

# Food Establishment Inspection Report

Score: 100

Establishment Name: FOOD LION #334 PRODUCE

Establishment ID: 3034020809

Location Address: 617 N MAIN ST.

☒ Inspection ☐ Re-Inspection

City: KERNERSVILLE

State: NC

Date: 07 / 19 / 2017 Status Code: A

Zip: 27284

County: 34 Forsyth

Time In: 12 : 55 ☐ am ☒ pm Time Out: 02 : 20 ☐ am ☒ pm

Permittee: FOOD LION, LLC

Total Time: 1 hr 25 minutes

Telephone: (336) 996-1386

Category #: II

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

FDA Establishment Type: Deli Department

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

No. of Risk Factor/Intervention Violations: 0

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            |  |  | <u>2</u> | <u>0</u>  | <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                                |  |  | <u>3</u> | <u>13</u> | <u>0</u>                 | <input type="checkbox"/> |
| 3  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Proper use of reporting, restriction & exclusion   |  |  | <u>3</u> | <u>13</u> | <u>0</u>                 | <input type="checkbox"/> |
| <b>Good Hygienic Practices .2652, .2653</b>  |                                     |                          |                                     |  |  |  |          |           |                          |                          |
| 4  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Proper eating, tasting, drinking, or tobacco use   |  |  | <u>2</u> | <u>1</u>  | <u>0</u>                 | <input type="checkbox"/> |
| 5  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | No discharge from eyes, nose or mouth  |  |  | <u>1</u> | <u>03</u> | <u>0</u>                 | <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  |  |  | <u>4</u> | <u>2</u>  | <u>0</u>                 | <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    |  |  | <u>3</u> | <u>13</u> | <u>0</u>                 | <input type="checkbox"/> |
| 8  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Handwashing sinks supplied & accessible  |  |  | <u>2</u> | <u>1</u>  | <u>0</u>                 | <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   |  |  | <u>2</u> | <u>1</u>  | <u>0</u>                 | <input type="checkbox"/> |
| 10   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Food received at proper temperature  |  |  | <u>2</u> | <u>1</u>  | <u>0</u>                 | <input type="checkbox"/> |
| 11   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Food in good condition, safe & unadulterated   |  |  | <u>2</u> | <u>1</u>  | <u>0</u>                 | <input type="checkbox"/> |
| 12   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Required records available: shellstock tags, parasite destruction                            |  |  | <u>2</u> | <u>1</u>  | <u>0</u>                 | <input type="checkbox"/> |
| <b>Protection from Contamination .2653, .2654</b>  |                                     |                          |                                     |  |  |  |          |           |                          |                          |
| 13   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Food separated & protected   |  |  | <u>3</u> | <u>13</u> | <u>0</u>                 | <input type="checkbox"/> |
| 14   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Food-contact surfaces: cleaned & sanitized   |  |  | <u>3</u> | <u>13</u> | <u>0</u>                 | <input type="checkbox"/> |
| 15   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Proper disposition of returned, previously served, reconditioned, & unsafe food              |  |  | <u>2</u> | <u>1</u>  | <u>0</u>                 | <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   |  |  | <u>3</u> | <u>13</u> | <u>0</u>                 | <input type="checkbox"/> |
| 17   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Proper reheating procedures for hot holding  |  |  | <u>3</u> | <u>13</u> | <u>0</u>                 | <input type="checkbox"/> |
| 18   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Proper cooling time & temperatures   |  |  | <u>3</u> | <u>13</u> | <u>0</u>                 | <input type="checkbox"/> |
| 19   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Proper hot holding temperatures  |  |  | <u>3</u> | <u>13</u> | <u>0</u>                 | <input type="checkbox"/> |
| 20   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Proper cold holding temperatures   |  |  | <u>3</u> | <u>13</u> | <u>0</u>                 | <input type="checkbox"/> |
| 21   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Proper date marking & disposition  |  |  | <u>3</u> | <u>13</u> | <u>0</u>                 | <input type="checkbox"/> |
| 22   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Time as a public health control: procedures & records  |  |  | <u>2</u> | <u>1</u>  | <u>0</u>                 | <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                                      |  |  | <u>1</u> | <u>03</u> | <u>0</u>                 | <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   |  |  | <u>3</u> | <u>13</u> | <u>0</u>                 | <input type="checkbox"/> |
| <b>Chemical .2653, .2657</b>   |                                     |                          |                                     |  |  |  |          |           |                          |                          |
| 25   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Food additives: approved & properly used   |  |  | <u>1</u> | <u>03</u> | <u>0</u>                 | <input type="checkbox"/> |
| 26   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Toxic substances properly identified stored, & used  |  |  | <u>2</u> | <u>1</u>  | <u>0</u>                 | <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 |  |  | <u>2</u> | <u>1</u>  | <u>0</u>                 | <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  |  |  | <u>1</u> | <u>03</u> | <u>0</u>                            | <input type="checkbox"/> |
| 29   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Water and ice from approved source  |  |  | <u>2</u> | <u>1</u>  | <u>0</u>                            | <input type="checkbox"/> |
| 30   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Variance obtained for specialized processing methods  |  |  | <u>1</u> | <u>03</u> | <u>0</u>                            | <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                                 |  |  | <u>1</u> | <u>03</u> | <u>0</u>                            | <input type="checkbox"/> |
| 32   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Plant food properly cooked for hot holding  |  |  | <u>1</u> | <u>03</u> | <u>0</u>                            | <input type="checkbox"/> |
| 33   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Approved thawing methods used   |  |  | <u>1</u> | <u>03</u> | <u>0</u>                            | <input type="checkbox"/> |
| 34   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Thermometers provided & accurate  |  |  | <u>1</u> | <u>03</u> | <u>0</u>                            | <input type="checkbox"/> |
| <b>Food Identification .2653</b>   |                                     |                                     |                                     |   |  |  |          |           |                                     |                          |
| 35   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Food properly labeled: original container   |  |  | <u>2</u> | <u>1</u>  | <u>0</u>                            | <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  |  |  | <u>2</u> | <u>1</u>  | <u>0</u>                            | <input type="checkbox"/> |
| 37   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Contamination prevented during food preparation, storage & display                                      |  |  | <u>2</u> | <u>1</u>  | <u>0</u>                            | <input type="checkbox"/> |
| 38   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Personal cleanliness  |  |  | <u>1</u> | <u>03</u> | <u>0</u>                            | <input type="checkbox"/> |
| 39   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Wiping cloths: properly used & stored   |  |  | <u>1</u> | <u>03</u> | <u>0</u>                            | <input type="checkbox"/> |
| 40   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Washing fruits & vegetables   |  |  | <u>1</u> | <u>03</u> | <u>0</u>                            | <input type="checkbox"/> |
| <b>Proper Use of Utensils .2653, .2654</b>   |                                     |                                     |                                     |   |  |  |          |           |                                     |                          |
| 41   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | In-use utensils: properly stored  |  |  | <u>1</u> | <u>03</u> | <u>0</u>                            | <input type="checkbox"/> |
| 42   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Utensils, equipment & linens: properly stored, dried & handled  |  |  | <u>1</u> | <u>03</u> | <u>0</u>                            | <input type="checkbox"/> |
| 43   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Single-use & single-service articles: properly stored & used  |  |  | <u>1</u> | <u>03</u> | <u>0</u>                            | <input type="checkbox"/> |
| 44   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Gloves used properly  |  |  | <u>1</u> | <u>03</u> | <u>0</u>                            | <input type="checkbox"/> |
| <b>Utensils and Equipment .2653, .2654, .2663</b>  |                                     |                                     |                                     |   |  |  |          |           |                                     |                          |
| 45   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed, & used |  |  | <u>2</u> | <u>1</u>  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 46   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Warewashing facilities: installed, maintained, & used; test strips                                      |  |  | <u>1</u> | <u>03</u> | <u>0</u>                            | <input type="checkbox"/> |
| 47   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Non-food contact surfaces clean   |  |  | <u>1</u> | <u>03</u> | <u>0</u>                            | <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   |  |  | <u>2</u> | <u>1</u>  | <u>0</u>                            | <input type="checkbox"/> |
| 49   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Plumbing installed; proper backflow devices   |  |  | <u>2</u> | <u>1</u>  | <u>0</u>                            | <input type="checkbox"/> |
| 50   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Sewage & waste water properly disposed  |  |  | <u>2</u> | <u>1</u>  | <u>0</u>                            | <input type="checkbox"/> |
| 51   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Toilet facilities: properly constructed, supplied & cleaned   |  |  | <u>1</u> | <u>03</u> | <u>0</u>                            | <input type="checkbox"/> |
| 52   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Garbage & refuse properly disposed; facilities maintained   |  |  | <u>1</u> | <u>03</u> | <u>0</u>                            | <input type="checkbox"/> |
| 53   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Physical facilities installed, maintained & clean   |  |  | <u>1</u> | <u>03</u> | <u>0</u>                            | <input type="checkbox"/> |
| 54   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Meets ventilation & lighting requirements; designated areas used  |  |  | <u>1</u> | <u>03</u> | <u>0</u>                            | <input type="checkbox"/> |
| <b>Total Deductions:</b>   |                                     |                                     |                                     |   |  |  |          |           |                                     | <u>0</u>                 |



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

CR  
Off



# Comment Addendum to Food Establishment Inspection Report

Establishment Name: FOOD LION #334 PRODUCE

Establishment ID: 3034020809

Location Address: 617 N MAIN ST.

☒ Inspection ☐ Re-Inspection Date: 07/19/2017

City: KERNERSVILLE State: NC

Comment Addendum Attached? ☐ Status Code: A

County: 34 Forsyth Zip: 27284

Category #: II

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

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

Permittee: FOOD LION, LLC

Email 1: laura.tubbs@retailbusinessservices.com

Email 2:

Telephone: (336) 996-1386

Email 3:

## Temperature Observations

| Item           | Location       | Temp | Item | Location | Temp | Item | Location | Temp |
|----------------|----------------|------|------|----------|------|------|----------|------|
| Michael        | 05/23/19       | 0    |      |          |      |      |          |      |
| Hot water      | 3 comp sink    | 95   |      |          |      |      |          |      |
| Quat sanitizer | 3 comp sink    | 200  |      |          |      |      |          |      |
| Quat sanitizer | Spray bottle   | 200  |      |          |      |      |          |      |
| Watermelon     | Retail cooler  | 42   |      |          |      |      |          |      |
| Air temp       | Walk-in cooler | 37   |      |          |      |      |          |      |

## 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.

- 45 4-501.11 Good Repair and Proper Adjustment-Equipment - C- 0 pts. Equipment repair/replacement is needed on rusting carts and floats in produce prep room. Equipment shall be maintained in good repair.



Spell

Person in Charge (Print & Sign): David *First* Bonilla *Last*

Regulatory Authority (Print & Sign): <sup>Eva</sup> *First* Robert REHSI *Last*

*J. P. Buller*  
*Eva Robert REHSI*

REHS ID: 2551 - Robert, Eva

Verification Required Date:     /     /    

REHS Contact Phone Number: ( 336 ) 703 - 3135



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



# Comment Addendum to Food Establishment Inspection Report

Establishment Name: FOOD LION #334 PRODUCE

Establishment ID: 3034020809

## 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.

✓  
Spell



# Comment Addendum to Food Establishment Inspection Report

Establishment Name: FOOD LION #334 PRODUCE

Establishment ID: 3034020809

## 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.

✓  
Spell



# Comment Addendum to Food Establishment Inspection Report

Establishment Name: FOOD LION #334 PRODUCE

Establishment ID: 3034020809

## 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.

✓  
Spell



# Comment Addendum to Food Establishment Inspection Report

Establishment Name: FOOD LION #334 PRODUCE

Establishment ID: 3034020809

## 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.

✓  
Spell

