Wastewater System:**  Municipal/Community  On-Site System  
**Water Supply:**  Municipal/Community  On-Site System  
**Permittee:** A 1 INC  
**Telephone:** (336) 748-0155

**Establishment ID:** 3034011643  
 Inspection  Re-Inspection **Date:** 04/18/2016  
**Comment Addendum Attached?**  **Status Code:** A  
**Category #:** IV  
**Email 1:**  
**Email 2:**  
**Email 3:**

## Temperature Observations

Item	Location	Temp	Item	Location	Temp	Item	Location	Temp
lettuce	salad bar	43	lettuce	make unit	37	broccoli soup	hot unit	148
eggs	salad bar	41	tomato	make unit	36	tomato	walk in	43
chicken salad	salad bar	38	ham	make unit	37	chicken	walk in	40
turkey	salad bar	39	roast beef	make unit	41	ham	walk in	45
tuna salad	salad bar	43	chicken	make unit	42	turkey	walk in	41
pasta salad	salad bar	37	au juis	hot unit	168	hot water	three comp sink	127
turkey	make unit	40	chicken	hot unit	160	sanitizer	three comp sink (ppm)	150
pasta salad	make unit	32	chicken	hot unit	152	Mike Elhadidy	12-06-18	0

## 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.

- 4 2-401.11 Eating, Drinking, or Using Tobacco - C One employee beverage on top of prep table in front kitchen area. Employee beverages must be stored on low shelving or in other areas that prevent contamination to clean equipment, utensils, and food. CDI: Drink moved to a low shelf. 0 pts
- 13 3-302.11 Packaged and Unpackaged Food-Separation, Packaging, and Segregation - P One quarter pan of raw chicken stored over raw beef in make unit reach in cooler. Chicken must be stored below beef as it has a higher final cooking temperature. Always store food based on final cooking temperature requirements. CDI: Chicken moved to bottom shelf of cooler. 0 pts
- 38 2-402.11 Effectiveness-Hair Restraints - C Two employees with facial hair not wearing beard restraints. Employees with facial hair that are preparing food must wear beard restraints to prevent physical contamination of the food. Have employees wear proper restraints. 0 pts



Person in Charge (Print & Sign): Mike *First* Elhadidy *Last*

Regulatory Authority (Print & Sign): Joseph *First* Chrobak *Last*

**REHS ID:** 2450 - Chrobak, Joseph

**Verification Required Date:** \_\_\_ / \_\_\_ / \_\_\_

**REHS Contact Phone Number:** ( 336 ) 703 - 3164



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- 39 3-304.14 Wiping Cloths, Use Limitation - C Four wet wiping cloths out on prep table. Wet wiping cloths must be kept submerged in sanitizer solution when not in use. Dry cloths may be used but must be placed in sanitizer or soiled laundry upon becoming wet. CDI: All cloths moved to soiled towel bucket.
- 41 3-304.12 In-Use Utensils, Between-Use Storage - C repeat: One cup in a container of crushed graham cracker. One ice scoop in contact with ice in ice machine. Only scoops with handles may be used in ingredients, handles must be kept out of the product. One pair of tongs stored on fire suppression system above fryers. Nothing can be stored on or attached to the fire suppression equipment. CDI: cup was removed and ice scoop was repositioned to be out of contact with ice, Tongs moved to clean shelf.
- 42 4-901.11 Equipment and Utensils, Air-Drying Required - C Multiple metal pans and five plastic bins stacked wet during inspection. All utensils after washing and sanitizing must be allowed to fully air dry before storing. Have employees air dry utensils and never towel dry utensils.
- 47 4-601.11 (B) and (C) Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils - C Wire shelves over three compartment sink are soiled and need to be cleaned. Salt and pepper trays at soda station have spilled ingredients and need to be cleaned out. Fan covers have dust build up on the food prep line, clean fans to remove dust. Cleaning needed on shelves by door in walk in cooler to remove dust and debris, cleaning needed on transition plate of walk in cooler. One plastic utility cart is soiled and needs to be cleaned to remove build up. Nonfood contact surfaces shall be kept clean.
- 51 5-501.17 Toilet Room Receptacle, Covered - C Covered trash bin needed in women's restroom for disposal of feminine hygiene products. Add covered trash bin. 0 pts.
- 53 6-501.12 Cleaning, Frequency and Restrictions - C Cleaning needed undershelves in dry storage to remove dry debris and dirt. // 6-201.11 Floors, Walls and Ceilings-Cleanability - C Small wall damage in mens restroom where air freshener has been removed, repair. / Ceiling damage present in hallway of kitchen, repair damaged ceiling. / Baseboard missing in corner by back door, replace the missing rubber baseboards. / No coved base in the kitchen areas where tile base meets the floor tile. Add rubber baseboards with coved bases or create a coved base with a combination grout and caulk. / Both handsinks in restrooms need to be recaulked to the walls as old caulking has cracked. / Transition plate at walk in is loose. Tighten the plate and seal it to the floor to create an easy to clean surface. / Excess items stored in electrical closet on floor preventing access to the interior of the closet for cleaning. Move items to shelving to allow for easy cleaning and pest control access for the closet. / Physical facilities shall be kept clean and
- 54 6-303.11 Intensity-Lighting - C Lighting low in men's restroom at 10-13 foot candles. Increase lighting to 20 foot candles in the restroom. // 6-202.11 Light Bulbs, Protective Shielding - C Multiple lights in the kitchen and dry storage are missing light shielding tubes on the fluorescent bulbs. One light cover in the front of kitchen is missing and one other is broken. Replace all damaged and missing light shields.



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✓  
Spell



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Spell

