Food Establishment Inspection Report

Establishment Name: WHOLE FOODS DELI Establi

Date: <u>Ø 6 / 1 9 / 2 Ø 1 3 Status Code: A</u>							
Time In: $08:35^{\otimes}_{0pm}$ Time Out: $12:35^{\otimes}_{pm}$ am							
Total Time: 4 hrs 0 minutes							
Category #: IV							
Establishment Type:							

Instructions:

1. Fill in the information below for the Food Establishment:

Location Address: 41 MILLER STREET								
City: _WINSTON SALEM								
State: NC Zip: 27104								
County: 34 Forsyth								
Permittee: WHOLEFOODS MARKET INC								
Telephone:								
⊗Inspection								
○Re-Inspection								
Wastewater System:								
⊗Municipal/Community								
On-Site System								
Water Supply:								
⊗Municipal/Community								
On-Site System								

2. Click/fill the appropriate circle For "IN, OUT, N/A, N/O".

IN= In Compliance, OUT= Not in compliance N/O=Not Observed, N/A= Not Applicable

3. Click/check the appropriate Boxes for CDI and/or R, VR.

CDI= Corrected During Inspection R= Repeat Violation VR= Verification Required

4. Continue to page 2 for "Good Retail Practices".

North Carolina Department of Health & Human Services ● Division of Public Health Environmental Health Section ● Food Protection Program

Establishment ID: 3034011237

Foodborne Illness Risk Factors and Public Health Interventions

Score: 95

Risk factors: Contributing factors that increase the chance of developing foodborne illness.

Public Health Interventions: Control measures to prevent foodborne illness or injury.

Public Health Interventions: Control measures to prevent foodborne illness or injury.									
Co	mpliance Statu	OUT	CDI	R	VR				
Su	Supervision .2652								
1	⊗ ○ ○ IN OUT N/A	PIC Present; Demonstration-Certification by accredited program and perform duties	○ ○ 2 0	0	0	0			
En	ployee Health	.2652							
2	⊗ ○ IN OUT	Management, employees knowledge; responsibilities & reporting	0 0 0 3 1.5 0	0	0	0			
3	⊗ ○ IN OUT	Proper use of reporting, restriction & exclusion	O O O 3 1.5 0	0	0	0			
Go	od Hygienic P	Practices .2652, .2653							
4	⊗ ○ IN OUT	Proper eating, tasting, drinking, or tobacco use	$\begin{array}{c c} \bigcirc \bigcirc \bigcirc \bigcirc \\ 2 & 1 & 0 \end{array}$	0	0	0			
5	⊗ ○ IN OUT	No discharge from eyes, nose, and mouth	0 0 0	0	0	0			
Pre		amination by Hands .2652, .2653, .2655, .265	6						
6	⊗ ○ IN OUT	Hands clean & properly washed	$ \begin{smallmatrix} \bigcirc & \bigcirc & \bigcirc \\ 4 & 2 & 0 \end{smallmatrix} $	0	0	0			
7	⊗ ○ ○ IN OUT N/O	No bare hand contact with RTE foods or pre-approved alternate procedure properly allowed	○ ○ ○ 3 1.5 0	0	0	0			
8	⊗ ○ IN OUT	Handwashing sinks supplied & accessible	0 0 0 2 1 0	0	0	0			
Ap	proved Sourc	e .2653, .2655							
9	⊗ ○ IN OUT	Food obtained from approved source	$ \bigcirc\bigcirc\bigcirc\bigcirc$ 2 1 0	0	0	0			
10	O O & IN OUT N/O	Food received at proper temperature	$ \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc $ 2 1 0	0	0	0			
11	⊗ ○ IN OUT	Food in good condition, safe & unadulterated	$ \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc $ 2 1 0	0	0	0			
12	O O & O IN OUT N/A N/O	Required records available: shellstock tags, parasite destruction	$ \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc $ 2 1 0	0	0	0			
Pro	otection from	Contamination .2653, .2654							
13	⊗ ○ ○ ○ IN OUT N/A N/O	Food separated & protected	0 0 0 3 1.5 0	0	0	0			
14	⊗ ○ IN OUT	Food-contact surfaces: cleaned & sanitized	3 1.5 0 O O O 3 1.5 0	0	0	0			
15	⊗ ○ IN OUT	Proper disposition of returned, previously served, reconditioned, & unsafe food	000	0	0	0			
Po	tentially Haza	rdous Food Time/Temperature .2653							
16	⊗ ○ ○ ○ IN OUT N/A N/O	Proper cooking time & temperatures	○ ○ ○ 3 1.5 0	0	0	0			
17	OOO ⊗ IN OUT N/A N/O	Proper reheating procedures for hot holding	0 0 0 3 1.5 0	0	0	0			
18	○ ⊗ ○ ○ IN OUT N/A N/O	Proper cooling time & temperatures	○ ⊗ ○ 3 1.5 0	0	0	0			
19	⊗ ○ ○ ○ IN OUT N/A N/O	Proper hot holding temperatures	0 0 0 3 1.5 0	0	0	0			
20	⊗ ○ ○ ○ IN OUT N/A N/O	Proper cold holding temperatures	0 0 0 3 1.5 0	0	0	0			
21	○ ⊗ ○ ○ IN OUT N/A N/O	Proper date marking & disposition	○ ○ ⊗ 3 1.5 0	8	0	0			
22	OOO ⊗ IN OUT N/A N/O	Time as a public health control: procedures & records	○ ○ ○ 2 1 0	0	0	0			
Со	nsumer Advis	sory .2653							
23	O 🗞 O	Consumer advisory provided for raw or undercooked foods	○ ○ ⊗ 1 0.5 0	8	0	0			
Hiç	ghly Susceptib	ole Populations .2653							
24	⊗ ○ ○ IN OUT N/A	Pasteurized foods used; prohibited foods not offered	○ ○ ○ 3 1.5 0	0	0	0			
Ch	emical	.2653, .2657							
25	⊗ ○ ○ IN OUT N/A	Food additives: approved & properly used	0 0 0 1 0.5 0	0	0	0			
26	⊗ ○ ○ IN OUT N/A	Toxic substances properly identified stored, & used	$ \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc $ 2 1 0	0	0	0			
Со	nformance wi	th Approved Procedures .2653, .2654,	.2658						
27	O ⊗ O	Compliance with variance, specialized process, leduced oxygen packing criteria or HACCP plan	\bigcirc \bigcirc \otimes	8	0	0			

Food Establishment Inspection Report, continued

Establishment Name: WHOLE FOODS DELI Establishment ID: 3034011237

nstri	ictions	, continu	ea:

5. Click the appropriate circle to fill-in for "IN, OUT, N/A, N/O".

IN= In Compliance, OUT= Not in compliance N/O=Not Observed, N/A= Not Applicable

- Click or check the appropriate boxes for CDI and/or R, VR CDI= Corrected during Inspection R= Repeat Violation VR= Verification Required Calculate the "Total Deductions" and record.
- 7. Sign and complete "Signature Block".
- Fill in "No. Of Risk Factor Intervention Violations" and "No. of Repeat Risk Factor Intervention Violations".
- 9. Continue to page 3 for "Comment Addendum to Food Establishment Inspection Report".

Signature Block:

First TRACY Last

Person in Charge (Print)

KNOX

Person in Charge (Signature)

First

Clark

Last Sizemore

Regulatory Authority (Print)

Regulatory Authority (Signature)

Contact Number:

(336)703-3128

Verification Required Date: ___/ ___/

REHS ID: 944 - Sizemore, Clark

No. of Risk Factor/ Intervention Violations: 4

No. of Repeat Risk Factor/Intervention Violations:

	Good Retail Practices						
Preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.							
Co	ompliar	nce Statu	IS	OUT	CDI	R	VR
Sa		od and V	Vater .2653, .2655, .2658				
28	⊗ ⊠	OUT	Pasteurized eggs used where required	1 0.5 0	0	0	0
29	⊗z	O T	Water and ice from approved source	0 0 0 2 1 0	0	0	0
30		⊗ O UT N/A	Variance obtained for specialized processing methods	0 0 8	0	0	0
Fo	od Te	mperatu	re Control .2653, .2654				
31	ON (⊗ OUT	Proper cooling methods used; adequate equipment for temperature control	8 O O	0	0	0
32		O & TN/A N/O	Plant food properly cooked for hot holding	1 0.5 0	0	0	0
33		O O T N/A N/O	Approved thawing methods used	1 0.5 0	0	0	0
34	⊗ IN	OUT	Thermometers provided & accurate	1 0.5 0	0	0	0
Fc	od Ide	entificati	on .2653				
35	⊗ï	OUT	Food properly labeled: original container	$\begin{array}{cccc} \bigcirc \ \bigcirc \ \bigcirc \ \bigcirc \\ 2 \ 1 \ 0 \end{array}$	0	0	0
Pr	eventi	on of Fo	ood Contamination .2652, .2653, .2654, .265	5, .2657			
36	OIN	⊗ OUT	Insects & rodents not present; no unauthorized animals	○ ○ ⊗ 2 1 0	0	0	0
37	⊗ IN	OUT	Contamination prevented during food preparation, storage & display	$\begin{array}{cccc} \bigcirc \bigcirc \bigcirc \bigcirc \\ 2 & 1 & 0 \end{array}$	0	0	0
38	⊗ IN	OUT	Personal cleanliness	0 0 0	0	0	0
39	⊗ IZ	TOO_	Wiping cloths: properly used & stored	0 0 0 1 0.5 0	0	0	0
40	⊗ IN	OUT	Washing fruits & vegetables	0 0 0	0	0	0
Pr	•	Jse of U	tensils .2653, .2654				
41	⊗ IN	OUT	In-use utensils: properly stored	1 0.5 0	0	0	0
42	⊗ IN	OUT	Utensils, equipment & linens: properly stored, dried & handled	1 0.5 0	0	0	0
43	⊗ IN	OUT	Single-use & single-service articles: properly stored & used	1 0.5 0	0	0	0
44	⊗ IN	OUT	Gloves used properly	1 0.5 0	0	0	0
Ut	_	_	uipment .2653, .2654, .2663				
45	O IN	OUT	Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed, & used	2 1 0	0	0	0
46	⊗ IN	OUT	Warewashing facilities: installed, maintained, & used; test strips	0 0 0	0	0	0
47	OIN	⊗ OUT	Non-food contact surfaces clean	0 8 0 1 0.5 0	0	0	0
Ph		Faciliti	es .2654, .2655, .2656				
48	⊗ IN	OUT	Hot & cold water available; adequate pressure	2 1 0	0	0	0
49	⊗ IN	OUT	Plumbing installed; proper backflow devices	2 1 0	0	0	0
50	⊗ IN	OUT	Sewage & waste water properly disposed	2 1 0	0	0	0
51	⊗ IN	OUT	Toilet facilities: properly constructed, supplied & cleaned	1 0.5 0	0	0	0
52	⊗ IN	OUT	Garbage & refuse properly disposed; facilities maintained	0 0 0	0	0	0
53	ON	⊗ OUT	Physical facilities installed, maintained & clean	⊗ ○ ○ 1 0.5 0	0	0	0
54	⊗ IZ	OUT	Meets ventilation & lighting requirements; designated areas used	0 0 0	0	0	0
			Total Deductions:	5			
			North Carolina Department of Health & Human Services	 Division of 	Puhli	ic He:	alth

North Carolina Department of Health & Human Services ● Division of Public Health
Environmental Health Section ● Food Protection Program

Comment Addendum to Food Establishment Inspection Report

Establishment Name: WH	HOLE FOODS DELI	Establishment ID:	3034011237	Date: 06/19/2013
Location Address: 41	MILLER STREET			Status Code: A
City: WINSTON SALEM				Category #:IV
County: 34 Forsyth	Zip: ²⁷¹⁰⁴			Email 1:
•	⊗ Municipal/Community ○ On-Site System⊗ Municipal/Community ○ On-Site System			Email 2:
Permittee: WHOLEFO	OODS MARKET INC			Email 3:
Telephone:			l	

	Temperature Observations							
Item roast beef	Location cooler	Temp 37	Item cheese	Location display	Temp 37	Item egg salad	Location bar	Temp 44
salmon	cooler	37	past salad	display	44	oatmeal	bar	180
ham	cooler	42	chicken salad	display	46	quiche	bar	178
shrimp	cooler	37	tuna salad	display	44	gravy	bar	161
tuna	cooler	38	crab cake	display	44	eggs	bar	171
pork	cooler	44	slaw	display	44	chicken	cooked to	211
crab cakes	cooler	45	cottage	bar	40			
roast beef	cooler	42	potato salad	bar	40			

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.

A deep container of cooked potatoes was in a walk in cooler over night and the temperature was between 52 F and 56F. 3-501.14 Cooling



- Need to have an open and discard date on packaged processes food such a deli meat and cheese; a use by date does not meet the rule.3-501.17 Ready-To-Eat Potentially Hazardous Food (Time/Temperature Control for Safety Food), Date Marking
- The consumer disclosure for sushi is in a location that is hard for customers to see.3-603.11 Consumption of Animal Foods that are Raw, Undercooked, or Not Otherwise Processed to Eliminate Pathogens
- 27 Need to submit HACCP to the variance committee for sushi rice.8-201.13 When a HACCP Plan i



Comment Addendum to Food Establishment Inspection Report Establishment Name: WHOLE FOODS DELI Establishment ID: 3034011237 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. Need to submit a variance application ti the committee for sushi rice. 8-103.11 Documentation of Proposed Variance and Justification 31 When cooling any hot food over night need to place in shallow pans. Deep pans with tight fitting lids will not cool food properly. Cool hot food from 135F to 70F using proper cooling methods in two hours, then cool from 70F to 41F or below in four hours in walk in cooler. 3-501.15 Cooling Methods 36 One fly in deli today. 6-501.111 Controlling Pests 45 Green wire shelving in walk ins are peeling and need to be replaced. Several split gaskets were found today, replace. Need to replace large plastic rack in dish room. Need to fix leaking faucets in the deli. Replace broken plastic pans. A heat damaged ice scoop was discarded during the inspection. Need to clean: gaskets, cutting board at rolling cart, bottom shelf of grills, tops of bulk dry food containers and display case in speciality foods. 4-601.11 (B) and (C) Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils 4-602.13 Nonfood Contact Surfaces

53 Need wall and floor cleaning in the entire deli area, under equipment, in corners, and at baseboards. Floor repair needed in all areas of deli and some baseboard and wall repair needed.



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Comment Addendum to Food Establishment Inspection Report

Establishment Name: WHOLE FOODS DELI Establishment ID: 3034011237

Observations and Corrective Actions

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Comment Addendum to Food Establishment Inspection Report

Establishment Name: WHOLE FOODS DELI Establishment ID: 3034011237

Observations and Corrective Actions

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