

# Food Establishment Inspection Report

Score: 99.5

Establishment Name: DAIRI-O 4

Establishment ID: 3034012350

Location Address: 6325 CLEMMONS POINTE DRIVE

City: CLEMMONS State: North Carolina

Zip: 27012 County: 34 Forsyth

Permittee: D-4 DAIRIO OF CLEMMONS INC.

Telephone: (336) 283-9663

☒ Inspection ☐ Re-Inspection

## Wastewater System:

☒ Municipal/Community ☐ On-Site System

## Water Supply:

☒ Municipal/Community ☐ On-Site Supply

Date: 09/19/2022 Status Code: A

Time In: 10:40 AM Time Out: 12:55 PM

Category#: IV

FDA Establishment Type: Fast Food Restaurant

No. of Risk Factor/Intervention Violations: 1

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"/> OUT	Food-contact surfaces: cleaned & sanitized	3	1.5	0
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"/> IN OUT/N/A/N/O	Proper reheating procedures for hot holding	3	1.5	0
20	<input checked="" type="checkbox"/> OUT/N/A/N/O	Proper cooling time & temperatures	3	1.5	0
21	<input checked="" type="checkbox"/> OUT/N/A/N/O	Proper hot holding temperatures	3	1.5	0
22	<input checked="" type="checkbox"/> IN OUT/N/A/N/O	Proper cold holding temperatures	3	1.5	X
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"/> OUT	Proper cooling methods used; adequate equipment for temperature control	1	0.5	0
34	<input checked="" type="checkbox"/> OUT N/A N/O	Plant food properly cooked for hot holding	1	0.5	0
35	<input checked="" type="checkbox"/> OUT N/A N/O	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"/> OUT	Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed & used	1	0.5	0
48	<input checked="" type="checkbox"/> OUT	Warewashing facilities: installed, maintained & used; test strips	1	0.5	0
49	<input checked="" type="checkbox"/> IN OUT	Non-food contact surfaces clean	1	0.5	0
<b>Physical Facilities .2654, .2655, .2656</b>					
50	<input checked="" type="checkbox"/> OUT N/A	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"/> OUT	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>					0.5



# Comment Addendum to Food Establishment Inspection Report

Establishment Name: DAIRIO-O 4

Location Address: 6325 CLEMMONS POINTE DRIVE

City: CLEMMONS State: NC

County: 34 Forsyth Zip: 27012

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

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

Permittee: D-4 DAIRIO OF CLEMMONS INC.

Telephone: (336) 283-9663

Establishment ID: 3034012350

☒ Inspection ☐ Re-Inspection Date: 09/19/2022

Comment Addendum Attached? ☒ Status Code: A

Water sample taken? ☐ Yes ☒ No Category #: IV

Email 1: d4@dairio.com

Email 2:

Email 3:

## Temperature Observations

### Effective January 1, 2019 Cold Holding is now 41 degrees or less

Item	Location	Temp	Item	Location	Temp	Item	Location	Temp
hot water	3 comp	130	sliced tomato	make unit dine in side	39	diced tomato	walk in cooler	38
hot water	dish machine	170	cheese	make unit dine in side	39	hot dog	walk in cooler	38
sanitizer quat	3 comp	200	salad	bottom of make unit dine in side	41	white slaw	walk in cooler	40
sanitizer quat	bucket	200	ambient air	bottom of make unit dine in side	36	cooked chicken	walk in cooler	40
salad cooling started at 11:20 am	walk in cooler	57	diced tomato	cooler drawer dine in side	39	cheese	walk in cooler	40
salad cooling at 11:40 am	walk in cooler	46	lettuce	make unit drive side	39	raw chicken	walk in cooler	39
chicken fried	final cook	180	sliced tomato	make unit drive side	39			
hamburger	final cook	168	diced tomato	make unit drive side	39			
hamburger	hot holding flat top	156	cheese	make unit drive side	40			
hot dog	hot holding steam well drive side	157	salad	bottom of make unit drive side	40			
chili	hot holding steam well drive side	160	ambient air	bottom make unit drive side	37			
cheese	hot holding steam well drive side	167	diced tomato	cooler drawer make unit drive side	38			
chili	hot holding steam well drive side	172	BBQ slaw	make unit drive side	38			
chicken soup	hot holding steam well dine side	176	white slaw	make unit drive side	38			
chili	hot holding steam well dine side	182	BBQ slaw	make unit dine in side	38			
tomato soup	hot holding steam well dine side	180	white slaw	make unit dine in side	38			
hot dog	hot holding steam well dine side	163	raw hamburger	cooler drawer near flat top	40			
chili	hot holding steam well dine side	160	hot dog	cooler drawer near flat top	40			
lettuce	make unit dine in side	40	veg burger	cooler drawer near flat top	40			
diced tomato	make unit dine in side	39	cooked chicken	cooler drawer near flat top	40			

First  
Person in Charge (Print & Sign): Jonathan

Last  
Grigsby

First  
Regulatory Authority (Print & Sign): John

Last  
Dunigan

REHS ID: 3072 - Dunigan, John

Verification Required Date:

REHS Contact Phone Number: (336) 703-3128

Authorize final report to  
be received via Email:



North Carolina Department of Health & Human Services

• Division of Public Health • Environmental Health Section  
DHHS is an equal opportunity employer.  
Food Establishment Inspection Report, 10/2021

• Food Protection Program



## Comment Addendum to Inspection Report

**Establishment Name:** DAIRI-O 4

**Establishment ID:** 3034012350

**Date:** 09/19/2022 **Time In:** 10:40 AM **Time Out:** 12:55 PM

### Certifications

Name	Certificate #	Type	Issue Date	Expiration Date
Jonathan Grigsby	19867741	Food Service	10/07/2020	10/07/2025

### 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.

- 22 3-501.16 (A) (2) and (B) Time / Temperature Control for Safety Food, Hot and Cold Holding (P) Sliced cheese was being held out on ice at 63F. The person in charge stated that cheese is held out on ice for no more than an hour then discarded. I talked with person in charge about using TPHC but they decided to move the sliced cheese to the make unit. Maintain Time / Temperature Control for Safety foods in cold holding at 41F or less. CDI: The person in charge voluntarily discarded the sliced cheese.
- 49 4-602.13 Nonfood Contact Surfaces (C) Additional cleaning needed on the guards to the fans in the walk-in cooler. Additional cleaning needed on the outside sides of the flat top grill. Nonfood contact surfaces of equipment shall be cleaned at a frequency necessary to preclude accumulation of soil residues.