

# Food Establishment Inspection Report

Score: 93.5

**Establishment Name:** LOWES FOODS #161 PRODUCE

**Establishment ID:** 3034020353

**Location Address:** 2501 LEWISVILLE-CLEMMONS RD

☒ Inspection ☐ Re-Inspection

**City:** CLEMMONS

**State:** NC

**Date:** 07 / 17 / 2017 **Status Code:** A

**Zip:** 27012 **County:** 34 Forsyth

**Time In:** 12 : 10 <sup>am</sup> <sub>pm</sub> **Time Out:** 02 : 10 <sup>am</sup> <sub>pm</sub>

**Permittee:** LOWES FOODS INC

**Total Time:** 2 hrs 0 minutes

**Telephone:** (336) 766-1608

**Category #:** II

**Wastewater System:** ☒ Municipal/Community ☐ On-Site System

**FDA Establishment Type:**

**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
<b>Supervision</b> .2652										
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PIC Present; Demonstration-Certification by accredited program and perform duties			2	0		
<b>Employee Health</b> .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	
<b>Good Hygienic Practices</b> .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	
<b>Preventing Contamination by Hands</b> .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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Handwashing sinks supplied & accessible			2	<input checked="" type="checkbox"/>	0	<input checked="" type="checkbox"/>
<b>Approved Source</b> .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	
<b>Protection from Contamination</b> .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			<input checked="" type="checkbox"/>	13	0	<input checked="" 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	
<b>Potentially Hazardous Food Time/Temperature</b> .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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooling time & temperatures			3	13	0	
19	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper hot holding temperatures			3	13	0	
20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures			3	13	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	
<b>Consumer Advisory</b> .2653										
23	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consumer advisory provided for raw or undercooked foods			1	03	0	
<b>Highly Susceptible Populations</b> .2653										
24	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pasteurized foods used; prohibited foods not offered			3	13	0	
<b>Chemical</b> .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	
<b>Conformance with Approved Procedures</b> .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
<b>Safe Food and Water</b> .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	
<b>Food Temperature Control</b> .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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided & accurate			1	03	0	
<b>Food Identification</b> .2653										
35	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled: original container			2	1	0	
<b>Prevention of Food Contamination</b> .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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display			2	1	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	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
40	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits & vegetables			1	03	0	
<b>Proper Use of Utensils</b> .2653, .2654										
41	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored			1	03	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	
<b>Utensils and Equipment</b> .2653, .2654, .2663										
45	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed, & used			2	1	<input checked="" type="checkbox"/>	
46	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained, & used; test strips			1	03	0	
47	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean			<input checked="" type="checkbox"/>	03	0	<input checked="" type="checkbox"/>
<b>Physical Facilities</b> .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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices			2	<input checked="" type="checkbox"/>	0	<input checked="" type="checkbox"/>
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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Garbage & refuse properly disposed; facilities maintained			1	03	<input checked="" 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 checked="" type="checkbox"/>
54	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Meets ventilation & lighting requirements; designated areas used			1	03	0	
<b>Total Deductions:</b> 6.5										



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# Comment Addendum to Food Establishment Inspection Report

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☒ Inspection ☐ Re-Inspection Date: 07/17/2017

City: CLEMMONS State: NC

Comment Addendum Attached? ☐ Status Code: A

County: 34 Forsyth Zip: 27012

Category #: II

Wastewater System: ☒ Municipal/Community ☐ On-Site System

Email 1: lfs161sm@lowesfoods.com

Water Supply: ☒ Municipal/Community ☐ On-Site System

Email 2:

Permittee: LOWES FOODS INC

Email 3:

Telephone: (336) 766-1608

## Temperature Observations

Item	Location	Temp	Item	Location	Temp	Item	Location	Temp
Prometric FS	William Comer 5-17-22	00						
Hot water	Handsink	78						
Hot water	3-compartment sink	117						
Quat ppm	3-compartment sink	200						
Quat ppm	Bottle	200						
Ambient	Walk-in cooler	42						
Ambient	Retail cooler	38						
Ambient	Display cooler	35						

## 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.

- 8 5-202.12 Handwashing Sinks, Installation - PF - Hot water measured 78F at the handsink near the retail preparation area. Handwashing sinks shall be equipped to provide water at a temperature of at least 100F. Verification of hot water is required by 7-24-17, contact Grayson Hodge at 336-703-3383 or hodgega@forsyth.cc
- 14 4-601.11 (A) Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils - P - Repeat: Two peelers, one scoop, and a 2 other utensils were soiled. Food-contact surfaces of equipment and utensils shall be clean to sight and touch. CDI - Soiled items sent to be rewashed. 4-602.11 Equipment Food-Contact Surfaces and Utensils-Frequency - C - Repeat: The ice machine needs additional cleaning in various areas, especially around the internal dispenser. Ice machines shall be cleaned at a frequency that prevents recontamination. Clean frequently.
- 39 3-304.14 Wiping Cloths, Use Limitation - C - 0 pts - Repeat: One wet wiping cloth was stored beside of the cutting board. Wet wiping cloths shall be stored in a sanitizer solution that is maintained at the correct concentration between uses (150-400 ppm quat). CDI - Wiping cloth discarded.

Person in Charge (Print & Sign): William <sup>First</sup> Comer <sup>Last</sup>

Regulatory Authority (Print & Sign): Grayson <sup>First</sup> Hodge <sup>Last</sup>

REHS ID: 2554 - Hodge, Grayson

Verification Required Date: 07 / 24 / 2017

REHS Contact Phone Number: ( 336 ) 703 - 3383



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- 45 4-501.11 Good Repair and Proper Adjustment-Equipment - C - 0 pts - Small chips present on 2 knives and 3 cooler curtains are torn. Equipment and utensils shall be maintained in good repair.
- 47 4-601.11 (B) and (C) Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils - C - Repeat: Cleaning needed in the following areas: inside of cabinets and shelves throughout the produce department (walk-in cooler, dry storage hallway, 3-compartment sink area), on ceiling fan guards in front of the 3-compartment sink, sprayer on the 3-compartment sink, on the top of the ice machine, and around the utensil bucket in the cabinet beside of the handsink. Nonfood contact surfaces of equipment and utensils shall be kept clean.
- 49 5-203.14 Backflow Prevention Device, When Required - P - Repeat: The hose connected to the chemical tower inside of the kitchen area has a spray nozzle attached. There is a backflow preventer rated ASSE 1052 on the faucet, but 1052 preventers are not rated for continuous pressure. Provide documentation of internal backflow in the chemical tower, detach the sprayer after each use, or install a backflow preventer that is rated for continuous pressure. Install an atmospheric backflow preventer on the faucet below the 3-compartment sink, or cut the screw threads. Verification of backflow preventers is required by 7-24-17, contact Grayson Hodge at 336-703-3383.//5-205.15 System Maintained in Good Repair - P - Repair the small drip leaks on the hose of the floor sprayer and below the handsink near the mop sink. Plumbing systems shall be maintained in good repair.
- 52 5-501.115 Maintaining Refuse Areas and Enclosures - C - 0 pts - Clean trash debris from around the outdoor dumpster. Refuse areas shall be maintained clean.
- 53 6-501.12 Cleaning, Frequency and Restrictions - C - Repeat: Floor cleaning is needed under the prep sink beside of the ice machine, under shelves in the walk-in cooler, and around the ice machine. Ceiling cleaning needed around the ceiling vents in the women's restroom. Floors, walls, and ceilings shall be kept clean.//6-201.11 Floors, Walls and Ceilings-Cleanability - C - Repeat: Seal/cover the holes in the wall around the shut off valves of the handsink. Floors, walls, and ceilings shall be kept clean.



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✓  
Spell



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Spell

