F	0()d	E	S.	tablisnment inspection	ŀ	c	;p	or	T							Sco	re:	9	7_		_
Es	ta	blis	hr	nei	nt Name: HARRIS TEETER DELI 250									E	Est	ablishment ID: 3034011193						_
					ress: 971 S MAIN STREET																	
Ci	tv:	KE	RN	ER	SVILLE	St	ate	e: ₋	NC)			D	ate	: 0	06/12/2017 Status Code:	Α					
		272			_	Ot	au	J								n: <u>1 </u>		$\sqrt{2}$	am	1		
					County: 34 Forsyth HARRIS TEETER INC											ime: 3 hrs 20 minutes			μii	'		
		nitt		٠ -												ry #: III						
Te	ele	pho	ne	: :_	(336) 992-9735														_			
W	as	tew	at	er	System: ⊠Municipal/Community [Эn	-Si	te	Sys	ste	m				stablishment Type: Deli Department Risk Factor/Intervention Violation	<u> </u>					_
W	ate	r S	up	pl	y: ⊠Municipal/Community □ On-	Sit	e S	Sup	pl	у						Risk Factor/Intervention Violation \ Repeat Risk Factor/Intervention \		ions	- -			
											1					<u>'</u>			_	_	_	=
1					ness Risk Factors and Public Health Intributing factors that increase the chance of developing food	_	-		าร			Goo	d Pa	tail l	Drac	Good Retail Practices tices: Preventative measures to control the addition of	f nathogs	ane c	hom	icak		
					ventions: Control measures to prevent foodborne illness o							Goo	u ite	taii	гіас	and physical objects into foods.	patrioge	7115, CI	ICIII	icais	١,	
	IN	OUT	N/A	N/O	Compliance Status	C	UT	CE	DI R	VR		IN	OUT	N/A	N/O	Compliance Status		OUT	С	DI	R V	/R
Ç		rvis			.2652		Ţ		Ţ		1	afe I	000			ater .2653, .2655, .2658					Ţ	
1	×				PIC Present; Demonstration-Certification by accredited program and perform duties	2		0			28			×		Pasteurized eggs used where required		0.5	0 [<u> </u>	_
-		loye	e He	alth	.2652		1		Je	J	29	×				Water and ice from approved source	[2	2 1	0 [<u> </u>	
<u> </u>	X				Management, employees knowledge; responsibilities & reporting	3	1.5		4	44	30			×		Variance obtained for specialized processing methods	[1	0.5	0][][
3	×				Proper use of reporting, restriction & exclusion	3	1.5	0			F	ood	Ten	nper	atur	re Control .2653, .2654						
-			gien	ic P	ractices .2652, .2653				J	J	31	×				Proper cooling methods used; adequate equipment for temperature control	[1	0.5	0][
\vdash	×				Proper eating, tasting, drinking, or tobacco use	2	#				32				×	Plant food properly cooked for hot holding	[1	0.5	0 [][3	_
_	×	ㅁ		L	No discharge from eyes, nose or mouth	1	0.5	0][33	×				Approved thawing methods used	1	0.5	0 [朩	朩	_
			g C	onta	mination by Hands .2652, .2653, .2655, .2656				JE	10	I⊢	×				Thermometers provided & accurate			010	7/г	- - - -	_
\vdash	×				Hands clean & properly washed No bare hand contact with RTE foods or pre-	4	7	0	JL			ood	Ider	ntifia	catio			التال	٦		-11-	
7	×				approved alternate procedure properly followed	3	1.5	0				X				Food properly labeled: original container		21	0 [JIC	JE	5
_	×				Handwashing sinks supplied & accessible	2	1	0			_		ntio	n o	f Foo	od Contamination .2652, .2653, .2654, .2656,	, .2657					
-		ove	l So	urce					J		36	×				Insects & rodents not present; no unauthorize animals	d [2	2 1	0][j
9	×	Ш			Food obtained from approved source	2	1	0	<u> L</u>	411	37		X			Contamination prevented during food	2		0 [X [5	a l	_
10				X	Food received at proper temperature	2	1	0			⊩		П			Personal cleanliness		+	+		-	_
11	×				Food in good condition, safe & unadulterated	2	1	0			⊩	×						0.5	-	+	_	Ξ
12	×				Required records available: shellstock tags, parasite destruction	2	1][I	+		H		Wiping cloths: properly used & stored	L'	++	+	4	#	_
F	rote	ectio	n fro	om (Contamination .2653, .2654						ı	×	- 11		6111	Washing fruits & vegetables		0.5	0 [<u> </u>	<u> </u>	_
13	×				Food separated & protected	3	1.5	0				rope			TUTE	ensils .2653, .2654 In-use utensils: properly stored	Fi	0.5	0 [-	
14	X				Food-contact surfaces: cleaned & sanitized	3	1.5					1	_			1	-	$\exists \exists i$	#	#	#	_
15	×				Proper disposition of returned, previously served, reconditioned, & unsafe food	2	1	0 [l 	+	X			Utensils, equipment & linens: properly stored, dried & handled		0.5	X [_		_
F	ote	ntial	ly H	azar	dous Food Time/Temperature .2653						43	X				Single-use & single-service articles: properly stored & used	1	0.5	0][_
16	X				Proper cooking time & temperatures	3	1.5	0 [44	×				Gloves used properly	[1	0.5	0			
17				X	Proper reheating procedures for hot holding	3	1.5	0 [U	Itens	ils a	and	Equ	ipment .2653, .2654, .2663		-	Ţ	Ţ	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	[2		0			
19	×	L			Proper hot holding temperatures	3	1.5	oll	1	10	16	×	П			Warewashing facilities: installed, maintained,	& [1 0.5	0 [7	╁	_
20		_		П	Proper cold holding temperatures	3	1.5		1-	10	47	+				used; test strips Non-food contact surfaces clean					╬	_
H	_	Н	_				=	#			╌	′∐ 'hysi	X cal	Eaci	ilitio			0.5	×			
H	×				Proper date marking & disposition Time as a public health control: procedures &	H	1.5	₽				IIysi			intie	Hot & cold water available; adequate pressure	<u> </u>		0 [71	7	_
22		Ш		Ш	records	2	1	0	IJĿ	1	l					Plumbing installed; proper backflow devices	2	211	0 0	#	╬	Ξ
		sume	er Ad	avis	ory .2653 Consumer advisory provided for raw or	1	0.5		ı	10	t⊢	-									#	_
23		v		ntih	undercooked foods le Populations .2653		v.3	<u> </u>	7 -		t⊢	×	ഥ			Sewage & waste water properly disposed			0 L	4	4	_
24	Ĭ.	.y 3t	X	Pul	Pasteurized foods used; prohibited foods not	3	1.5	0	TE	10	51	X				Toilet facilities: properly constructed, supplied & cleaned		0.5	0		<u> </u>	_
_		nica			offered .2653, .2657				-1-	-,	52	×				Garbage & refuse properly disposed; facilities maintained	[7	0.5	0][][
25			X		Food additives: approved & properly used	1	0.5	0][53		X			Physical facilities installed, maintained & clear	n [1		0		1	_
26	×				Toxic substances properly identified stored, & used	2	1	0 [54	+	×			Meets ventilation & lighting requirements; designated areas used			0 [X C	_
		1			1						. I	1			1	1 5	1	1 1	- 1	- 1	- 1	



Conformance with Approved Procedures .2653, .2654, .2658

Compliance with variance, specialized process, reduced oxygen packing criteria or HACCP plan



Total Deductions: 3

Establishmer	nt Name: HARRIS TE	ETER DEL	1 250	Estab	olishment II	D: 3034011193		
Location Ad	ddress: 971 S MAIN S	TREET		⊠Ins	pection	Re-Inspection	n Date: <u>06/12/201</u>	7
City: KERNE			Stat		ent Addendum	•		A
County: 34			Zip:_27284				Category #:	
	System: 🛛 Municipal/Com			Email	1:			
Water Supply Permittee:	∴ Municipal/Com HARRIS TEETER INC		On-Site System	Email				
	(336) 992-9735			Email				
r diopriorio.	/		Temne	rature Observa				1
Item	Location	Temp	Item	Location	Temp	Item	Location	Temp
Scott Tooafoo	03/16/22	0	Mashed	Display cooler	42	Ham	Boar's head	31
Hot water	Deli 3 comp sink	140	Crabcake	Display cooler	37	Roast beef	Boar's head	33
Hot water	Bakery 3 comp sink	138	Babyback ribs	Hot bar	160	Turkey	Walk-in cooler	45
Quat sanitizer	Deli	200	Rotisserie	Hot bar	147	Chicken	Walk-in cooler	46
Quat sanitizer	Bakery	200	Lettuce	Sushi area	31	Chicken	Walk-in cooler	45
Chicken	Final	187	Salmon	Sushi area	29	Tomatoes	Pizza make unit	37
Pizza	Final	199	Shrimp	Sushi area	42	Hot wings	Retail cooler	47
								11
3-305.11 F floor of wa	iolations cited in this reportant food Storage-Preventuk-in freezer. Food shoved from floor during	ort must be ting Conta nall be prot	corrected within t mination from tected against of	the Premises - C- I	, or as stated i	n sections 8-405 ree bakery dou	ıgh boxes were stor	
Vi 3-305.11 F floor of wa were remo 4-903.11 (board is wi	iolations cited in this repr Food Storage-Preven Ik-in freezer. Food sh	ort must be ting Conta nall be prot inspection oment, Ute	Dbservation corrected within to mination from the dected against on.	s and Correction the time frames below the Premises - C- Frame contamination by some con	ve Actions v, or as stated in REPEAT. The toring food a and Single-Uses shall be sto	n sections 8-405 ree bakery dou t least 6 inches se Articles-Sto	.11 of the food code. Igh boxes were stors above the floor. CI ring - C- 0 pts. Saniter necessary to prev	ed on OI- Boxes tizer drain
Vi 3-305.11 F floor of wa were remo 4-903.11 (a board is wi contaminal	iolations cited in this report iolations cited in this report iolations cited in this report iolation iolations cited in this report iolation iolat	ort must be ting Conta nall be prot inspection oment, Ute nandwashin ard or cres	Dbservation corrected within the mination from the tected against on the tected against	s and Correction the time frames below the Premises - C- From the time to the time time to the time time to the time time time to the time time time time time time time tim	ve Actions y, or as stated in REPEAT. The toring food a and Single-Uses shall be sto een handwas repair/replace er; adjust bro	se Articles-Stopred in a mann shing sink and ement is neede ken door unde	and the food code. Igh boxes were stores above the floor. Claim of the floor. Claim of the floor of the floor of the floor of the floor of the following: In the fo	ed on DI- Boxes tizer drain vent d.
4-903.11 (aboard is with contaminated 4-501.11 (aspring hoo missing se	iolations cited in this report in the second Storage-Preventilk-in freezer. Food shoved from floor during A), (B) and (D) Equipolation in the second	ort must be ting Conta nall be prot inspection oment, Ute nandwashin ard or cres	Dbservation corrected within the mination from the ected against on. Insils, Linens aring sink in delicate 18 inches comment-Equipment, missing curtopakery area; see	s and Correction the time frames below the Premises - C- From the time to the time time to the time time to the time time time to the time time time time time time time tim	ve Actions y, or as stated in REPEAT. The toring food a and Single-Uses shall be sto een handwas repair/replace er; adjust bro	se Articles-Stopred in a mann shing sink and ement is neede ken door unde	and the food code. Igh boxes were stores above the floor. Claim of the floor. Claim of the floor of the floor of the floor of the floor of the following: In the fo	ed on DI- Boxes tizer drain vent d.

REHS ID: 2551 - Robert, Eva

Verification Required Date: ____/ ____/

REHS Contact Phone Number: (336)703 - 3135





Establishment Name: HARRIS TEETER DELI 250 Establishment ID: 3034011193

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.



- 4-601.11 (B) and (C) Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils C- 0 pts. Cleaning is needed on ventilation hood system above pizza oven, plumbing under bakery three compartment sink, under bakery prep table, inside two cabinets under pizza hot holding unit, and shelf under pizza oven. Nonfood-contact surfaces shall be kept clean.
- 6-501.12 Cleaning, Frequency and Restrictions C- Floor cleaning needed under shelving units in walk-in freezer and inside walk-cooler. Physical facilities shall be kept clean.
- 6-303.11 Intensity-Lighting C- REPEAT. Low lighting measured at prep sink in deli area 24-36 foot candles, chicken breading station 32-34 foot candles, and fryer in deli area 35 foot candles. Lighting shall be at least 50 foot candles in areas of food prep. Increase lighting.



Establishment Name: HARRIS TEETER DELI 250 Establishment ID: 3034011193

Observations and Corrective Actions
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Establishment Name: HARRIS TEETER DELI 250 Establishment ID: 3034011193

Observations and Corrective Actions

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Establishment Name: HARRIS TEETER DELI 250 Establishment ID: 3034011193

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.



