

Food Establishment Inspection Report

Score: 96.5

Establishment Name: OBRIENS DELI

Establishment ID: 3034012574

Location Address: 4001 C COUNTRY CLUB RD

Inspection Re-Inspection

City: WINSTON SALEM

State: NC

Date: 10 / 16 / 2019 Status Code: A

Zip: 27104

County: 34 Forsyth

Time In: 01 : 45 am pm Time Out: 04 : 00 am pm

Permittee: JOSARAH, INC.

Total Time: 2 hrs 15 minutes

Telephone: (336) 765-9722

Category #: IV

Wastewater System: Municipal/Community On-Site System

FDA Establishment Type: Full-Service Restaurant

Water Supply: Municipal/Community On-Site Supply

No. of Risk Factor/Intervention Violations: 2

No. of Repeat Risk Factor/Intervention Violations: 1

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
Supervision .2652								
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PIC Present; Demonstration-Certification by accredited program and perform duties	2	0		
Employee Health .2652								
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, employees knowledge; responsibilities & reporting	3	13	0	
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of reporting, restriction & exclusion	3	13	0	
Good Hygienic Practices .2652, .2653								
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco use	2	1	0	
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose or mouth	1	03	0	
Preventing Contamination by Hands .2652, .2653, .2655, .2656								
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean & properly washed	4	2	0	
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	13	0	
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Handwashing sinks supplied & accessible	2	1	0	
Approved Source .2653, .2655								
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	2	1	0	
10	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food received at proper temperature	2	1	0	
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe & unadulterated	2	1	0	
12	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Required records available: shellstock tags, parasite destruction	2	1	0	
Protection from Contamination .2653, .2654								
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated & protected	3	13	0	
14	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized	3	13	0	
15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, & unsafe food	2	1	0	
Potentially Hazardous Food Time/Temperature .2653								
16	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooking time & temperatures	3	13	0	
17	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper reheating procedures for hot holding	3	13	0	
18	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling time & temperatures	3	13	0	
19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures	3	13	0	
20	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures	3	0	0	0
21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking & disposition	3	13	0	
22	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Time as a public health control: procedures & records	2	1	0	
Consumer Advisory .2653								
23	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consumer advisory provided for raw or undercooked foods	1	03	0	
Highly Susceptible Populations .2653								
24	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pasteurized foods used; prohibited foods not offered	3	13	0	
Chemical .2653, .2657								
25	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food additives: approved & properly used	1	03	0	
26	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified stored, & used	2	1	0	
Conformance with Approved Procedures .2653, .2654, .2658								
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	

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
Safe Food and Water .2653, .2655, .2658								
28	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pasteurized eggs used where required	1	03	0	
29	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source	2	1	0	
30	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Variance obtained for specialized processing methods	1	03	0	
Food Temperature Control .2653, .2654								
31	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control	1	03	0	
32	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Plant food properly cooked for hot holding	1	03	0	
33	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Approved thawing methods used	1	03	0	
34	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Thermometers provided & accurate	1	0	0	0
Food Identification .2653								
35	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled: original container	2	1	0	
Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657								
36	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects & rodents not present; no unauthorized animals	2	1	0	
37	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display	2	0	0	0
38	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	1	03	0	
39	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used & stored	1	03	0	
40	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits & vegetables	1	03	0	
Proper Use of Utensils .2653, .2654								
41	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored	1	0	0	0
42	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils, equipment & linens: properly stored, dried & handled	1	03	0	
43	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Single-use & single-service articles: properly stored & used	1	03	0	
44	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly	1	03	0	
Utensils and Equipment .2653, .2654, .2663								
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	
46	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained, & used; test strips	1	03	0	
47	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean	1	03	0	
Physical Facilities .2654, .2655, .2656								
48	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot & cold water available; adequate pressure	2	1	0	
49	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices	2	1	0	
50	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage & waste water properly disposed	2	1	0	
51	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied & cleaned	1	03	0	
52	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Garbage & refuse properly disposed; facilities maintained	1	03	0	
53	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained & clean	1	03	0	
54	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Meets ventilation & lighting requirements; designated areas used	1	03	0	
Total Deductions:					3.5			



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 Water Supply: Municipal/Community On-Site System
 Permittee: JOSARAH, INC.
 Telephone: (336) 765-9722

Establishment ID: 3034012574
 Inspection Re-Inspection Date: 10/16/2019
 Comment Addendum Attached? Status Code: A
 Water sample taken? Yes No Category #: IV
 Email 1: jliebman@obriensdelinc.com
 Email 2:
 Email 3:

Temperature Observations

Cold Holding Temperature is now 41 Degrees or less

Item	Location	Temp	Item	Location	Temp	Item	Location	Temp
turkey	make-unit	46	turkey	upright cooler	40	pork	prep table post cut	51
chicken	make-unit	44	pasta salad	upright cooler	40	pork	cooling (30 minutes)	48
corned beef	make-unit	45	spaghetti	upright cooler	40	hot water	3-compartment sink	143
grilled chicken	make-unit	39	tomato soup	hot hold	145	chlorine (ppm)	3-compartment sink	100
roast beef	make-unit	40	cole slaw	display cooler	40	ServSafe	Brandon Brock 4-24-24	0
tomato	make-unit	40	noodles	display cooler	40			
turkey	reach-in cooler	41	german potato	display cooler	39			
pastrami	reach-in cooler	40	egg salad	display cooler	40			

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.

- 14 4-602.11 Equipment Food-Contact Surfaces and Utensils-Frequency - P - Buildup present on ice machine shield. Food-contact surfaces of equipment shall be cleaned at a frequency necessary to maintain them clean, or as specified by the manufacturer. 0 pts.
- 20 3-501.16 (A)(2) and (B) Potentially Hazardous Food (Time/Temperature Control for Safety Food), Hot and Cold Holding - P - Repeat - 1-2 wrapped portions of turkey, chicken and corned beef measured 44-46F in make-unit. Meats were stacked 1-2 portions over fill line. Potentially hazardous foods in cold holding shall measure 41F or less. Moved to half credit as cold holding is greatly improved since last inspection. CDI - Portions over the fill line were moved to another container.
- 34 4-302.12 Food Temperature Measuring Devices - PF - No thermometer present to check food temperatures. VR - Acquire thermometer to check food temperatures by 10-26-2019 and contact Andrew Lee at (336) 703-3128 when completed.

Lock Text



Person in Charge (Print & Sign): Josh *First* Lieberman *Last*
 Regulatory Authority (Print & Sign): Andrew *First* Lee *Last*

Andrew Lee R. E. L. K.

REHS ID: 2544 - Lee, Andrew

Verification Required Date: 10 / 26 / 2019

REHS Contact Phone Number: (336) 703 - 3128



North Carolina Department of Health & Human Services • Division of Public Health • Environmental Health Section • Food Protection Program
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- 37 3-307.11 Miscellaneous Sources of Contamination - C - Employee wiping knife off with soiled rag between making sandwiches. Utensils and food shall be protected against potential contamination. CDI - Knife taken to 3-compartment sink to be washed.
- 39 3-304.14 Wiping Cloths, Use Limitation - C - 3 wet wiping cloths on surfaces throughout kitchen. Wet wiping cloths shall be stored in sanitizer in between uses. 0 pts.
- 41 3-304.12 In-Use Utensils, Between-Use Storage - C - Ice scoop stored in ice machine with handle down in the ice. In-use utensils shall be stored with handle out of food or ice it is stored in to prevent potential contamination.



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