

Food Establishment Inspection Report

Score: 99Establishment Name: FOOD LION #334 DELIEstablishment ID: 3034020508Location Address: 617 N MAIN STREET☒ Inspection ☐ Re-InspectionCity: KERNERSVILLEState: NCDate: 04 / 24 / 2015 Status Code: AZip: 27284County: 34 ForsythTime In: 01 : 30 ^{am}_{pm} Time Out: 02 : 45 ^{am}_{pm}Total Time: 1 hr 15 minutesPermittee: FOOD LION LLCCategory #: IIITelephone: (336) 996-1386FDA Establishment Type: Deli DepartmentWastewater System: ☒ Municipal/Community ☐ On-Site SystemNo. of Risk Factor/Intervention Violations: 0Water Supply: ☒ Municipal/Community ☐ On-Site SupplyNo. 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
Supervision .2652											
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"/>
Employee Health .2652											
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, employees knowledge; responsibilities & reporting				<u>3</u>	<u>15</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>15</u>	<u>0</u>	<input type="checkbox"/>
Good Hygienic Practices .2652, .2653											
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>05</u>	<u>0</u>	<input type="checkbox"/>
Preventing Contamination by Hands .2652, .2653, .2655, .2656											
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>15</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"/>
Approved Source .2653, .2655											
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"/>
Protection from Contamination .2653, .2654											
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated & protected				<u>3</u>	<u>15</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>15</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"/>
Potentially Hazardous Food Time/Temperature .2653											
16	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooking time & temperatures				<u>3</u>	<u>15</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>15</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>15</u>	<u>0</u>	<input type="checkbox"/>
19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures				<u>3</u>	<u>15</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>15</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>15</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"/>
Consumer Advisory .2653											
23	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consumer advisory provided for raw or undercooked foods				<u>1</u>	<u>05</u>	<u>0</u>	<input type="checkbox"/>
Highly Susceptible Populations .2653											
24	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pasteurized foods used; prohibited foods not offered				<u>3</u>	<u>15</u>	<u>0</u>	<input type="checkbox"/>
Chemical .2653, .2657											
25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food additives: approved & properly used				<u>1</u>	<u>05</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"/>
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				<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
Safe Food and Water .2653, .2655, .2658											
28	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required				<u>1</u>	<u>05</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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Variance obtained for specialized processing methods				<u>1</u>	<u>05</u>	<u>0</u>	<input type="checkbox"/>
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				<u>1</u>	<u>05</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>05</u>	<u>0</u>	<input type="checkbox"/>
33	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used				<u>1</u>	<u>05</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>05</u>	<u>0</u>	<input type="checkbox"/>
Food Identification .2653											
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"/>
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				<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>05</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>05</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>05</u>	<u>0</u>	<input type="checkbox"/>
Proper Use of Utensils .2653, .2654											
41	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored				<u>1</u>	<u>05</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>05</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>05</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>05</u>	<u>0</u>	<input type="checkbox"/>
Utensils and Equipment .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				<u>2</u>	<u>X</u>	<u>0</u>	<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>05</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>05</u>	<u>0</u>	<input type="checkbox"/>
Physical Facilities .2654, .2655, .2656											
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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices				<u>2</u>	<u>1</u>	<u>X</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>05</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>05</u>	<u>0</u>	<input type="checkbox"/>
53	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained & clean				<u>1</u>	<u>05</u>	<u>X</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>05</u>	<u>0</u>	<input type="checkbox"/>
Total Deductions:										<u>1</u>	

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Comment Addendum to Food Establishment Inspection Report

Establishment Name: FOOD LION #334 DELI

Establishment ID: 3034020508

Location Address: 617 N MAIN STREET

☒ Inspection ☐ Re-Inspection Date: 04/24/2015

City: KERNERSVILLE State: NC

Comment Addendum Attached? ☐ Status Code: A

County: 34 Forsyth Zip: 27284

Category #: III

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

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

Permittee: FOOD LION LLC

Email 1:

Email 2:

Telephone: (336) 996-1386

Email 3:

Temperature Observations

Item	Location	Temp	Item	Location	Temp	Item	Location	Temp
chicken	hot hold	145						
ham	deli cooler	42						
chicken	deli cooler	41						
chicken salad	walk in cooler	43						
sanitizer	quat: spray bottle	400						
quat sanitizer	three comp sink	400						
chicken	cold case	45						
cheese case	ambient	45						

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: Proofer currently storing single service articles because it does not function. Maintain equipment in good repair or remove from facility./ Shelving at meat counter where deli meats are sliced is loosing finish and beginning to rust. Repaint with incidental food contact paint or replace.
- 49 5-202.14 Backflow Prevention Device, Design Standard - P: 0 pts. There is currently an atmospheric vacuum breaker attached in the deli's can wash area, but a hose with a pistol grip is attached to the faucet. When holding a system under pressure for greater than 12 hours, provide a backflow prevention device suited for continuous pressure or remove pistol grip from hose when not in-use. CDI: Pistol grip removed.
- 53 6-201.11 Floors, Walls and Ceilings-Cleanability - C:0 pts. Caulk in some places throughout the deli beginning to wear and gather mold behind. Replace caulk that is good wearing and/or is not easily cleanable. Replace with caulking that is coved and smooth.

✓
Spell

Person in Charge (Print & Sign): *First* Scott *Last* Norman

Regulatory Authority (Print & Sign): *First* Michelle *Last* Bell

REHS ID: 2464 - Bell, Michelle

Verification Required Date: / /

REHS Contact Phone Number: (336) 703 - 3141



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Establishment ID: 3034020508

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Spell



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