

# Food Establishment Inspection Report

Score: 99

Establishment Name: TARGET STORE #2134

Establishment ID: 3034014014

Date: 10 / 24 / 2012 Status Code: A

Time In: 08 : 55  am  pm Time Out: 11 : 20  am  pm

Total Time: 2 hrs 25 minutes

Category #: II

Establishment Type: \_\_\_\_\_

**Instructions:**

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

Location Address: 1090 SOUTH MAIN STREET

City: KERNERSVILLE

State: NC Zip: 27284

County: 34 Forsyth

Permittee: TARGET 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
<b>Supervision</b> .2652					
1	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	PIC Present: Demonstration-Certification by accredited program and perform duties	<input type="radio"/> 2	<input type="radio"/> 0	<input type="radio"/> <input type="radio"/> <input type="radio"/>
<b>Employee Health</b> .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"/> <input type="radio"/> <input type="radio"/>
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"/> <input type="radio"/> <input type="radio"/>
<b>Good Hygienic Practices</b> .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"/> <input type="radio"/> <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"/> <input type="radio"/> <input type="radio"/>
<b>Preventing Contamination by Hands</b> .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"/> <input type="radio"/> <input type="radio"/>
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"/> <input type="radio"/> <input type="radio"/>
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"/> <input type="radio"/> <input type="radio"/>
<b>Approved Source</b> .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"/> <input type="radio"/> <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"/> <input type="radio"/> <input type="radio"/>
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"/> <input type="radio"/> <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"/> <input type="radio"/> <input type="radio"/>
<b>Protection from Contamination</b> .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"/> <input type="radio"/> <input type="radio"/>
14	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Food-contact surfaces: cleaned & sanitized	<input type="radio"/> 3	<input type="radio"/> 1.5	<input type="radio"/> <input type="radio"/> <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"/> <input type="radio"/> <input type="radio"/>
<b>Potentially Hazardous Food Time/Temperature</b> .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"/> <input type="radio"/> <input type="radio"/>
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"/> <input type="radio"/> <input type="radio"/>
18	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A <input type="radio"/> N/O	Proper cooling time & temperatures	<input type="radio"/> 3	<input type="radio"/> 1.5	<input type="radio"/> <input type="radio"/> <input type="radio"/>
19	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Proper hot holding temperatures	<input type="radio"/> 3	<input type="radio"/> 1.5	<input type="radio"/> <input type="radio"/> <input type="radio"/>
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"/> <input type="radio"/> <input type="radio"/>
21	<input checked="" type="radio"/> IN <input 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 type="radio"/> <input type="radio"/> <input type="radio"/>
22	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A <input type="radio"/> N/O	Time as a public health control: procedures & records	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> <input type="radio"/> <input type="radio"/>
<b>Consumer Advisory</b> .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"/> <input type="radio"/> <input type="radio"/>
<b>Highly Susceptible Populations</b> .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"/> <input type="radio"/> <input type="radio"/>
<b>Chemical</b> .2653, .2657					
25	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A	Food additives: approved & properly used	<input type="radio"/> 1	<input type="radio"/> 0.5	<input type="radio"/> <input type="radio"/> <input type="radio"/>
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"/> <input type="radio"/> <input type="radio"/>
<b>Conformance with Approved Procedures</b> .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"/> <input type="radio"/> <input type="radio"/>



# Food Establishment Inspection Report, continued

Establishment Name: TARGET STORE #2134

Establishment ID: 3034014014

**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  
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:**

Daniel Smith  
Person in Charge (Print)

[Signature]  
Person in Charge (Signature)

Greg Gartner REHSI  
Regulatory Authority (Print)

[Signature] REHSI  
Regulatory Authority (Signature)

Contact Number: ( 336 ) 703 - 3383

Verification Required Date: \_\_\_ / \_\_\_ / \_\_\_

REHS ID: 2360 - Gartner, Gregory

No. of Risk Factor/  
Intervention  
Violations: 1

No. of Repeat Risk  
Factor/Intervention  
Violations: \_\_\_\_\_

<b>Good Retail Practices</b>															
Preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.															
Compliance Status								OUT	CDI	R	VR				
<b>Safe Food and Water</b> .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	Variance obtained for specialized processing methods					1	0.5	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<b>Food Temperature Control</b> .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	Plant food properly cooked for hot holding					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	Approved thawing methods used					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"/>		
<b>Food Identification</b> .2653															
35	<input type="radio"/> IN	<input checked="" type="radio"/> OUT	Food properly labeled: original container					2	1	0	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>		
<b>Prevention of Food Contamination</b> .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"/>		
<b>Proper Use of Utensils</b> .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"/>		
<b>Utensils and Equipment</b> .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"/>	<input type="radio"/>		
46	<input type="radio"/> IN	<input checked="" 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 checked="" type="radio"/>	<input type="radio"/>		
<b>Physical Facilities</b> .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 type="radio"/> IN	<input checked="" type="radio"/> OUT	Garbage & refuse properly disposed; facilities maintained					1	0.5	0	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>		
53	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Physical facilities installed, maintained & clean					1	0.5	0	<input 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"/>		
<b>Total Deductions:</b>								1							

# Comment Addendum to Food Establishment Inspection Report

Establishment Name: TARGET STORE #2134

Establishment ID: 3034014014

Date: 10/24/2012

Location Address: 1090 SOUTH MAIN STREET

City: KERNERSVILLE State: NC

County: 34 Forsyth Zip: 27284

Wastewater System:  Municipal/Community  On-Site System

Water Supply:  Municipal/Community  On-Site System

Permittee: TARGET INC.

Telephone: \_\_\_\_\_

Status Code: A

Category #: II

Email 1: \_\_\_\_\_

Email 2: \_\_\_\_\_

Email 3: \_\_\_\_\_

## Temperature Observations

Item	Location	Temp	Item	Location	Temp	Item	Location	Temp
wash solution	wash vat	106	air temp	front retail	38			
sani solution	sani vat	71	egg	2 door upright	39			
hot water	3 vat sink	147	provolone	2 door upright	39			
bacon egg	hot holding	157	ham	2 door upright	39			
egg and	hot holding	150	pepperoni	pizza make	37			
plate	dish machine	178	alfredo sauce	pizza make	36			
hash brown	hot holding	147	cheese	pizza make	37			
air temp	starbuck retail	36						

## 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.



Spell

- 2 Health policy provided upon request, but did not have evidence of employee acknowledgement and/or training (policies were not signed). Review management and employee health policy requirements in 2009 Food Code section 2-103.11 M and 2-201.11 A, B, C and D. Prepare to meet the policy requirements by next inspection.
  
- 35 Label the cinnamon, powdered sugar, and pizza salt dispensers. 15A NCAC 18A .2653 ref. 3-302.12; Except for containers holding food that can be readily and unmistakably recognized such as dry pasta, working containers holding food or food ingredients that are removed from their original packages for use in the food establishment shall be identified with the common name of the food.
  
- 37 Salads are made in kitchen with bags or salad toppings (croutons, cranberries, and dressing containers) stored in direct contact with ready to eat salad and are sold in retail cooler. There is concern about the hand contact side of utensils coming in contact with salad. Further direction will be given after health department review.
  
- 45 Replace cracked plexiglass door of popcorn machine and heat damaged plastic guards over blender station and ice scoop.



# Comment Addendum to Food Establishment Inspection Report

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## Observations and Corrective Actions

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- 46 Wash vat solution and sanitizer solution measured below the requirements at 104°F and 71°F respectively. 15A NCAC 18A .2654 ref. 4-501.19: The temperature of the wash solution in manual warewashing equipment shall be maintained at not less than 110°F or the temperature specified on the cleaning agent manufacturer's label instructions.  
15A NCAC 18A .2654 ref. 4-501.114 (C): A quaternary ammonium compound solution shall have a minimum temperature of 75°F
- 47 Repeat Violation: Clean shelving by pizza oven, tops of undercounter equipment, and counters beneath countertop equipment. / Clean bottom of reach in cooler.
- 52 No covered receptacle in customer unisex bathroom. 15A NCAC 18A .2655 ref. 5-501.17: A toilet room used by females shall be provided with a covered receptacle for sanitary napkins
- 54 Lighting is below the required minimum 10 foot candles in the retail walk in freezer (4fc). Increase lighting.



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## Observations and Corrective Actions

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✓  
Spell



# Comment Addendum to Food Establishment Inspection Report

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## Observations and Corrective Actions

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Spell

