Food Establishment Inspection Report

Establishment Name: MCALISTERS DELI Establishment ID: 3034011716

Date: 02/08/2013 Status Code: A							
Time In: 12: 15⊗ am Time Out: 02: 00⊗ pm							
Total Time: 1 hr 45 minutes							
Category #: IV							
Establishment Type: Full-Service Restaurant							

Instructions:

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

Location Ad	ddress: 368 E HANES MILL ROAD				
City: WIN	STON SALEM				
State: NC	Zip: _ ²⁷¹⁰⁵				
County: 3	4 Forsyth				
	TRIAD SOUTHERN DELI LLC				
Telephone	:				
⊗Inspection (on				
○Re-Insp	ection				
Wastewate	•				
	al/Community				
○On-Site System					
Water Sup	ply:				
⊗Municipa (al/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".

Foodborne Illness Risk Factors and Public Health Interventions

Score: 98.5

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					0U1	Γ <u></u>	CDI	R	VR
Su	Supervision .2652								
1		O O	PIC Present; Demonstration-Certification by accredited program and perform duties) 0	0	0	0
Em	' -	e Health							
2	⊗ IN	OUT	Management, employees knowledge; responsibilities & reporting	3	O 1.5	Ō	0	0	0
3	⊗ IN	OUT	Proper use of reporting, restriction & exclusion) 1.5		0	0	0
Go			Practices .2652, .2653						
4	⊗ IN	OUT	Proper eating, tasting, drinking, or tobacco use) 2	1	0	0	0	0
5	⊗ IN	OUT	No discharge from eyes, nose, and mouth		0.5	0	0	0	0
Pre	_		amination by Hands .2652, .2653, .2655, .2656						
6	⊗ IN	OUT	Hands clean & properly washed	0 4	O 2	0	0	0	0
7		O O UT N/O	No bare hand contact with RTE foods or pre-approved alternate procedure properly allowed) 1.5		0	0	0
8	⊗ IN	OUT	Handwashing sinks supplied & accessible) 2) 1	0	0	0	0
Ap	· -	d Sourc	e .2653, .2655						
9	⊗ IN	OUT	Food obtained from approved source) 2) 1	${\displaystyle \mathop{\bigcirc}_{0}}$	0	0	0
10	IN O	O & UT N/O	Food received at proper temperature) 2) 1	0	0	0	0
11	⊗ IN	OUT	Food in good condition, safe & unadulterated	္ 2) 1	${\displaystyle \mathop{\bigcirc}_{0}}$	0	0	0
12	O O IN OUT	⊗ ○ N/A N/O	Required records available: shellstock tags, parasite destruction) 2) 1	${\displaystyle \mathop{\bigcirc}_{0}}$	0	0	0
Pro	-	n from	Contamination .2653, .2654						
13	⊗ ○ IN OUT	N/A N/O	Food separated & protected) 1.5		0	0	0
14	⊗ IN	OUT	Food-contact surfaces: cleaned & sanitized) 3	〇 1.5		0	0	0
15	⊗ IN	OUT	Proper disposition of returned, previously served, reconditioned, & unsafe food) 2) 1	0 0	0	0	0
Po	tential		rdous Food Time/Temperature .2653						
16	O O	. N/A N/O	Proper cooking time & temperatures) 1.5		0	0	0
17	O O IN OUT	○ ⊗ N/A N/O	Proper reheating procedures for hot holding		() 1.5		0	0	0
18	O O		Proper cooling time & temperatures	3) 1.5	0	0	0	0
19	IN OUT	N/A N/O	Proper hot holding temperatures	3	1.5		0	0	0
20		N/A N/O	Proper cold holding temperatures	3	1.5	0	0	0	0
21		N/A N/O	Proper date marking & disposition	3	1.5		0	0	0
22	⊗ ○ IN OUT	N/A N/O	Time as a public health control: procedures & records	〇 2	0	0	0	0	0
Co	nsume	er Advis	, ,		<u> </u>				
23	O NI	O & UT N/A	Consumer advisory provided for raw or undercooked foods		0.5		0	0	0
Hiç	ηhly Sι		ble Populations .2653						
24	IŇ O	O & UT N/A	Pasteurized foods used; prohibited foods not offered	3) 1.5	0	0	0	0
Ch	emica		.2653, .2657		اِ	لِيَا			
25	IN O	O & UT N/A	Food additives: approved & properly used		0.5		0	0	0
26	IÑ O	O O UT N/A	Toxic substances properly identified stored, & used) 2	0	\bigcirc	0	0	0
Co	_		ith Approved Procedures .2653, .2654,		_				
27		○ ⊗	Compliance with variance, specialized process,	ΙÕ	Ò	Õ			\cap

Food Establishment Inspection Report, continued

Establishment Name: MCALISTERS DELI	Establishment ID: 303401171
ESTADIISTITIETI NATITE: Mortelo Electro Dell'	ESTABLISHINGHI ID: *** IV I

Instructions, continued:

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".
- 8. 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:

Person in Charge (Print)

Person in Charge (Signature)

Chris Holland
Regulatory Authority (Print)

Pris Holland

Contact Number: () -

Verification Required Date: ___/___/

REHS ID: 2259 - Michaud, Kenneth

No. of Risk Factor/ Intervention Violations: 0 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	mplian	ce Statu		OUT	CDI	R	VR			
Safe Food and Water .2653, .2655, .2658										
28	⊗ IN	OUT	Pasteurized eggs used where required	0 0 0 1 0.5 0	0	0	0			
29	⊗ IN	OUT	Water and ice from approved source	$\begin{array}{c c} \bigcirc \bigcirc \bigcirc \bigcirc \\ 2 & 1 & 0 \end{array}$	0	0	0			
30		O & UT N/A	Variance obtained for specialized processing methods	0 0 0 1 0.5 0	0	0	0			
Fo	od Ter		ure Control .2653, .2654							
31	⊗ IN	OUT	Proper cooling methods used; adequate equipment for temperature control	0 0 0	0	0	0			
32		⊗ ○	Plant food properly cooked for hot holding	0 0 0	0	0	0			
33	1 0.0 0									
34	⊗ IN	OUT	Thermometers provided & accurate	0 0 0	0	0	0			
Fc	od Ide	ntificat	ion .2653							
35	⊗ IN	OUT	Food properly labeled: original container	$ \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc $ 2 1 0	0	0	0			
Pr	eventi	on of Fo	ood Contamination .2652, .2653, .2654, .2656	5, .2657						
36	⊗ IN	OUT	Insects & rodents not present; no unauthorized animals	$\begin{array}{c c} \bigcirc \bigcirc \bigcirc \bigcirc \\ 2 & 1 & 0 \end{array}$	0	0	0			
37	⊗ IN	OUT	Contamination prevented during food preparation, storage & display	$ \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc $ 2 1 0	0	0	0			
38	⊗ IN	OUT	Personal cleanliness	O O O 1 0.5 0	0	0	0			
39	⊗ IN	OUT	Wiping cloths: properly used & stored	0 0 0	0	0	0			
40	⊗ IN	OUT	Washing fruits & vegetables	0	0	0				
Pr	oper U	se of U	tensils .2653, .2654							
41	⊗ IN	OUT	In-use utensils: properly stored	0 0 0	0	0	0			
42	⊗ IN	OUT	Utensils, equipment & linens: properly stored, dried & handled	0 0 0	0	0	0			
43	IN	OUT	Single-use & single-service articles: properly stored & used	0	0	0				
44	⊗ IN	OUT	Gloves used properly O O O 1 0.5 0							
Ut	ensils		uipment .2653, .2654, .2663							
45	OIN	⊗ 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 1 0.5 0	0	0	0			
47	OIN	⊗ OUT	Non-food contact surfaces clean	○ ⊗ ○ 1 0.5 0	0	0	0			
Ph		Faciliti	es .2654, .2655, .2656							
48	⊗ IN	OUT	Hot & cold water available; adequate pressure	$\begin{array}{c c} \bigcirc \bigcirc \bigcirc \bigcirc \\ 2 & 1 & 0 \end{array}$	0	0	0			
49	⊗ IN	OUT	Plumbing installed; proper backflow devices	0 0 0 2 1 0	0	0	0			
50	IN	OUT	Sewage & waste water properly disposed	$\begin{array}{c c} \bigcirc \bigcirc \bigcirc \bigcirc \\ 2 & 1 & 0 \\ \hline \end{array}$	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	1 0.5 0	0	0	0			
53	⊗ IN	OUT	Physical facilities installed, maintained & clean	1 0.5 0	0	0	0			
54	⊗ IN	OUT	Meets ventilation & lighting requirements; designated areas used	1 0.5 0	0	0	0			
			Total Deductions:	1.5						

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

	<u> </u>	
Establishment Name: MCALISTERS DELI	Establishment ID: 3034011716	Date: 02/08/2013
Location Address: 368 E HANES MILL ROAD		Status Code: A
City: WINSTON SALEM State: NC		Category #:IV
County: <u>34 Forsyth</u> Zip: <u>27105</u>		Email 1:
Wastewater System: ⊗ Municipal/Community ○ On-Site System Water Supply: ⊗ Municipal/Community ○ On-Site System		Email 2:
Permittee: _TRIAD SOUTHERN DELI LLC		Email 3:
Telephone:		

	Temperature Observations							
Item Lettuce	Location Make unit	Temp 45	Item Mac n cheese	Location Steamer	Temp 150	Item	Location	Temp
Sliced	Make unit	38	Vegetable	Steamer	148			
Chicken salad	Make unit	38	Chili	Steamer	149			
Tuna	Make unit	39	Soup	Steamer	157			
Tuna	Lower make unit	39						
Roast beef	Lower make unit	38	Hot water	Three compartment sink	155			
Slaw	Work top cooler	38	Quat sanitizer	Sanitizing compartment	200			
Potato salad	Work top cooler	35						

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.

Rusty storage racks throughout facility - replace rusty storage racks in kitchen area and have rusty racks in walk in cooler recoated so all racks are easily cleanable and in good repair; Replace cracked pans and bins so items are in good repair and easily cleanable

Detailed cleaning needed around equipment and inside storage bins such as bread bin so items are clean and free from debris build-up





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