

# Food Establishment Inspection Report

Score: 99

Establishment Name: DAIRI-O

Establishment ID: 3034012265

Location Address: 1207 WEST CLEMMONSVILLE RD

City: WINSTON SALEM State: North Carolina

Zip: 27127 County: 34 Forsyth

Permittee: D3 DAIRI-O WINSTON SALEM INC.

Telephone: (336) 448-5314

☒ Inspection ☐ Re-Inspection ☐ Educational Visit**Wastewater System:**☒ Municipal/Community ☐ On-Site System**Water Supply:**☒ Municipal/Community ☐ On-Site Supply

Date: 04/09/2024 Status Code: A

Time In: 9:50 AM Time Out: 12:50 PM

Category#: III

FDA Establishment Type: Fast Food Restaurant

No. of Risk Factor/Intervention Violations: 2

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

Compliance Status		OUT	CDI	R	VR
<b>Supervision .2652</b>					
1	<input checked="" type="checkbox"/> OUT/N/A	PIC Present, demonstrates knowledge, & performs duties	1	0	
2	<input checked="" type="checkbox"/> OUT/N/A	Certified Food Protection Manager	1	0	
<b>Employee Health .2652</b>					
3	<input checked="" type="checkbox"/> OUT	Management, food & conditional employee; knowledge, responsibilities & reporting	2	1	0
4	<input checked="" type="checkbox"/> OUT	Proper use of reporting, restriction & exclusion	3	1.5	0
5	<input checked="" type="checkbox"/> OUT	Procedures for responding to vomiting & diarrheal events	1	0.5	0
<b>Good Hygienic Practices .2652, .2653</b>					
6	<input checked="" type="checkbox"/> OUT	Proper eating, tasting, drinking or tobacco use	1	0.5	0
7	<input checked="" type="checkbox"/> OUT	No discharge from eyes, nose, and mouth	1	0.5	0
<b>Preventing Contamination by Hands .2652, .2653, .2655, .2656</b>					
8	<input checked="" type="checkbox"/> OUT	Hands clean & properly washed	4	2	0
9	<input checked="" type="checkbox"/> OUT/N/A/N/O	No bare hand contact with RTE foods or pre-approved alternate procedure properly followed	4	2	0
10	<input checked="" type="checkbox"/> OUT/N/A	Handwashing sinks supplied & accessible	2	1	0
<b>Approved Source .2653, .2655</b>					
11	<input checked="" type="checkbox"/> OUT	Food obtained from approved source	2	1	0
12	<input checked="" type="checkbox"/> IN OUT	Food received at proper temperature	2	1	0
13	<input checked="" type="checkbox"/> OUT	Food in good condition, safe & unadulterated	2	1	0
14	<input checked="" type="checkbox"/> IN OUT	Required records available: shellstock tags, parasite destruction	2	1	0
<b>Protection from Contamination .2653, .2654</b>					
15	<input checked="" type="checkbox"/> OUT/N/A/N/O	Food separated & protected	3	1.5	0
16	<input checked="" type="checkbox"/> IN	Food-contact surfaces: cleaned & sanitized	3	1.5	X
17	<input checked="" type="checkbox"/> OUT	Proper disposition of returned, previously served, reconditioned & unsafe food	2	1	0
<b>Potentially Hazardous Food Time/Temperature .2653</b>					
18	<input checked="" type="checkbox"/> OUT/N/A/N/O	Proper cooking time & temperatures	3	1.5	0
19	<input checked="" type="checkbox"/> OUT/N/A/N/O	Proper reheating procedures for hot holding	3	1.5	0
20	<input checked="" type="checkbox"/> IN	Proper cooling time & temperatures	3	1.5	X
21	<input checked="" type="checkbox"/> OUT/N/A/N/O	Proper hot holding temperatures	3	1.5	0
22	<input checked="" type="checkbox"/> OUT/N/A/N/O	Proper cold holding temperatures	3	1.5	0
23	<input checked="" type="checkbox"/> OUT/N/A/N/O	Proper date marking & disposition	3	1.5	0
24	<input checked="" type="checkbox"/> IN OUT	Time as a Public Health Control; procedures & records	3	1.5	0
<b>Consumer Advisory .2653</b>					
25	<input checked="" type="checkbox"/> IN OUT	Consumer advisory provided for raw/undercooked foods	1	0.5	0
<b>Highly Susceptible Populations .2653</b>					
26	<input checked="" type="checkbox"/> IN OUT	Pasteurized foods used; prohibited foods not offered	3	1.5	0
<b>Chemical .2653, .2657</b>					
27	<input checked="" type="checkbox"/> IN OUT	Food additives: approved & properly used	1	0.5	0
28	<input checked="" type="checkbox"/> OUT/N/A	Toxic substances properly identified stored & used	2	1	0
<b>Conformance with Approved Procedures .2653, .2654, .2658</b>					
29	<input checked="" type="checkbox"/> IN OUT	Compliance with variance, specialized process, reduced oxygen packaging 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.

Compliance Status		OUT	CDI	R	VR
<b>Safe Food and Water .2653, .2655, .2658</b>					
30	<input checked="" type="checkbox"/> IN OUT	Pasteurized eggs used where required	1	0.5	0
31	<input checked="" type="checkbox"/> OUT	Water and ice from approved source	2	1	0
32	<input checked="" type="checkbox"/> IN OUT	Variance obtained for specialized processing methods	2	1	0
<b>Food Temperature Control .2653, .2654</b>					
33	<input checked="" type="checkbox"/> IN	Proper cooling methods used; adequate equipment for temperature control	1	0.5	0
34	<input checked="" type="checkbox"/> OUT	Plant food properly cooked for hot holding	1	0.5	0
35	<input checked="" type="checkbox"/> IN OUT	Approved thawing methods used	1	0.5	0
36	<input checked="" type="checkbox"/> OUT	Thermometers provided & accurate	1	0.5	0
<b>Food Identification .2653</b>					
37	<input checked="" type="checkbox"/> OUT	Food properly labeled: original container	2	1	0
<b>Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657</b>					
38	<input checked="" type="checkbox"/> OUT	Insects & rodents not present; no unauthorized animals	2	1	0
39	<input checked="" type="checkbox"/> OUT	Contamination prevented during food preparation, storage & display	2	1	0
40	<input checked="" type="checkbox"/> OUT	Personal cleanliness	1	0.5	0
41	<input checked="" type="checkbox"/> OUT	Wiping cloths: properly used & stored	1	0.5	0
42	<input checked="" type="checkbox"/> OUT/N/A	Washing fruits & vegetables	1	0.5	0
<b>Proper Use of Utensils .2653, .2654</b>					
43	<input checked="" type="checkbox"/> OUT	In-use utensils: properly stored	1	0.5	0
44	<input checked="" type="checkbox"/> OUT	Utensils, equipment & linens: properly stored, dried & handled	1	0.5	0
45	<input checked="" type="checkbox"/> OUT	Single-use & single-service articles: properly stored & used	1	0.5	0
46	<input checked="" type="checkbox"/> OUT	Gloves used properly	1	0.5	0
<b>Utensils and Equipment .2653, .2654, .2663</b>					
47	<input checked="" type="checkbox"/> IN	Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed & used	1	0.5	X
48	<input checked="" type="checkbox"/> OUT	Warewashing facilities: installed, maintained & used; test strips	1	0.5	0
49	<input checked="" type="checkbox"/> OUT	Non-food contact surfaces clean	1	0.5	0
<b>Physical Facilities .2654, .2655, .2656</b>					
50	<input checked="" type="checkbox"/> OUT	Hot & cold water available; adequate pressure	1	0.5	0
51	<input checked="" type="checkbox"/> OUT	Plumbing installed; proper backflow devices	2	1	0
52	<input checked="" type="checkbox"/> OUT	Sewage & wastewater properly disposed	2	1	0
53	<input checked="" type="checkbox"/> OUT/N/A	Toilet facilities: properly constructed, supplied & cleaned	1	0.5	0
54	<input checked="" type="checkbox"/> OUT	Garbage & refuse properly disposed; facilities maintained	1	0.5	0
55	<input checked="" type="checkbox"/> IN	Physical facilities installed, maintained & clean	1	0.5	0
56	<input checked="" type="checkbox"/> OUT	Meets ventilation & lighting requirements; designated areas used	1	0.5	0
<b>TOTAL DEDUCTIONS:</b>					1



# Comment Addendum to Food Establishment Inspection Report

Establishment Name: DAIRI-O  
 Location Address: 1207 WEST CLEMMONSVILLE RD  
 City: WINSTON SALEM State: NC  
 County: 34 Forsyth Zip: 27127  
 Wastewater System: ☒ Municipal/Community ☐ On-Site System  
 Water Supply: ☒ Municipal/Community ☐ On-Site System  
 Permittee: D3 DAIRI-O WINSTON SALEM INC.  
 Telephone: (336) 448-5314

Establishment ID: 3034012265  
☒ Inspection ☐ Re-Inspection Date: 04/09/2024  
☐ Educational Visit Status Code: A  
 Comment Addendum Attached? ☒ Category #: III  
 Email 1: d3@dairio.com  
 Email 2:  
 Email 3:

## Temperature Observations

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
hot water/three compartment sink	137	chili/drive thru	160	milk /walk-in cooler	34
quat sanitizer /three compartment sink in ppm	300	cheese/drive thru	141	cole slaw /walk-in cooler	36
final rinse /dishmachine	161	french fries /final cook temp	191		
tomato basil soup/reheat	165	shredded cheese /dine in make unit	35		
chicken and rice soup/hot holding	166	bbq slaw /dine in make unit	33		
chili/hot holding drive thru	177	sliced tomatoes /dine in make unit	35		
hotdogs /hot holding drive thru	166	lettuce /dine in make unit	40		
bbq/hot holding drive thru	171	cole slaw /dine in make unit	33		
chicken breast /hot holding	180	diced tomatoes /dine in make unit	32		
cole slaw /make line drive thru	38	shredded cheese /make unit	33		
sliced tomatoes/make line drive thru	38	chili /hot holding	167		
diced tomatoes /make unit drive thru	32	bbq/hot holding	155		
leaf lettuce /make unit drive thru	40	hotdogs/make unit	41		
sliced cheese /make unit drive thru	39	hamburger /make unit	40		
shredded cheese /make unit drive thru	41	jumbo hot dogs/make unit	40		
lettuce /make unit	39	chicken breast /make unit	40		
diced tomatoes /make unit	38	chicken suvaki/make unit	39		
bbq /make unit	34	cheese /walk-in cooler	37		
tossed salads/make unit	39	hot dogs /walk-in cooler	36		
cheese sauce /hot holding	136	marinated chkn /walk-in cooler	37		

First  
 Person in Charge (Print & Sign): Brittney

Last  
 Bolen

First  
 Regulatory Authority (Print & Sign): Craig

Last  
 Bethel

REHS ID: 1766 - Bethel, Craig

Verification Dates: Priority:

Priority Foundation:

Core:

REHS Contact Phone Number: (336) 703-3143

Authorize final report to  
 be received via Email:



North Carolina Department of Health & Human Services

Page 2 of \_\_\_\_\_  
 • Division of Public Health • Environmental Health Section  
 DHHS is an equal opportunity employer.  
 Food Establishment Inspection Report, 12/2023

• Food Protection Program



## Comment Addendum to Inspection Report

**Establishment Name:** DAIRI-O

**Establishment ID:** 3034012265

**Date:** 04/09/2024 **Time In:** 9:50 AM **Time Out:** 12:50 PM

### Certifications

Name	Certificate #	Type	Issue Date	Expiration Date
Brittany Bolen	22143534	Food Service	05/10/2022	05/10/2027
Kendall Young	20145935	Food Service	01/13/2021	01/13/2026

### 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.

- 16 4-601.11 (A) Equipment, Food-Contact Surfaces, Nonfood Contact Surfaces, and Utensils (Pf)  
Black mold visible on the inside of the ice machine bin.  
(A) EQUIPMENT FOOD-CONTACT SURFACES and UTENSILS shall be clean to sight and touch. Pf.  
A work order has been placed to clean the dishmachine.
- 20 3-501.14 Cooling (P)  
Just prepped diced tomatoes in a large container measured 54F. 25 minutes later measured 53F. At this rate of .04/minute it would not be fully cooled with in the required 4 hours.  
(B) TIME/TEMPERATURE CONTROL FOR SAFETY FOOD shall be cooled within 4 hours to 5oC (41oF) or less if prepared from ingredients at ambient temperature, such as reconstituted FOODS and canned tuna. P  
CDI - Diced tomatoes were placed into shallower pans. Measured 50F 20 minutes. which has a rate of .15/minute and is more that the required rate of .12/minute within the 4 hour period.
- 33 3-501.15 Cooling Methods (Pf)  
Diced tomatoes were not cooling properly.  
by using one or  
more of the following methods based on the type of FOOD being  
cooled:  
(1) Placing the FOOD in shallow pans; Pf (2) Separating the FOOD into smaller or thinner portions; Pf (3)Using rapid cooling EQUIPMENT; P(4) Stirring the FOOD in a container placed in an ice water bath; Pf (5) Using containers that facilitate heat transfer; Pf (6) Adding ice as an ingredient; Pf or (7) Other effective methods. Pf
- 47 4-501.11 Good Repair and Proper Adjustment - Equipment (C)  
Rust starting show on metal shelving units in the walk-in cooler and freezer.  
(A) EQUIPMENT shall be maintained in a state of repair and condition that meets the requirements specified under Parts 4-1 and 4-2 of the 2017 FDA Food Code.
- 55 6-201.11 Floors, Walls and Ceilings - Cleanability (C)  
Low grout in high traffic areas. Cracked tile inside of the can wash area.  
floors, floor coverings, walls, wall coverings, and ceilings shall be designed, constructed, and installed so they are SMOOTH and EASILY CLEANABLE