Food Establishment Inspection Report

Score: 93

Establishment Name: LOWES FOOD 165 DELI

Establishment ID: 3034020421

Date: 12 / 27 / 2012 Status Code: A

Time In: 10 : 00 ⊗ am ○ pm Time Out: 12 : 10 ○ am ⊗ pm

Total Time: 2 hrs 10 minutes

Category #: IV

Establishment Type: Deli Department

Instructions:

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

Location Address: 2890 REYNOLDA ROAD

City: WINSTON SALEM

State: NC Zip: 27105

County: 34 Forsyth

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

Food Establishment Inspection Report, continued

Establishment Name: LOWES FOOD 165 DELI Establishment ID: 3034020421

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:

Terry Warren
Person in Charge (Print)

Terry Warren
Person in Charge (Signature)

Christy Allred Clarence H. Edwards
Regulatory Authority (Print)

Christy Allred Clarence H. Edwards
Regulatory Authority (Signature)

Contact Number: (____) ____ - _____

Verification Required Date: ___ / ___ / _____

REHS ID: 1958 - Allred, Christy

No. of Risk Factor/ Intervention Violations: 2

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	⊗ IN ○ OUT	Pasteurized eggs used where required	○ 1 ○ 0.5 ○ 0	○	○	○
29	⊗ IN ○ OUT	Water and ice from approved source	○ 2 ○ 1 ○ 0	○	○	○
30	○ IN ○ OUT ⊗ N/A	Variance obtained for specialized processing methods	○ 1 ○ 0.5 ○ 0	○	○	○
	Food Temperature Control	.2653, .2654				
31	⊗ IN ○ OUT	Proper cooling methods used; adequate equipment for temperature control	○ 1 ○ 0.5 ○ 0	○	○	○
32	○ IN ○ OUT ○ N/A ⊗ N/O	Plant food properly cooked for hot holding	○ 1 ○ 0.5 ○ 0	○	○	○
33	⊗ IN ○ OUT ○ N/A ○ N/O	Approved thawing methods used	○ 1 ○ 0.5 ○ 0	○	○	○
34	⊗ IN ○ OUT	Thermometers provided & accurate	○ 1 ○ 0.5 ○ 0	○	○	○
	Food Identification	.2653				
35	○ IN ⊗ OUT	Food properly labeled: original container	○ 2 ○ 1 ⊗ 0	○	○	○
	Prevention of Food Contamination	.2652, .2653, .2654, .2656, .2657				
36	⊗ IN ○ OUT	Insects & rodents not present; no unauthorized animals	○ 2 ○ 1 ○ 0	○	○	○
37	○ IN ⊗ OUT	Contamination prevented during food preparation, storage & display	⊗ 2 ○ 1 ○ 0	○	⊗	○
38	⊗ IN ○ OUT	Personal cleanliness	○ 1 ○ 0.5 ○ 0	○	○	○
39	⊗ IN ○ OUT	Wiping cloths: properly used & stored	○ 1 ○ 0.5 ○ 0	○	○	○
40	⊗ IN ○ OUT	Washing fruits & vegetables	○ 1 ○ 0.5 ○ 0	○	○	○
	Proper Use of Utensils	.2653, .2654				
41	○ IN ⊗ OUT	In-use utensils: properly stored	⊗ 1 ○ 0.5 ○ 0	○	⊗	○
42	⊗ IN ○ OUT	Utensils, equipment & linens: properly stored, dried & handled	○ 1 ○ 0.5 ○ 0	○	○	○
43	⊗ IN ○ OUT	Single-use & single-service articles: properly stored & used	○ 1 ○ 0.5 ○ 0	○	○	○
44	⊗ IN ○ OUT	Gloves used properly	○ 1 ○ 0.5 ○ 0	○	○	○
	Utensils and Equipment	.2653, .2654, .2663				
45	○ IN ⊗ OUT	Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed, & used	○ 2 ○ 1 ⊗ 0	○	○	○
46	⊗ IN ○ OUT	Warewashing facilities: installed, maintained, & used; test strips	○ 1 ○ 0.5 ○ 0	○	○	○
47	○ IN ⊗ OUT	Non-food contact surfaces clean	⊗ 1 ○ 0.5 ○ 0	○	⊗	○
	Physical Facilities	.2654, .2655, .2656				
48	⊗ IN ○ OUT	Hot & cold water available; adequate pressure	○ 2 ○ 1 ○ 0	○	○	○
49	⊗ IN ○ OUT	Plumbing installed; proper backflow devices	○ 2 ○ 1 ○ 0	○	○	○
50	⊗ IN ○ OUT	Sewage & waste water properly disposed	○ 2 ○ 1 ○ 0	○	○	○
51	○ IN ⊗ OUT	Toilet facilities: properly constructed, supplied & cleaned	⊗ 1 ○ 0.5 ○ 0	○	⊗	○
52	⊗ IN ○ OUT	Garbage & refuse properly disposed; facilities maintained	○ 1 ○ 0.5 ○ 0	○	○	○
53	⊗ IN ○ OUT	Physical facilities installed, maintained & clean	○ 1 ○ 0.5 ○ 0	○	○	○
54	○ IN ⊗ OUT	Meets ventilation & lighting requirements; designated areas used	○ 1 ⊗ 0.5 ○ 0	○	○	○
		Total Deductions:	7			

Comment Addendum to Food Establishment Inspection Report

Establishment Name: LOWES FOOD 165 DELI

Establishment ID: 3034020421

Date: 12/27/2012

Status Code: A

Category #: IV

Email 1:

Email 2:

Email 3:

Location Address: 2890 REYNOLDA ROAD

City: WINSTON SALEM State: NC

County: 34 Forsyth Zip: 27105

Wastewater System: ⊗ Municipal/Community ○ On-Site System

Water Supply: ⊗ Municipal/Community ○ On-Site System

Permittee: LOWES FOOD STORES INC.

Telephone:

Temperature Observations

Item	Location	Temp	Item	Location	Temp	Item	Location	Temp
chicken legs	cook temp	199	turkey	salad bar	41	roast beef	deli case	39
rotisserie	cook temp	190	chicken	salad bar	41	hot water	utensil sink	142
fried chicken	warmer	165	cottage	salad bar	39	wings	walk-in cooler (AM)	45
mac and	floor display case	165	scalloped	hot case	165	air temp	walk in cooler	37
macaroni	salad bar	39	pasta salad	cold case	41			
potato salad	salad bar	39	rice	cold case	41			
air temp	cheese/salad case	36	loaded baked	cold case	40			
ham	salad bar	41	ham	deli case	38			

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

14 0-pts. A couple of the cleaned metal pans used for hot holding were soiled. Be sure to clean utensils more thoroughly

19 The boneless wings were 104-115F (repeat). The flavored wings were 130-135F. The minimum hot holding temperature is 135F. CDI-The boneless wings were voluntarily disposed of.

35 0-pts. There were some packaged single service container in one of the display cases that were mislabeled and mango salsa. The product has signs of temperature abuse and were voluntarily disposed of.

37 Repeat. There was a soiled wiping cloth in beneath the deli meat in the display case. An open container of foods was stored beneath a condensation leak in the walkin freezer.

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Observations and Corrective Actions

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41 Repeat. The in-use tongs for the fried chicken were set down in the soiled grease drain for the flattop grill. The tongs need to be stored on a clean dry surface.

45 0-pts. Need to repair the leaky condensation drain for the walk-in freezer.

47 Repeat.The display cases need cleaning. The shelving in the walk-in cooler need cleaning.

51 Repeat. The employee restrooms need cleaning. The toilets are soiled and there is mold on the walls in both the male and female restrooms.

54 The hood needs cleaning. Need to dust the AC vent over the prep table.

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Spell