

Food Establishment Inspection Report

Score: 93

Establishment Name: COMPARE FOODS DELI

Establishment ID: 3034012027

Date: 10 / 31 / 2012 Status Code: A

Time In: 10 : 00 am pm Time Out: 12 : 15 am pm

Total Time: -9 hrs -45 minutes

Category #: III

Establishment Type: _____

Instructions:

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

Location Address: 951 SILAS CREEK PARKWAY

City: WINSTON SALEM

State: NC Zip: 27127

County: 34 Forsyth

Permittee: PETER FOOD LLC

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"/> 0	<input type="radio"/> 0
Employee Health .2652								
2	<input checked="" type="radio"/> IN	<input type="radio"/> OUT		Management, employees knowledge; responsibilities & reporting	<input type="radio"/> 3	<input type="radio"/> 1.5	<input type="radio"/> 0	<input type="radio"/> 0
3	<input checked="" type="radio"/> IN	<input type="radio"/> OUT		Proper use of reporting, restriction & exclusion	<input type="radio"/> 3	<input type="radio"/> 1.5	<input type="radio"/> 0	<input type="radio"/> 0
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"/> 0
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"/> 0
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"/> 0
7	<input checked="" type="radio"/> IN	<input 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 type="radio"/> 1.5	<input type="radio"/> 0	<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"/> 0
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"/> 0
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	<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"/> 0
12	<input type="radio"/> IN	<input type="radio"/> OUT	<input checked="" type="radio"/> N/A	Required records available: shellstock tags, parasite destruction	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0	<input type="radio"/> 0
Protection from Contamination .2653, .2654								
13	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	Food separated & protected	<input type="radio"/> 3	<input type="radio"/> 1.5	<input type="radio"/> 0	<input type="radio"/> 0
14	<input type="radio"/> IN	<input checked="" type="radio"/> OUT		Food-contact surfaces: cleaned & sanitized	<input type="radio"/> 3	<input checked="" type="radio"/> 1.5	<input type="radio"/> 0	<input type="radio"/> 0
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"/> 0
Potentially Hazardous Food Time/Temperature .2653								
16	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	Proper cooking time & temperatures	<input type="radio"/> 3	<input type="radio"/> 1.5	<input type="radio"/> 0	<input type="radio"/> 0
17	<input type="radio"/> IN	<input type="radio"/> OUT	<input checked="" type="radio"/> N/A	Proper reheating procedures for hot holding	<input type="radio"/> 3	<input type="radio"/> 1.5	<input type="radio"/> 0	<input type="radio"/> 0
18	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	Proper cooling time & temperatures	<input type="radio"/> 3	<input type="radio"/> 1.5	<input type="radio"/> 0	<input type="radio"/> 0
19	<input type="radio"/> IN	<input type="radio"/> OUT	<input checked="" type="radio"/> N/A	Proper hot holding temperatures	<input type="radio"/> 3	<input type="radio"/> 1.5	<input type="radio"/> 0	<input type="radio"/> 0
20	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	Proper cold holding temperatures	<input type="radio"/> 3	<input type="radio"/> 1.5	<input type="radio"/> 0	<input type="radio"/> 0
21	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	Proper date marking & disposition	<input type="radio"/> 3	<input type="radio"/> 1.5	<input type="radio"/> 0	<input type="radio"/> 0
22	<input type="radio"/> IN	<input type="radio"/> OUT	<input checked="" type="radio"/> N/A	Time as a public health control: procedures & records	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0	<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	<input type="radio"/> 0
Highly Susceptible Populations .2653								
24	<input type="radio"/> IN	<input type="radio"/> OUT	<input checked="" type="radio"/> N/A	Pasteurized foods used; prohibited foods not offered	<input type="radio"/> 3	<input type="radio"/> 1.5	<input type="radio"/> 0	<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	<input type="radio"/> 0
26	<input type="radio"/> IN	<input checked="" type="radio"/> OUT	<input type="radio"/> N/A	Toxic substances properly identified stored, & used	<input type="radio"/> 2	<input checked="" type="radio"/> 1	<input type="radio"/> 0	<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	<input type="radio"/> 0



Food Establishment Inspection Report, continued

Establishment Name: COMPARE FOODS DELI

Establishment ID: 3034012027

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:

RUFINO

Person in Charge (Print)

[Signature]

Person in Charge (Signature)

M. Craig Faircloth

Regulatory Authority (Print)

[Signature]

Regulatory Authority (Signature)

Contact Number: (336) 703 - 3166

Verification Required Date: ___ / ___ / ___

REHS ID: 1938 - Faircloth, Craig

No. of Risk Factor/
Intervention
Violations: 3

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 0.5 0	<input type="radio"/>	<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"/>	<input type="radio"/>	
30	<input type="radio"/> IN	<input type="radio"/> OUT	<input checked="" type="radio"/> N/A	1 0.5 0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Food Temperature Control .2653, .2654								
31	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Proper cooling methods used; adequate equipment for temperature control	1 0.5 0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
32	<input type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<input checked="" type="radio"/> N/O	1 0.5 0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<input type="radio"/> N/O	1 0.5 0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Thermometers provided & accurate	1 0.5 0	<input type="radio"/>	<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"/>	<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"/>	<input type="radio"/>	
37	<input type="radio"/> IN	<input checked="" type="radio"/> OUT	Contamination prevented during food preparation, storage & display	2 1 0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
38	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Personal cleanliness	1 0.5 0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
39	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Wiping cloths: properly used & stored	1 0.5 0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
40	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Washing fruits & vegetables	1 0.5 0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Proper Use of Utensils .2653, .2654								
41	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	In-use utensils: properly stored	1 0.5 0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
42	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Utensils, equipment & linens: properly stored, dried & handled	1 0.5 0	<input type="radio"/>	<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 0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
44	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Gloves used properly	1 0.5 0	<input type="radio"/>	<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 checked="" 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 0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
47	<input type="radio"/> IN	<input checked="" type="radio"/> OUT	Non-food contact surfaces clean	1 0.5 0	<input type="radio"/>	<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"/>	<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"/>	<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"/>	<input type="radio"/>	
51	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Toilet facilities: properly constructed, supplied & cleaned	1 0.5 0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
52	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Garbage & refuse properly disposed; facilities maintained	1 0.5 0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
53	<input type="radio"/> IN	<input checked="" type="radio"/> OUT	Physical facilities installed, maintained & clean	1 0.5 0	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	
54	<input type="radio"/> IN	<input checked="" type="radio"/> OUT	Meets ventilation & lighting requirements; designated areas used	1 0.5 0	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	
Total Deductions:				7				

Comment Addendum to Food Establishment Inspection Report

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Establishment ID: 3034012027

Date: 10/31/2012

Location Address: 951 SILAS CREEK PARKWAY

City: WINSTON SALEM State: NC

County: 34 Forsyth Zip: 27127

Wastewater System: Municipal/Community On-Site System

Water Supply: Municipal/Community On-Site System

Permittee: PETER FOOD LLC

Telephone: _____

Status Code: A

Category #: III

Email 1: _____

Email 2: _____

Email 3: _____

Temperature Observations

Item	Location	Temp	Item	Location	Temp	Item	Location	Temp
ham	display case	38	ham	make unit	40			
chicken	display case	39	cooked beef	walk in cooler	40			
turkey	display case	38	cooked pork	walk in cooler	40			
cheese	display case	39	raw beef	walk in cooler	40			
pimento	display case	38	deli chicken	walk in cooler	40			
potato salad	display case	39	deli ham	walk in cooler	40			
diced	make unit	40	hot water	3 comp sink	130			
hot dog	make unit	41	hot water	wash vat	113			

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 of this facility has not completed an approved food safety course. By January 1, 2014 the person in charge of this facility must complete an approved food safety course.

- 14 Several utensils were found dirty. Take more time when cleaning and sanitizing these items.

- 26 Two spray bottles containing unknown chemicals, but labeled sanitizer were found on the rack adjacent to the walk in cooler. Properly label all chemicals.

- 37 Large bags of coconut, sugar, and chopped nuts were found open and unprotected. Once the original package has been opened place dry goods in approved closeable containers with labels.



Spell



Comment Addendum to Food Establishment Inspection Report

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Observations and Corrective Actions

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- 45 Repair: the chipped / damaged shelving in the rear storage area and bakery area, the rack in the cake decorating area, the damaged door gaskets of refrigeration units, and the crack in the front corner of the wash basin on the 3 compartment sink. Repair the condensate issues in the walk in freezer. Replace the rusting blades of both meat slicers.
- 47 Cleaning is needed on the door tracks of display cases, the carts, in cabinets and drawers, on the hood system, and on the shelving.
- 53 Repair the damaged curbing and cracks on both can washes. Repair the damage wall tiles throughout the facility. Repair the damaged areas of the floor throughout the facility. Repair the damaged areas of the wall adjacent to the front door of the market.
- 54 Repair the damaged light fixture in the dry goods storage area.



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