Food Establishment Inspection Report

Establishment Name: FOOD LION 1508 DELI							
Location Address: 1415 S	HAWTHORNE RD						
City: WINSTON SALEM	State: North Carolina						
Zip: 27103	County: 34 Forsyth						
Permittee: FOOD LION L	LC						
Telephone: (336) 723-43	17						
Inspection	○ Re-Inspection						
Wastewater System:							
Municipal/Community	On-Site System						
Water Supply:							
	On-Site Supply						

Date: 12/01/2022	Status Code: A
Time In: 9:50 AM	Time Out:12:00 PM
Category#: II	
FDA Establishment Typ	pe: Deli Department
No. of Risk Factor/Inter	rvention Violations: 0
No. of Repeat Risk Fact	or/Intervention Violations: 0

Good Retail Practices

Establishment ID: 3034020503

Score:

		Ø) IV	lun	icipal/Community On-Site Supply						
	Ris	sk fa	cto	rs: (e Illness Risk Factors and Public Health In Contributing factors that increase the chance of developing foo Interventions: Control measures to prevent foodborne illness	db	orne	illi		s	
С	ò	mp	lia	nc	e Status	(0U1	Γ	CDI	R	۷R
Sı	upe	ervis	ion		.2652						
1	×	оит	N/A		PIC Present, demonstrates knowledge, & performs duties	1		0			
2	M	оит	N/A		Certified Food Protection Manager	1		0			
Er	mp	loye	e H	ealt	h .2652						
3	Ņ	оит			Management, food & conditional employee; knowledge, responsibilities & reporting	2	1	0			
4	X	оит		П	Proper use of reporting, restriction & exclusion	3	1.5	0			
5	iX	оит			Procedures for responding to vomiting & diarrheal events	1	0.5	0			
G	00	d Hy	gie	nic I	Practices .2652, .2653						
-	<u> </u>	OUT	-	Ш	Proper eating, tasting, drinking or tobacco use	1	0.5	0			
7		ОUТ	_	Ш	No discharge from eyes, nose, and mouth	1	0.5	0			Щ
_	_	_	_	Conf	tamination by Hands .2652, .2653, .2655, .265	_					
8	X	оит	_	Н	Hands clean & properly washed	4	2	0			\vdash
9	Ĺ	оит		N/O	No bare hand contact with RTE foods or pre- approved alternate procedure properly followed	4	2	0			
10	×	оит	N/A		Handwashing sinks supplied & accessible	2	1	0			
A	ppı	rove	d S	our							
11	-	оит			Food obtained from approved source	2	1	0			
_		OUT		1)X(0		2	1	0			
13 14		OUT		N/O	Food in good condition, safe & unadulterated Required records available: shellstock tags, parasite destruction	2	1	0			
-		41-	6		•	_		L			
		_	_		Contamination .2653, .2654	-		_			
_	<u> </u>	1	-	N/O	Food separated & protected Food-contact surfaces: cleaned & sanitized	3	1.5	0			-
		оит		Н	Proper disposition of returned, previously served,	+	1.5				-
	L	ОUТ			reconditioned & unsafe food	2	1	0			Щ
					ardous Food Time/Temperature .2653 Proper cooking time & temperatures	2	1 5	0			H
					Proper reheating procedures for hot holding	3	1.5	0			-
-	-	OUT	-	- `		-	1.5	-			-
		OUT				3	1.5	0			\vdash
-	-	оит	-		Proper cold holding temperatures	3	1.5	0			
23	X	оит	N/A	N/O		3	1.5	0			
24	IN	оит	١)X A	N/O	Time as a Public Health Control; procedures & records	3	1.5	0			
C	ons	sum	er A	dvi	sory .2653						
25	IN	оит	ΝX		Consumer advisory provided for raw/ undercooked foods	1	0.5	0			
Hi	gh	ly S	usc	epti	ble Populations .2653						
26	IN	оит	ı)XA		Pasteurized foods used; prohibited foods not offered	3	1.5	0			
CI	her	mica	ı		.2653, .2657						
_		оит	-		Food additives: approved & properly used	1	0.5	0			
28	X	оит	N/A		Toxic substances properly identified stored & used	2	1	0			
		form OUT	I		ith Approved Procedures .2653, .2654, .2658 Compliance with variance, specialized process, reduced oxygen packaging criteria or HACCP plan	2	1	0			
	L	_	L		reduced oxygen packaging criteria or FIACCP plan			L			

	G	ood	Reta	ail Pi	ractices: Preventative measures to control the addition of pa	tho	ens	. cl	nemic	als.	
	-				and physical objects into foods.		,	,		,	
С	or	npl	iar	ıce	Status		OUT	Γ	CDI	R	VR
Sa	ıfe	Food	d an	d Wa	ater .2653, .2655, .2658						
30	IN	оит	1) (A	П	Pasteurized eggs used where required	1	0.5	0			
31	Ж	OUT			Water and ice from approved source	2	1	0			
32	IN	оит	1 X A		Variance obtained for specialized processing methods	2	1	0			
F	ood	Ten	nper	atur	e Control .2653, .2654						
33	X	оит			Proper cooling methods used; adequate equipment for temperature control	1	0.5	0			
34		OUT			Plant food properly cooked for hot holding	1	0.5	0			
35	X	OUT	N/A	N/O	Approved thawing methods used	1	0.5	0			
36	IN	о) (т			Thermometers provided & accurate	1	0.5	X			
				catio							
		OUT	_		Food properly labeled: original container	2	1	0		L	
Pı	eve	entio	n o	f Foo	od Contamination .2652, .2653, .2654, .2656, .26	57		_			
38	M	оит			Insects & rodents not present; no unauthorized animals	2	1	0			
		оит			Contamination prevented during food preparation, storage & display	2	1	0			
-	<u>- `</u>	OUT			Personal cleanliness	1	0.5	0			
_		OUT			Wiping cloths: properly used & stored	1	0.5	0			
		OUT	_		Washing fruits & vegetables	1	0.5	0		Ш	
			se o	f Ute	ensils .2653, .2654						
43	M	OUT			In-use utensils: properly stored	1	0.5	0			
44	M	оит			Utensils, equipment & linens: properly stored, dried & handled	1	0.5	0			
45	M	оит			Single-use & single-service articles: properly stored & used	1	0.5	0			
46	M	оит			Gloves used properly	1	0.5	0		L	
U	ten	sils a	and	Equi	pment .2653, .2654, .2663					_	
47	IN	о ∕ут			Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed & used	1	0% 5	0			
48	M	оит			Warewashing facilities: installed, maintained & used; test strips	1	0.5	0			
49	IN	о) (т			Non-food contact surfaces clean	1	9,5	0			
PI	nys	ical	Faci	ilities	.2654, .2655, .2656						
50	M	оит	N/A		Hot & cold water available; adequate pressure	1	0.5	0			
51	X	оит			Plumbing installed; proper backflow devices	2	1	0			
52	M	оит		Ш	Sewage & wastewater properly disposed	2	1	0		L	
53	M	оит	N/A		Toilet facilities: properly constructed, supplied & cleaned	1	0.5	0			
54	IN	о) ∢т			Garbage & refuse properly disposed; facilities maintained	X	0.5	0			
55	M	оит			Physical facilities installed, maintained & clean	1	0.5	0			
56	M	оит			Meets ventilation & lighting requirements; designated areas used	1	0.5	0			
					TOTAL DEDUCTIONS:	2					
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Comment Addendum to Food Establishment Inspection Report Establishment ID: 3034020503 Establishment Name: FOOD LION 1508 DELI Date: 12/01/2022 Location Address: 1415 S HAWTHORNE RD X Inspection Re-Inspection City: WINSTON SALEM State: NC Comment Addendum Attached? X Status Code: A Zip: 27103 County: 34 Forsyth Water sample taken? Yes X No Category #: II Email 1:s1508sm@retail.foodlion.com Water Supply: Municipal/Community On-Site System Permittee: FOOD LION LLC Email 2: Telephone: (336) 723-4317 Email 3: Temperature Observations Effective January 1, 2019 Cold Holding is now 41 degrees or less Item Location Temp Item Location Temp Item Temp 130 hot water three compartment sink 200 quat sanitizer 184 whole chicken final cook temp 202 chicken tenders cooked whole 40 display case chicken 37 ham 38 cheese 34 air temp 37 turkey 39 turkey sandwich walk-in cooler 37 pulled chicken **First** Last Person in Charge (Print & Sign): Last Regulatory Authority (Print & Sign): Craig **Bethel**

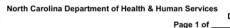
REHS ID:1766 - Bethel, Craig

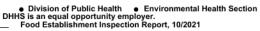
REHS Contact Phone Number: (336) 703-313

Verification Required Date:

Authorize final report to be received via Email:











Comment Addendum to Inspection Report

Establishment Name: FOOD LION 1508 DELI Establishment ID: 3034020503

Date: 12/01/2022 Time In: 9:50 AM Time Out: 12:00 PM

Certifications							
Name	Certificate #	Туре	Issue Date	Expiration Date			
Kendrianna Jackson		Food Service	05/09/2019	05/09/2024			

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.

36 4-302.12 Food Temperature Measuring Devices (Pf) Still using a large diameter probe for food temps.

(B) A TEMPERATURE MEASURING DEVICE with a suitable small diameter probe that is designed to measure the temperature of thin masses shall be provided and readily accessible to accurately measure the temperature in thin FOODS such as lettuce or sliced meats. P

47 4-501.11 Good Repair and Proper Adjustment - Equipment (C)

Ice is forming on the supply lines to the air compressor in the walk-in freezers.

Condensation drain lines shall be wrapped in plastic or vinyl wrap.

4-205.10 Food Equipment, Certification and Classification (C)

Milk crates and decorative crates are not approved to be used as shelving units.

Except for toasters, mixers, microwave ovens, water heaters, and hoods, food equipment shall be used in accordance with the manufacturer's intended use and certified or classified for sanitation by an American National Standards Institute (ANSI)-accredited certification program. If the equipment is not certified or classified for sanitation, the equipment shall comply with Parts 4-1 and 4-2 of the Food Code as amended by this Rule. Nonabsorbent wooden shelves that are in good repair may be used in dry storage areas.

49 4-602.13 Nonfood Contact Surfaces -C (Repeat):

Detail cleaning is needed on the following: shelves and drawers in the deli prep area, and floors and shelving in both walk-in cooler and freezer.

Nonfood-contact surfaces of equipment shall be cleaned at a frequency necessary to preclude accumulation of soil residues.

54 5-501.111 Area, Enclosures and Receptacles, Good Repair-C: (Repeat)

Replace the broken lids on the outside receptacle. Storage areas, enclosures, and receptacles for refuse, recyclables, and returnables shall be maintained in good repair.