Food Establishment Inspection Report Score: 97.5

<u>''</u>	$\mathcal{U}$	<u>u</u>		<u>.                                    </u>		176	יעי	<u>UI</u>	ι						300	orc. <u>-</u>	<u> </u>	<u>-</u>	_			
Es	tak	ablishment Name: FOOD LION #1577 DELI Establishment ID: 3034020507																				
					ress: 1000 WAUGHTOWN STREET										☑Inspection ☐Re-Inspection							
City: WINSTON SALEM								State: NC						Date: Ø 8 / 1 2 / 2 Ø 1 9 Status Code: A								
Zip: 27107 County: 34 Forsyth								Time In: $1 \ 2 \ : 4 \ 1 \ \stackrel{_{\otimes}}{\otimes} \ pm$ Time Out: $0 \ 2 \ : 1$									m m					
					FOOD LION LLC.										ime: 1 hr 34 minutes							
											Category #: III											
	Геlephone: (336) 771-1061											FI	DΑ	F	stablishment Type: Deli Department		-					
	<b>Nastewater System:</b> $oxtimes$ Municipal/Community $ oxtimes$ On-Site Syst										n				Risk Factor/Intervention Violations:	1			_			
W	Water Supply: ⊠Municipal/Community ☐ On-Site Supply										No. of Repeat Risk Factor/Intervention Violations:											
_		-11			nana Biak Fastana and Buklia Haalik lat		4:								Cood Detail Desetions			_	_			
Foodborne Illness Risk Factors and Public Health Interventions  Risk factors: Contributing factors that increase the chance of developing foodborne illness.  Go										Good Retail Practices  Good Retail Practices: Preventative measures to control the addition of pathogens, chemicals,												
F	ubli	Hea	alth I	Inter	ventions: Control measures to prevent foodborne illness o	r injury.									and physical objects into foods.			_				
		оит		N/O	Compliance Status	OUT	CI	OI R	VR				N/A		- 1	OUT	CDI	R \	/R			
$\overline{}$	Supervision .2652  PIC Present; Demonstration-Certification by accredited program and perform duties									Safe Food and V				d W								
ш		руе	ر كام	alth	accredited program and perform duties .2652		0	11		28	F		×		Pasteurized eggs used where required	1 0.5 0		ᆜ	_			
-	X	□	110	aitti	Management, employees knowledge; responsibilities & reporting	3 1.5	0 0	ПП			X'				Water and ice from approved source	210		ᆛ	_			
Н	X				Proper use of reporting, restriction & exclusion	2 15				30			X		Variance obtained for specialized processing methods	1 0.5 0		<u> </u>				
ш		Hvc	ijeni	ic P	ractices .2652, .2653	3 1.3	ا الت	1			$\overline{}$	Tem	per	atur	re Control .2653, .2654 Proper cooling methods used; adequate							
_	Ń		,		Proper eating, tasting, drinking, or tobacco use	21	0 [			_	×	Ш			equipment for temperature control	1 0.5 0		4	_			
Н	X	П			No discharge from eyes, nose or mouth	1 0.5	0	╅	T	_	×				Plant food properly cooked for hot holding	1 0.5 0		끅	$\exists$			
ш		ntin	g Co	onta	mination by Hands .2652, .2653, .2655, .2656					33	×				Approved thawing methods used	1 0.5 0		ᆜ				
6	X				Hands clean & properly washed	4 2	0			34	X				Thermometers provided & accurate	1 0.5 0		<u> </u>				
7	X				No bare hand contact with RTE foods or pre- approved alternate procedure properly followed	3 1.5	0				ood		ntific	atio								
8	X	П			Handwashing sinks supplied & accessible	2 1	ОГ	10	$\Box$		×			Ε.	Food properly labeled: original container	2 1 0		ᅫ	_			
		oved	Soi	urce						36	Т	ntio	n or	FO	od Contamination .2652, .2653, .2654, .2656, .2657 Insects & rodents not present; no unauthorized	/ 21 <b>X</b>		7				
$\neg$	X				Food obtained from approved source	21	0								animals  Contamination prevented during food				_			
10				X	Food received at proper temperature	21	0			37	-	Ш			preparation, storage & display	210		4	_			
11	X				Food in good condition, safe & unadulterated	21	0 [			_	×				Personal cleanliness	1 0.5 0		긔	_			
12			X		Required records available: shellstock tags, parasite destruction	21		10	П	_	×				Wiping cloths: properly used & stored	1 0.5 0		ᆜ	$\Box$			
$\vdash$	rote			om (	Contamination .2653, .2654						X				Washing fruits & vegetables	1 0.5 0		ᆜ	$\Box$			
13	X				Food separated & protected	3 1.5	0 [					$\overline{}$	se of	f Ute	ensils .2653, .2654							
14	X				Food-contact surfaces: cleaned & sanitized	3 1.5	0 [				-				In-use utensils: properly stored  Utensils, equipment & linens: properly stored,	1 0.5 0		井	_			
15	X				Proper disposition of returned, previously served, reconditioned, & unsafe food	21	0			42	-				dried & handled	1 0.5 0		<u> </u>				
$\vdash$		itiall	y Ha	azar	dous Food Time/Temperature .2653					43	X				Single-use & single-service articles: properly stored & used	1 0.5 0		<u> </u>				
16	X				Proper cooking time & temperatures	3 1.5	0 [			44	X				Gloves used properly	1 0.5 0		][				
17				×	Proper reheating procedures for hot holding	3 1.5	0			U	tens	ils a	and I	Equ	ipment .2653, .2654, .2663			Ţ				
18	X				Proper cooling time & temperatures	3 1.5	0			45	X				Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed, & used	210		] C				
19	X	$\Box$			Proper hot holding temperatures	3 1.5	0 [			46	×				Warewashing facilities: installed, maintained, &	1 0.5 0	П	╗	_			
20		×			Proper cold holding temperatures	3 🔀	0 ×		П	47	-				used; test strips Non-food contact surfaces clean	$\vdash$		#	_			
Н	X			П	Proper date marking & disposition	3 1.5	_		H		hysi	∟ cal I	Faci	litie		11030						
H	<u>,</u>		☒		Time as a public health control: procedures &						X			11110	Hot & cold water available; adequate pressure	210		ī	$\bar{}$			
22	nns	ume		lvis	records		0  _	4	Щ	_	×				Plumbing installed; proper backflow devices	210		7	$\overline{}$			
23		$\overline{}$	×	10.5	Consumer advisory provided for raw or undercooked foods	1 0.5	0			50	-				Sewage & waste water properly disposed	210		7	_ _			
$\vdash$				ptib	le Populations .2653						-				Toilet facilities: properly constructed, supplied			#	=			
24			X		Pasteurized foods used; prohibited foods not offered	3 1.5	0 [				X		Ш		& cleaned Garbage & refuse properly disposed; facilities			_	_			
C	hen	nical			.2653, .2657					52	Ш	×			maintained	0.5 0		Ķ	_]			
25			X		Food additives: approved & properly used	1 0.5	0			53	×				Physical facilities installed, maintained & clean	1 0.5 0		ᆚ				
26					Toxic substances properly identified stored, & used	21	0			54	×				Meets ventilation & lighting requirements; designated areas used	1 0.5 0						
	onfo			wit	h Approved Procedures .2653, .2654, .2658			J-							Total Deductions:	2.5						
27	Ш	Ш	X		Compliance with variance, specialized process, reduced oxygen packing criteria or HACCP plan	2 1	0	لـــالــ		L					Total Deductions.							





	<u>Commen</u>	t Adde	endum to	Food Es	<u>stablish</u>	<u>ment l</u>	<u>Inspection</u>	n Report				
Establishme	nt Name: FOOD LION						: 3034020507					
City: WINS County: 34 Wastewater S Water Supply	Forsyth  System:   Municipal/Comr	munity 🗌 (	Sta _ Zip: <u>27107</u> On-Site System	te: <u>NC</u>	☐ Inspection ☐ Re-Inspection ☐ Date: 08/12/2019  Comment Addendum Attached? ☐ Status Code: A  Water sample taken? ☐ Yes ☒ No Category #: ☐ ☐  Email 1: tmwalker@foodlion.com  Email 2:							
Telephone	:_(336) 771-1061				Email 3:							
			Tempe	rature Ol	oservatio	ns						
	C	old Hol	ding Temp	erature	is now 4	1 Degr	ees or les	S				
Item hot water	Location utensil sink	Temp 103	•	Location cold meat c		Temp 38	Item rotisserie chix	Location hot holding	Temp 168			
quat	3 comp sink	200	turkey	cold case-s	lide door	41	turkey	walk in cooler	41			
CFPM	Kevin Scott 5-11-23	00	ham	grab n go c	ase	40	hot dogs	walk in cooler	41			
fried chix	final cook	203	turkey	grab n go c	ase	40	_					
rotisserie chix	final cook	193	chix salad	cold retail c	ase	42						
fried chix	cold retail case	41	shred chix	cold retail c	ase	44						
rotisserie chix	cold retail case	41	fried chix	hot holding		158						
turkey	cold meat case	36	potato wedg	hot holding		152	-1					
36 6-501. other p shipme elimina	below at all times. CD in the case measured <li>111 Controlling Pests rests. The presence of ents of food and supplicating harborage conditions to control operator).</li>	<41F. Wa - PF- Their pests shades, routing	tch overloading re were flies pr all be controlled ely inspecting p	g the shelve resent in the d to eliminal premises fo	es in the reta e deli today. te their pres r evidence c	The prerence on of pests, u	nises shall be the premises b using approved	maintained free o by: routinely inspe d pest control met	f insects and octing thods and			
lids. 5-501.′	113 Covering Recepta 16 Storage Areas, Roc The lids will not close.	oms and F	Receptacles, C	apacity and	Availability	- C- The	dumpster is o	verflowing with ga				
<u> </u>			rst		ast	A	, /	,				
Person in Cha	rge (Print & Sign): Ke	evin		Scott			une 8h	7				
Regulatory Au	thority (Print & Sign): <sup>Ar</sup>		rst	La Pinyan	ast	1	majo	? Farige	REHS			
	REHS ID:	1690 - Pi	inyan, Angie			Verifica	ation Required D	ate: /				

REHS Contact Phone Number: (336)703-2618

North Carolina Department of Health & Human Services • Division of Public Health • Environmental Health Section • Food Protection Program DHHS is an equal opportunity employer.

Page 2 of \_\_\_\_ Food Establishment Inspection Report, 3/2013



Establishment Name: FOOD LION #1577 DELI Establishment ID: 3034020507

#### **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.





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