Food Establishment Inspection Report

Establishment Name: HARRIS TEETER #146 Establishment ID: 3034020073

Date: Ø 3 / Ø 1 / 2 Ø 1 3 Status Code: A					
Time In: $0 \ 2$: $0 \ 0 \ \infty$ pm Time Out: $0 \ 3$: $5 \ 5 \ \infty$ pm					
Total Time: 1 hr 55 minutes					
Category #: _III					
Establishment Type:					

Instructions:

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

Location Address: 3	508 YADKINVILLE ROAD						
City: _WINSTON-SALEM							
State: NC Zip: 27101							
County: 34 Forsyth							
Permittee: HARRIS	TEETER INC.						
Telephone:	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

Score: 99.5

Risk factors: Contributing factors that increase the chance of developing foodborne illness. **Public Health Interventions:** Control measures to prevent foodborne illness or injury

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Со	mpliance Stat	OUT	CDI	R	VR	
Su	pervision					
1	⊗ ○ ○ IN OUT N/A	PIC Present; Demonstration-Certification by accredited program and perform duties	$\bigcirc \bigcirc$ 2 0	0	0	0
En	ployee Heal	th .2652				
2	⊗ ○ IN OUT	Management, employees knowledge; responsibilities & reporting	O O O 3 1.5 0	0	0	0
3	⊗ ○ IN OUT	Proper use of reporting, restriction & exclusion	○ ○ ○ 3 1.5 0	0	0	0
Go	od Hygienic	Practices .2652, .2653				
4	⊗ ○ IN OUT	Proper eating, tasting, drinking, or tobacco use	0 0 0 2 1 0	0	0	0
5	⊗ ○ IN OUT	No discharge from eyes, nose, and mouth	0 0 0 1 0.5 0	0	0	0
Pre		tamination by Hands .2652, .2653, .2655, .265				
6	Ø ○ IN OUT	Hands clean & properly washed	0 0 0 4 2 0	0	0	0
7	⊗ ○ ○ IN OUT N/C	No bare hand contact with RTE foods or pre-approved alternate procedure properly allowed	○ ○ ○ 3 1.5 0	0	0	0
8	⊗ ○ IN OUT	Handwashing sinks supplied & accessible	0 0 0 2 1 0	0	0	0
Ap	proved Sour	.2653, .2655				
9	⊗ ○ IN OUT	Food obtained from approved source	$ \bigcirc\bigcirc\bigcirc\bigcirc$ 2 1 0	0	0	0
10	O O S IN OUT N/C	Food received at proper temperature	$ \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc $ 2 1 0	0	0	0
11	⊗ ○ IN OUT	Food in good condition, safe & unadulterated	$ \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc $ 2 1 0	0	0	0
12	O O & C IN OUT N/A N/		$ \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc $ 2 1 0	0	0	0
Pro		Contamination .2653, .2654				
13	⊗ ○ ○ ○ IN OUT N/A N/		○ ○ ○ 3 1.5 0	0	0	0
14	⊗ ○ IN OUT	Food-contact surfaces: cleaned & sanitized	○ ○ ○ 3 1.5 0	0	0	0
15	⊗ ○ IN OUT	Proper disposition of returned, previously served, reconditioned, & unsafe food	$ \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc $ 2 1 0	0	0	0
Po	T	ardous Food Time/Temperature .2653				
16	IN OUT N/A N/	Proper cooking time & temperatures	0 0 0 3 1.5 0	0	0	0
17	IN OUT N/A N/	D Proper reneating procedures for not holding	0 0 0 3 1.5 0	0	0	0
18	⊗ ○ ○ ○ ○ IN OUT N/A N/	D Proper cooling time & temperatures	3 1.5 0	0	0	0
19	IN OUT N/A N/	D Proper not notating temperatures	0 0 0 3 1.5 0	0	0	0
20	IN OUT N/A N/	Dirroper cold flolding temperatures	0 0 0 3 1.5 0	0	0	0
21	IN OUT N/A N/	Diritoper date marking & disposition	0 0 0 3 1.5 0	0	0	0
22	O O 🗞 C		0 0 0 2 1 0	0	0	0
Со	nsumer Adv		000			
23	IN OUT N/A		1 0.5 0	0	0	0
Hiç		ible Populations .2653				
24	IN OUT N/A		3 1.5 0	0	0	0
	emical	.2653, .2657				
25	IN OUT N/A		1 0.5 0	0	0	0
26	⊗ ○ ○ IN OUT N/A		2 1 0	0	0	0
	nformance v	vith Approved Procedures .2653, .2654,	.2658			
27	IN OUT N/A	Compliance with variance, specialized process, reduced oxygen packing criteria or HACCP plan	2 1 0	0	0	0

Food Establishment Inspection Report, continued

Establishment Name: HARRIS TEETER #146 Establishment ID: 3034020073

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	Instru	actions	. contin	iuea:

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".
- 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:

Robin Tritt

Person in Charge (Signature)

Regulatory Authority (Print)

Regulatory Authority (Signature)

Contact Number: (____)__-

Verification Required Date: ___/ ___/ __

REHS ID: 1958 - Allred, Christy

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 Compliance Status CDI R VR .2653, .2655, .2658 Safe Food and Water ○ ○ ○ 1 0.5 0 OUT 0 28 Pasteurized eggs used where required \circ 0 0 0 0 0 0 29 Water and ice from approved source OUT O O & IN OUT N/A Variance obtained for specialized processing methods 0 30 0 **Food Temperature Control** .2653...2654 Proper cooling methods used; adequate equipment for temperature control 0 0 0 OUT 0 0 OOO ⊗ IN OUTN/A N/O 0 0 0 1 0.5 0 32 Plant food properly cooked for hot holding 0 0 0 0 0 0 1 0.5 0 ⊗ ○ 0 Approved thawing methods used 0 0 IN OUT N/A N/O 0 0 0 1 0.5 0 OUT 0 0 0 34 Thermometers provided & accurate **Food Identification** .2653 OUT Food properly labeled: original container 0 0 35 0 Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657 OUT 0 0 Insects & rodents not present; no unauthorized animals 0 0 0 36 OUT Contamination prevented during food preparation, 37 0 0 \bigcirc storage & display OUT O O O 38 Personal cleanliness 0 0 0 ⊗ IN OUT 0 0 0 1 0.5 0 0 39 Wiping cloths: properly used & stored 0 0 OUT ○ ○ ○ 1 0.5 0 Washing fruits & vegetables 40 0 0 **Proper Use of Utensils** .2653, .2654 0 0 0 1 0.5 0 ⊗ IN OUT 0 41 In-use utensils: properly stored 0 000Utensils, equipment & linens: properly stored, dried & handled 0 0 0 42 OUT 1 0.5 0 Single-use & single-service articles: properly 43 0 0 0 OUT 1 0.5 0 stored & used ⊗ IN OUT 00 0 0 44 Gloves used properly 0 1 0.5 0 Utensils and Equipment .2653, .2654, .2663 ⊗ OUT ○ ○ **⊗** 2 1 0 Equipment, food & non-food contact surfaces approved, 45 0 \bigcirc cleanable, properly designed, constructed, & used ⊗ IN OUT 0 0 0 1 0.5 0 Warewashing facilities: installed, maintained, & used; 46 0 0 test strips ⊗ OUT ○ **⊗** ○ 1 0.5 0 0 0 0 47 Non-food contact surfaces clean Physical Facilities .2654, .2655, .2656 OUT $\bigcirc \bigcirc \bigcirc$ 0 Hot & cold water available; adequate pressure 0 0 0 48 OUT 49 Plumbing installed; proper backflow devices 0 0 0 OUT 50 0 0 0 Sewage & waste water properly disposed 1 0 ⊗ IN OUT 0 0 0 1 0.5 0 Toilet facilities: properly constructed, supplied 0 0 51 0 OUT 0 0 0 1 0.5 0 Garbage & refuse properly disposed; 52 0 0 facilities maintained 0 00053 Physical facilities installed, maintained & clean 0 0 0 OUT 1 0.5 0 OUT 0 0 0 1 0.5 0 Meets ventilation & lighting requirements; 54 0 0 0

North Carolina Department of Health & Human Services

Division of Public Health

Environmental Health Section

Food Protection Program

Total Deductions:

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Establishment Name: HARRIS TEETER #146	Establishment ID: 3034020073	Date: 03/01/2013
Location Address: 3508 YADKINVILLE ROAD		Status Code: A
City: WINSTON-SALEM State: NC		Category #:III
County: 34 Forsyth Zip: 27101		Email 1:
Wastewater System: ⊗ Municipal/Community ○ On-Site System Water Supply: ⊗ Municipal/Community ○ On-Site System		Email 2:
Permittee: HARRIS TEETER INC.		Email 3:
Telephone:		

Temperature Observations								
Item salami	Location deli case	Temp 37	Item cheese	Location walk-in cooler	Temp 38	Item	Location	Temp
bologna	deli case	36	ham	walk-in cooler	38			
roast beef	deli case	37	raw chicken	walk-in cooler	39			
cheese	deli case	37	wash water	utensil sink	111			
air temp	cheese case	40	hot water	utensil sink	138			
chicken 8s	warmer	165	QA sanitizer	utensil sink	300			
fried chicken	warmer	135	QA sanitizer	spray bottle	200			
rotisserie	warmer	160						

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.

0-pts. There are small areas of damaged laminate on the counters.

√ Spel

47 The cabinets beneath the deli case need detail cleaning.



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