

Food Establishment Inspection Report

Score: 95

Establishment Name: OBRIENS DELI

Establishment ID: 3034011802

Date: 12 / 19 / 2012 Status Code: A

Time In: 10 : 20 am pm Time Out: 02 : 30 am pm

Total Time: 4 hrs 10 minutes

Category #: IV

Establishment Type: _____

Instructions:

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

Location Address: 4001 C COUNTRY CLUB ROAD

City: WINSTON-SALEM

State: NC Zip: 27104

County: 34 Forsyth

Permittee: O BRIEN S DELI, 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".

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	
Supervision .2652												
1	<input type="radio"/> IN	<input checked="" type="radio"/> OUT	<input type="radio"/> N/A	PIC Present: Demonstration-Certification by accredited program and perform duties				<input type="radio"/> 2	<input checked="" type="radio"/> 0	<input type="radio"/>	<input type="radio"/>	
Employee Health .2652												
2	<input type="radio"/> IN	<input checked="" type="radio"/> OUT	Management, employees knowledge; responsibilities & reporting					<input type="radio"/> 3	<input type="radio"/> 1.5	<input checked="" type="radio"/> 0	<input type="radio"/>	
3	<input type="radio"/> IN	<input checked="" type="radio"/> OUT	Proper use of reporting, restriction & exclusion					<input type="radio"/> 3	<input type="radio"/> 1.5	<input checked="" type="radio"/> 0	<input type="radio"/>	
Good Hygienic Practices .2652, .2653												
4	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Proper eating, tasting, drinking, or tobacco use					<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0	<input type="radio"/>	
5	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	No discharge from eyes, nose, and mouth					<input type="radio"/> 1	<input type="radio"/> 0.5	<input type="radio"/> 0	<input type="radio"/>	
Preventing Contamination by Hands .2652, .2653, .2655, .2656												
6	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Hands clean & properly washed					<input type="radio"/> 4	<input type="radio"/> 2	<input type="radio"/> 0	<input type="radio"/>	
7	<input type="radio"/> IN	<input checked="" type="radio"/> OUT	<input type="radio"/> N/O	No bare hand contact with RTE foods or pre-approved alternate procedure properly allowed					<input type="radio"/> 3	<input checked="" type="radio"/> 1.5	<input type="radio"/> 0	
8	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Handwashing sinks supplied & accessible					<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0	<input type="radio"/>	
Approved Source .2653, .2655												
9	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Food obtained from approved source					<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0	<input type="radio"/>	
10	<input type="radio"/> IN	<input type="radio"/> OUT	<input checked="" type="radio"/> N/O	Food received at proper temperature					<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0	
11	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Food in good condition, safe & unadulterated					<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0	<input type="radio"/>	
12	<input type="radio"/> IN	<input type="radio"/> OUT	<input checked="" type="radio"/> N/A	<input type="radio"/> N/O	Required records available: shellstock tags, parasite destruction					<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0
Protection from Contamination .2653, .2654												
13	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<input type="radio"/> N/O	Food separated & protected					<input type="radio"/> 3	<input type="radio"/> 1.5	<input type="radio"/> 0
14	<input type="radio"/> IN	<input checked="" type="radio"/> OUT	Food-contact surfaces: cleaned & sanitized					<input type="radio"/> 3	<input type="radio"/> 1.5	<input checked="" type="radio"/> 0	<input type="radio"/>	
15	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Proper disposition of returned, previously served, reconditioned, & unsafe food					<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0	<input type="radio"/>	
Potentially Hazardous Food Time/Temperature .2653												
16	<input type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<input checked="" type="radio"/> N/O	Proper cooking time & temperatures					<input type="radio"/> 3	<input type="radio"/> 1.5	<input type="radio"/> 0
17	<input type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<input checked="" type="radio"/> N/O	Proper reheating procedures for hot holding					<input type="radio"/> 3	<input type="radio"/> 1.5	<input type="radio"/> 0
18	<input type="radio"/> IN	<input checked="" type="radio"/> OUT	<input type="radio"/> N/A	<input type="radio"/> N/O	Proper cooling time & temperatures					<input type="radio"/> 3	<input type="radio"/> 1.5	<input checked="" type="radio"/> 0
19	<input type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<input checked="" type="radio"/> N/O	Proper hot holding temperatures					<input type="radio"/> 3	<input type="radio"/> 1.5	<input type="radio"/> 0
20	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<input type="radio"/> N/O	Proper cold holding temperatures					<input type="radio"/> 3	<input type="radio"/> 1.5	<input type="radio"/> 0
21	<input type="radio"/> IN	<input checked="" type="radio"/> OUT	<input type="radio"/> N/A	<input type="radio"/> N/O	Proper date marking & disposition					<input type="radio"/> 3	<input type="radio"/> 1.5	<input checked="" type="radio"/> 0
22	<input type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<input checked="" type="radio"/> N/O	Time as a public health control: procedures & records					<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0
Consumer Advisory .2653												
23	<input type="radio"/> IN	<input type="radio"/> OUT	<input checked="" type="radio"/> N/A	Consumer advisory provided for raw or undercooked foods					<input type="radio"/> 1	<input type="radio"/> 0.5	<input type="radio"/> 0	
Highly Susceptible Populations .2653												
24	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	Pasteurized foods used; prohibited foods not offered					<input type="radio"/> 3	<input type="radio"/> 1.5	<input type="radio"/> 0	
Chemical .2653, .2657												
25	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	Food additives: approved & properly used					<input type="radio"/> 1	<input type="radio"/> 0.5	<input type="radio"/> 0	
26	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	Toxic substances properly identified stored, & used					<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0	
Conformance with Approved Procedures .2653, .2654, .2658												
27	<input type="radio"/> IN	<input type="radio"/> OUT	<input checked="" type="radio"/> N/A	Compliance with variance, specialized process, reduced oxygen packing criteria or HACCP plan					<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0	



Food Establishment Inspection Report, continued

Establishment Name: OBRIENS DELI

Establishment ID: 3034011802

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

6. Click or check the appropriate boxes for CDI and/or R, VR

CDI= Corrected during Inspection
R= Repeat Violation
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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:

Josua Lieberman
Person in Charge (Print)

[Signature]
Person in Charge (Signature)

Clark Sizemore
Regulatory Authority (Print)

[Signature]
Regulatory Authority (Signature)

Contact Number: (3 3 6) 7 0 3 - 3 1 2 8

Verification Required Date: / /

REHS ID: 944 - Sizemore, Clark

No. of Risk Factor/
Intervention
Violations: 7

No. of Repeat Risk
Factor/Intervention
Violations:

Good Retail Practices								
Preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.								
Compliance Status					OUT	CDI	R	VR
Safe Food and Water .2653, .2655, .2658								
28	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Pasteurized eggs used where required	1	0	0	<input type="radio"/>	<input type="radio"/>
29	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Water and ice from approved source	2	1	0	<input type="radio"/>	<input type="radio"/>
30	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	1	0	5	<input type="radio"/>	<input type="radio"/>
Food Temperature Control .2653, .2654								
31	<input type="radio"/> IN	<input checked="" type="radio"/> OUT	Proper cooling methods used; adequate equipment for temperature control	1	0	5	<input type="radio"/>	<input type="radio"/>
32	<input type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	1	0	5	<input type="radio"/>	<input type="radio"/>
33	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	1	0	5	<input type="radio"/>	<input type="radio"/>
34	<input type="radio"/> IN	<input checked="" type="radio"/> OUT	Thermometers provided & accurate	1	0	5	<input type="radio"/>	<input type="radio"/>
Food Identification .2653								
35	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Food properly labeled: original container	2	1	0	<input type="radio"/>	<input type="radio"/>
Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657								
36	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Insects & rodents not present; no unauthorized animals	2	1	0	<input type="radio"/>	<input type="radio"/>
37	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Contamination prevented during food preparation, storage & display	2	1	0	<input type="radio"/>	<input type="radio"/>
38	<input type="radio"/> IN	<input checked="" type="radio"/> OUT	Personal cleanliness	1	0	5	<input type="radio"/>	<input type="radio"/>
39	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Wiping cloths: properly used & stored	1	0	5	<input type="radio"/>	<input type="radio"/>
40	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Washing fruits & vegetables	1	0	5	<input type="radio"/>	<input type="radio"/>
Proper Use of Utensils .2653, .2654								
41	<input type="radio"/> IN	<input checked="" type="radio"/> OUT	In-use utensils: properly stored	1	0	5	<input type="radio"/>	<input type="radio"/>
42	<input type="radio"/> IN	<input checked="" type="radio"/> OUT	Utensils, equipment & linens: properly stored, dried & handled	1	0	5	<input type="radio"/>	<input type="radio"/>
43	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Single-use & single-service articles: properly stored & used	1	0	5	<input type="radio"/>	<input type="radio"/>
44	<input type="radio"/> IN	<input checked="" type="radio"/> OUT	Gloves used properly	1	0	5	<input type="radio"/>	<input type="radio"/>
Utensils and Equipment .2653, .2654, .2663								
45	<input type="radio"/> IN	<input checked="" type="radio"/> OUT	Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed, & used	2	1	0	<input type="radio"/>	<input type="radio"/>
46	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Warewashing facilities: installed, maintained, & used; test strips	1	0	5	<input type="radio"/>	<input type="radio"/>
47	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Non-food contact surfaces clean	1	0	5	<input type="radio"/>	<input type="radio"/>
Physical Facilities .2654, .2655, .2656								
48	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Hot & cold water available; adequate pressure	2	1	0	<input type="radio"/>	<input type="radio"/>
49	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Plumbing installed; proper backflow devices	2	1	0	<input type="radio"/>	<input type="radio"/>
50	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Sewage & waste water properly disposed	2	1	0	<input type="radio"/>	<input type="radio"/>
51	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Toilet facilities: properly constructed, supplied & cleaned	1	0	5	<input type="radio"/>	<input type="radio"/>
52	<input type="radio"/> IN	<input checked="" type="radio"/> OUT	Garbage & refuse properly disposed; facilities maintained	1	0	5	<input type="radio"/>	<input type="radio"/>
53	<input type="radio"/> IN	<input checked="" type="radio"/> OUT	Physical facilities installed, maintained & clean	1	0	5	<input type="radio"/>	<input type="radio"/>
54	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Meets ventilation & lighting requirements; designated areas used	1	0	5	<input type="radio"/>	<input type="radio"/>
Total Deductions:				5				

Comment Addendum to Food Establishment Inspection Report

Establishment Name: OBRIENS DELI
Location Address: 4001 C COUNTRY CLUB ROAD
City: WINSTON-SALEM **State:** NC
County: 34 Forsyth **Zip:** 27104
Wastewater System: Municipal/Community On-Site System
Water Supply: Municipal/Community On-Site System
Permittee: O BRIEN S DELI, INC.
Telephone: _____

Establishment ID: 3034011802

Date: 12/19/2012
Status Code: A
Category #: IV
Email 1: _____
Email 2: _____
Email 3: _____

Temperature Observations

Item	Location	Temp	Item	Location	Temp	Item	Location	Temp
hot water	faucet	141	lettuce	make unit	44			
egg plant	refrigerator	46	sliced turkey	make unit	46			
potato salad	refrigerator	42	turkey	make unit	43			
apples	refrigerator	44	beef	make unit	41			
roast beef	refrigerator	44	deli meat	make unit	46			
pasta salad	deli case	43						
cloe slaw	deli case	42.						
potato salad	deli case	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.

- 1 The person in charge or on duty must have a food safety certification before 1-1-2014 or a two point deduction will be taken on the inspection. 2-102.20

- 2 The person in charge must have a health policy agreement with all employees.20201.11

- 3 Employees must be informed when to report illness to the person in charge.2-201.12

- 7 Employees may not contact ready to eat foods with bare hands, you may use gloves deli tissue, spatules, tongs, or other approved methods. 3-301.11



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Observations and Corrective Actions

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- 14 Detail cleaning needed on can opener and on guard of slicer. 4-602.11
- 18 It appears that the egg plant did not cool in 10 hours, see information on cooling methods. Egg plant was 46F after 10 hours in the up right refrigerator. All food must be cooled to 41F or below in 6 hours.3-501.14
- 21 All food in refrigeration for more that 24 hours must be date marked the day it was prepared.3-501.17
- 31 The egg plant in a tight fitting container was not cooled properly. The proper way to cool this product is to cool from 135F to 70F in an ice bath or other approved methods for two hours, then in the up right refrigerator from 70F to 41F in four hours. The product must be cooled in the refrigerator with the lid off and above any food that may contaminate the food that is cooling. 3-501.15
- 34 The thermometer was off 6 degrees F and calibrated to 32 in an ice bath during the inspection. 4-502.11
- 38 Except for a plain ring such as a wedding band, while preparing food, food employees may not wear jewelry including medical information jewelry on their arms and hands. 2-303.11
- 41 The ice scoop must be stored in a clean, dry and sanitized scoop holder, scoop holder today had water and build up. 3-304.12

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Observations and Corrective Actions

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Spell

- 42 Two clear plastic pans were stacked wet; need to air dry pans before stacking. 4-901.11
- 44 Observed no use of gloves. 3-304.15
- 45 The 3 door refrigerator needs repair , I will check later today to check on repair. Two gaskets on the 3 door refrigeration unit are split and need to be replaced. 4-501.11
- 52 Need new dumpster. 5-501.15
- 53 Need floor cleaning behind the ice machine. 6-501.12

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Spell

