## Food Establishment Inspection Report

Establishment Name: HARRIS TEETER 216 SEAFOOD

Date: <u>Ø 1</u> / <u>1 4</u> / <u>2 Ø 1 3</u> Status Code: A							
Fime In: $11$ : $15 \overset{\otimes}{\bigcirc}$ pm Time Out: $12$ : $45 \overset{\otimes}{\otimes}$ pm							
Total Time: 1 hr 30 minutes							
Category #: III							
Establishment Type:							

#### Instructions:

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

Location Address:	2281 CLOVERDALE AVE							
City: WINSTON SA	ALEM							
State: NC	Zip: <sup>27103</sup>							
County: 34 Forsyth								
Permittee: HARRIS TEETER INC								
Telephone:								
⊗Inspection								
○Re-Inspection								
Wastewater System:								
⊗Municipal/Community								
○On-Site Systen	า							
Water Supply:								
⊗Municipal/Community								
On-Site Systen	1							

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".

Score: 96

Foodborne Illness Risk Factors and Public Health Interventions

Risk factors: Contributing factors that increase the chance of developing foodborne illness.

Establishment ID: 3034020454

Pul	blic Health Interv	ventions: Control measures to prevent foodborne illness	or injury.							
Compliance Status OUT CDI R V										
Su	pervision	.2652								
1	⊗ ○ ○ IN OUT N/A	PIC Present; Demonstration-Certification by accredited program and perform duties	○ ○ 2 0	0	0	0				
En	ployee Health	.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	O O O 3 1.5 0	0	0	0				
Good 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	O O O 1 0.5 0	0	0	0				
Preventing Contamination by Hands .2652, .2653, .2655, .2656										
6	O & IN OUT	Hands clean & properly washed	○ <b>⊗</b> ○ 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	0	0	0				
8	⊗ ○ IN OUT	Handwashing sinks supplied & accessible	0 0 0 2 1 0	0	0	0				
Аp	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	$ \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	○ ⊗ ○ ○ IN OUT N/A N/O	Required records available: shellstock tags, parasite destruction	○ ○ <b>⊗</b> 2 1 0	8	0	0				
Pro	otection from	Contamination .2653, .2654								
13	⊗ ○ ○ ○ ○ IN OUT N/A N/O	Food separated & protected	000		0	0				
14	O & 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	3 1.5 0 0 0 0 2 1 0	0	0	0				
Po		rdous Food TIme/Temperature .2653	2 1 0							
	O O O S IN OUT N/A N/O	Proper cooking time & temperatures	0 0 0 3 1.5 0		0	0				
17	O O O S IN OUT N/A N/O	Proper reheating procedures for hot holding	000	0	0	0				
18		Proper cooling time & temperatures	000	0	0	0				
19	O O & O	Proper hot holding temperatures	3 1.5 0 O O O 3 1.5 0	0	0	0				
20	⊗ ○ ○ ○ O IN OUT N/A N/O	Proper cold holding temperatures	000	0	0	0				
21	⊗ ○ ○ ○ O	Proper date marking & disposition	3 1.5 0 O O O 3 1.5 0	0	0	0				
22	O O & O	Time as a public health control: procedures & records	000	0	0	0				
-	nsumer Advis	sory .2653	2 1 0							
23	⊗ ○ ○ IN OUT N/A	Consumer advisory provided for raw or undercooked foods	0 0 0		0	0				
Hic		ole Populations .2653	1 0.0 0							
24	O O &	Pasteurized foods used; prohibited foods not offered	0 0 0 3 1.5 0		0	0				
Ch	emical	.2653, .2657	3 1.3 0							
25	⊗ ○ ○ IN OUT N/A	Food additives: approved & properly used	0 0 0 1 0.5 0	0	0	0				
26	⊗ ○ ○ IN OUT N/A	Toxic substances properly identified stored, & used	$\begin{array}{c c} \bigcirc \bigcirc \bigcirc \bigcirc \\ 2 & 1 & 0 \end{array}$	0	0	0				
Со	Conformance with Approved Procedures .2653, .2654, .2658									
27	O O & IN OUT N/A	Compliance with variance, specialized process, reduced oxygen packing criteria or HACCP plan	$\begin{array}{c c} \bigcirc \bigcirc \bigcirc \bigcirc \\ 2 & 1 & 0 \end{array}$	0	0	0				

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

## Food Establishment Inspection Report, continued

Establishment Name: HARRIS TEETER 216 SEAFOOD Establishment ID: 3034020454

#### 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:

Averne Foster
Person in Charge (Print)

Lest Steed ZEH5 Regulatory Authority (Signature)

Contact Number: (336)703-3141

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

REHS ID: 1801 - Steed, Scott

No. of Risk Factor/ Intervention Violations: 3

No. of Repeat Risk Factor/Intervention Violations:

O 8

⊗ IN OUT

OUT

53

54

#### **Good Retail Practices** Preventative measures to control the addition of pathogens. chemicals, and physical objects into foods. CDI R VR Compliance Status Safe Food and Water .2653, .2655, .2658 0 0 0 OUT 0 28 Pasteurized eggs used where required $\circ$ 0 O O O 2 1 0 29 0 0 0 Water and ice from approved source OUT O O & IN OUT N/A 0 0 0 1 0.5 0 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 8 0 0 0 1 0.5 0 ○ ○ ⊗ ○ NOUT N/A N/O Plant food properly cooked for hot holding 32 0 0 0 0 0 0 1 0.5 0 ⊗ ○ ○ ○ Approved thawing methods used IN OUT N/A N/O 0 0 0 0 0 1 0.5 0 OUT Thermometers provided & accurate 0 0 0 34 **Food Identification** .2653 OUT Food properly labeled: original container 0 0 0 35 Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657 OUT $\begin{array}{cccc} \bigcirc \bigcirc \bigcirc \bigcirc \\ 2 & 1 & 0 \end{array}$ 36 Insects & rodents not present; no unauthorized animals 0 0 0 OUT 0 1 0 Contamination prevented during food preparation, 37 0 0 $\bigcirc$ storage & display OUT 0 0 0 1 0.5 0 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 0 0 0 1 0.5 0 40 Washing fruits & vegetables 0 0 **Proper Use of Utensils** .2653, .2654 0 0 0 1 0.5 0 ⊗ IN OUT In-use utensils: properly stored 41 0 0 000 Utensils, 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 $\overline{000}$ Gloves used properly 0 0 44 0 1 0.5 0 Utensils and Equipment .2653, .2654, .2663 $\bigcirc \bigcirc \bigcirc$ $\bigcirc$ $\bigcirc$ $\bigcirc$ 1 0 Equipment, food & non-food contact surfaces approved, 45 0 $\bigcirc$ OŬT cleanable, properly designed, constructed, & used ⊗ IN OUT 0 0 0 1 0.5 0 Warewashing facilities: installed, maintained, & used; 0 0 46 test strips ○ ○ **⊗** 1 0.5 0 ⊗ OUT 0 0 0 Non-food contact surfaces clean **Physical Facilities** .2654, .2655, .2656 OUT $\begin{array}{c|c} \bigcirc & \bigcirc & \bigcirc \\ 2 & 1 & 0 \end{array}$ Hot & cold water available; adequate pressure 0 0 0 48 ⊗ IN OUT 0 49 Plumbing installed; proper backflow devices 0 0 ⊗ IN 0 0 OUT 50 0 0 0 Sewage & waste water properly disposed ⊗ IN OUT 0 0 0 1 0.5 0 Toilet facilities: properly constructed, supplied 0 0 51 0 ⊗ OUT ○ ○ **⊗** 1 0.5 0 Garbage & refuse properly disposed; 52 0 0 facilities maintained

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**Total Deductions:** 

Physical facilities installed, maintained & clean

Meets ventilation & lighting requirements;

 $\circ \otimes \circ$ 

1 0.5 0

0 0 0

 $\bigcirc$ 0 0

		Comment	Addendun	n to Food	Establishmen	t Inspectio	n Report
	Establishme	ent Name: HARRIS	TEETER 216 SEAF	OOD	Establishment ID:	3034020454	Date: 01/14/2013
	Location	Address: 2281 CL	OVERDALE AVE				Status Code: A
	City: WI		_	State: NC			Category #:III
	County:		Zip: <sup>271</sup>				Email 1:
		ater System:   M					Email 2:
	Water Su	JPPIY:	unicipal/Community O	On-Site System			Email 3:
		ne:					Email 3.
				Temperature	Observations		
	Item raw fish	Location display case	Temp Item	Location	on Temp	Item L	Location Temp
	raw scallops	display case	38				
	raw lobster	display case	38				
	raw shrimp	display case	38				
	crab cakes	display case	39				
	cooked	display case	39				
	crab legs	display case	39				
	,	/iolations cited in this			Corrective Actions frames below, or as stated in		of the food code
6	Observed hands. H meat side	I an employee goin le was taking off glo and goes to the se	g from working with oves and then putti eafood side, or vice	n food in the meang on new ones. eversa, hands m	at room to serving custor Anytime an employee	mers in the seafor switches from wo between changin	od room without washing
12	2 Shellfish the shellfi		n chronological ord	ler and then date	that the last shellstock	is sold from a cas	se must be recorded on
14		f the plastic contair I surfaces of contai				m, it was mostly a	round the outside edges.
47					ttom storage spaces and rent the accumulation of		nd on the display case.

6

## **Comment Addendum to Food Establishment Inspection Report**

Establishment Name: HARRIS TEETER 216 SEAFOOD Establishment ID: 3034020454

## **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.



52 Trash receptacles are needed at each of the hand washing sinks.

The drain pipe for the hand washing sink by the freezer is lying on the floor under the three compartment sink and needs to be bracketed off the floor to allow for cleaning.



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# Comment Addendum to Food Establishment Inspection Report

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### **Observations and Corrective Actions**

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