Food Establishment Inspection Report

Establishment Name: OLIVE TREE DELI (THE)

Instructions:

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

Location Address: 580 SOUTH STRATFORD ROAD					
City: WINSTON SALEM					
State: NC Zip: 27103					
County: 34 Forsyth					
Permittee:					
Telephone:					
⊗Inspection					
○Re-Inspection					
Wastewater System:					
⊗Municipal/Community					
○On-Site System					
Water Supply:					
⊗Municipal/Community					
○On-Site System					

- 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
- 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".

Establishment ID: 3034011989

Foodborne Illness Risk Factors and Public Health Interventions

Score: 96

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.									
Со	mpliance Statu	OUT	CDI	R	VR				
Su	Supervision .2652								
1	⊗ ○ ○ IN OUT N/A	PIC Present; Demonstration-Certification by accredited program and perform duties	O O 2 0	0	0	0			
En	ployee Health	.2652							
2	O & IN OUT	Management, employees knowledge; responsibilities & reporting	○ ○ ⊗ 3 1.5 0	8	0	0			
3	⊗ ○ IN OUT	Proper use of reporting, restriction & exclusion	3 1.5 0	0	0	0			
Go	od Hygienic F	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 0 0	0	0	0			
Pre	eventing Cont	amination by Hands .2652, .2653, .2655, .265	6						
6	⊗ ○ IN OUT	Hands clean & properly washed	0 0 0 4 2 0	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	8	0	0			
8	⊗ ○ IN OUT	Handwashing sinks supplied & accessible	$\begin{array}{c c} \bigcirc \bigcirc \bigcirc \bigcirc \\ 2 & 1 & 0 \end{array}$	0	0	0			
Ap	proved Sourc	e .2653, .2655							
9	⊗ ○ IN OUT	Food obtained from approved source	0 0 0 2 1 0	0	0	0			
10	⊗ ○ ○ IN OUT N/O	Food received at proper temperature	$\begin{array}{c c} \bigcirc \bigcirc \bigcirc \bigcirc \\ 2 & 1 & 0 \end{array}$	0	0	0			
11	⊗ ○ IN OUT	Food in good condition, safe & unadulterated	$\begin{array}{c c} \bigcirc \bigcirc \bigcirc \bigcirc \\ 2 & 1 & 0 \end{array}$	0	0	0			
12	O O 🗞 O IN OUT N/A N/O	Required records available: shellstock tags, parasite destruction	$\begin{array}{c c} \bigcirc \bigcirc \bigcirc \bigcirc \\ 2 & 1 & 0 \end{array}$		0	0			
Pro	otection from	Contamination .2653, .2654							
13	8000	Food separated & protected	000		0	0			
14	IN OUT N/A N/O	Food-contact surfaces: cleaned & sanitized	3 1.5 0	0	0	0			
15	IN OUT SO O IN OUT	Proper disposition of returned, previously served,	3 1.5 0		0	0			
Dο		reconditioned, & unsafe food rdous Food TIme/Temperature .2653	2 1 0						
			000	_	_				
16	IN OUT N/A N/O	Proper cooking time & temperatures	3 1.5 0		0	0			
17	IN OUT N/A N/O	Proper reheating procedures for hot holding	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	3 1.5 0	0	0	0			
20	IN OUT N/A N/O	Proper cold holding temperatures	3 1.5 0	0	0	0			
21	O S O O	Proper date marking & disposition	3 1.5 0	8	0	0			
22	O O & O IN OUT N/A N/O	Time as a public health control: procedures & records	2 1 0	0	0	0			
Co	Consumer Advisory .2653								
23	O & O IN OUT N/A	Consumer advisory provided for raw or undercooked foods	0 0 & 1 0.5 0	≫	0	0			
Hi	ghly Susceptil	ole Populations .2653							
24	⊗ ○ ○ IN OUT N/A	Pasteurized foods used; prohibited foods not offered	3 1.5 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	O 🗞 O	Toxic substances properly identified stored, & used	○ ○ ⊗ 2 1 0	8	0	0			
Co	Conformance with Approved Procedures .2653, .2654, .2658								
27	O O &	Compliance with variance, specialized process, reduced oxygen packing criteria or HACCP plan	000		0	0			

Food Establishment Inspection Report, continued

Establishment Name: OLIVE TREE DELI (THE)	Establishment ID: 30340119
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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
 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 Minerali

Person in Charge (Print)

Last

Person in Charge (Signature)

First Last
Michael Patrick

Regulatory Authority (Print)

Regulatory Authority (Signature)

Contact Number: (____)__-

Verification Required Date: ___/ ___/

REHS ID: 17050 - Patrick, Michael

No. of Risk Factor/ Intervention Violations: _____ No. of Repeat Risk Factor/Intervention Violations:

Establishment ID: 3034011989										
Good Retail Practices										
	Preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.									
	Compliance Status OUT CDI R VR									
Sa	Safe Food and Water .2653, .2655, .2658									
28	⊗ IN	OUT	Pasteurized eggs used where required	1 0.5 0	0	0	0			
29	⊗ IN	OUT	Water and ice from approved source	$\bigcirc \bigcirc \bigcirc$ \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc	0	0	0			
30	30 NOUT N/A Variance obtained for specialized processing methods 0 0 0 0									
Fo	od Te	mperatu	ure Control .2653, .2654							
31	⊗ IN	OUT	Proper cooling methods used; adequate equipment for temperature control	0 0 0	0	0	0			
32	IN OU	O O TN/A N/O	Plant food properly cooked for hot holding	O O O 1 0.5 0	0	0	0			
33	⊗ ○ IN OU	O O	Approved thawing methods used	O O O 1 0.5 0	0	0	0			
34	⊗ IN	OUT	Thermometers provided & accurate	0 0 0	0	0	0			
Fc	od Ide	entificat	ion .2653							
35	⊗ IN	OUT	Food properly labeled: original container	O O O	0	0	0			
Pr	eventi	on of Fo	ood Contamination .2652, .2653, .2654, .265	5, .2657						
36	⊗ IN	OUT	Insects & rodents not present; no unauthorized animals	$\bigcirc \bigcirc \bigcirc$ \bigcirc \bigcirc \bigcirc 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	⊗ IN	O OUT	Wiping cloths: properly used & stored	1 0.5 0	0	0	0			
40	⊗ IN	0 0 0	0	0	0					
Proper Use of Utensils .2653, .2654										
41	⊗ IN	1 0.5 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	1 0.5 0	0	0	0			
44	⊗ IN	OUT	Gloves used properly	0 0 0 1 0.5 0	0	0	0			
Ut			uipment .2653, .2654, .2663	0.00						
45		OUT	Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed, & used	2 1 0	0	0	0			
46	1114	⊗ OUT	Warewashing facilities: installed, maintained, & used; test strips	0 8 0 1 0.5 0	0	0	0			
47	O IN	⊗ OUT	Non-food contact surfaces clean	○ ⊗ ○ 1 0.5 0	0	0	0			
Physical Facilities .2654, .2655, .2656										
48	11.4	OUT	Hot & cold water available; adequate pressure	$\begin{array}{cccc} \bigcirc \bigcirc \bigcirc \bigcirc \\ 2 & 1 & 0 \end{array}$	0	0	0			
49	OIN	⊗ OUT	Plumbing installed; proper backflow devices $\begin{array}{c c} \bigcirc & \otimes & \bigcirc \\ 2 & 1 & 0 \\ \end{array}$							
50	⊗ IN									
51	⊗ IN	OUT	Toilet facilities: properly constructed, supplied & cleaned	0 0 0	0	0	0			
52	O IN	⊗ OUT	Garbage & refuse properly disposed; facilities maintained	0.5 0	0	0	0			
53	⊗ IN	OUT	Physical facilities installed, maintained & clean	1 0.5 0	0	0	0			
54	64 S O Meets ventilation & lighting requirements; O O O O O									
			Total Deductions:	4						

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

Establishme	ent Name: OLIVE TE	REE DELI (THE	Ε)	E	stablishment ID	: _3	3034011989	Date: 03/13/20	13
Location	Address: 580 SOU	TH STRATFO	RD ROAD					Status Code:	Α
City: WI			State: 1	1C				Category #:	IV
		Ziŗ	o: <u>27103</u>					Email 1:	
Water S	ater System: ⊗ Mu upply: ⊗ Mu ee: _THE OLIVE TRE	ınicipal/Commun	ity On-Site Sy					Email 2: Email 3:	
Telepho	ne:)hear rations				
			rempe	rature C	bservations				
Item hot water	Location utensil sink	Temp 138	Item tziki sauce	Location make unit	Te t 29	np	Item gravy	Location hot hold	Temp 165
chili	walk-in cooler	41	tomatoes	make	44	_	chili	hot hold	185
soup	walk-in	43	lettuce	make	46				
meat sauce	walk-in	41	tuna salad	make	41				
gyro meat	walk-in	41	cooked onion	make	40				
roast beef	walk-in	41	steak	make dra	wer 42				
pork	walk-in	41	pasta	make dra	wer 43				
chopped	make unit	39	chicken	cook temp	o 185				
,	Violations cited in this r				orrective Action	_		05.11 of the food code.	
	now required to unde ment form for all em					give	en informatio	on to read and unders	stand and

- 2
- Observed employee handling cut cucumbers w/bare hands. Must not have bare hand contact with ready to eat (RTE) foods. Use 7 gloves, tongs, deli paper, etc.
- You will need to date mark a few items, i.e., spaghetti sauce, taco meat, soups. Your walk-in coller qualifies for 7-day allowance from the date of preparation.
- You will need to develop a consumer advisory since you are cooking eggs to order and if a customer requested an undercooked hamburger.



E	stablishment Name: OLIVE TREE DELI (THE)	Establishment ID: 3034011989
Γ	Observations a	and Corrective Actions ime frames below, or as stated in sections 8-405.11 of the food code.
26	Sanitizer not clearly labeled. CDI.	
46	You had quat test strips for testing chlorine sanitizer. Get c	hlorine test strips.
47	Observed some stainless surface cleaning & walk-in cooler	shelving cleaning needed. Cutting boards need stain removal.
49	Backflow preventer(s) were missing from can wash. Replace	ce ASAP.
52	.Need to clean up the can wash and dumpster areas.	



Comment Addendum to Food Establishment Inspection Report

Establishment Name: OLIVE TREE DELI (THE) Establishment ID: 3034011989

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.





Comment Addendum to Food Establishment Inspection Report

Establishment Name: OLIVE TREE DELI (THE) Establishment ID: 3034011989

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.



