

Food Establishment Inspection Report

Score: 99

Establishment Name: LOWES FOOD 171 SEAFOOD MARKET

Establishment ID: 3034020466

Date: 05 / 07 / 2013 **Status Code:** A

Time In: 02 : 10 ^{am} _{pm} **Time Out:** 04 : 15 ^{am} _{pm}

Total Time: 2 hrs 5 minutes

Category #: III

Establishment Type: _____

Instructions:

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

Location Address: 177 LOWES FOOD DRIVE

City: LEWISVILLE

State: NC **Zip:** 27023

County: 34 Forsyth

Permittee: LOWES FOODS 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	<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"/>		
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"/>		
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"/>		
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"/>		
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"/>		
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"/>		
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"/>		
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"/>		
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"/>		
10	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/O	Food received at proper temperature				<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0	<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"/> 0	<input type="radio"/>		
12	<input type="radio"/> IN	<input checked="" type="radio"/> OUT	<input 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 checked="" type="radio"/> 0	<input type="radio"/>	
Protection from Contamination .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"/> 0	<input type="radio"/>	
14	<input type="radio"/> IN	<input type="radio"/> OUT	<input checked="" type="radio"/>		Food-contact surfaces: cleaned & sanitized				<input type="radio"/> 3	<input type="radio"/> 1.5	<input checked="" 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"/> 0	<input type="radio"/>	
Potentially Hazardous Food Time/Temperature .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"/> 0	<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"/> 0	<input type="radio"/>	
18	<input type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<input checked="" type="radio"/> N/O	Proper cooling time & temperatures				<input type="radio"/> 3	<input type="radio"/> 1.5	<input type="radio"/> 0	<input type="radio"/>	
19	<input type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<input checked="" type="radio"/> N/O	Proper hot holding temperatures				<input type="radio"/> 3	<input type="radio"/> 1.5	<input type="radio"/> 0	<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"/> 0	<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"/> 0	<input type="radio"/>	
22	<input type="radio"/> IN	<input type="radio"/> OUT	<input checked="" type="radio"/>	<input 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"/> 0	<input type="radio"/>
Consumer Advisory .2653													
23	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input 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"/>	
Highly Susceptible Populations .2653													
24	<input type="radio"/> IN	<input type="radio"/> OUT	<input checked="" type="radio"/>	<input 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"/>	
Chemical .2653, .2657													
25	<input type="radio"/> IN	<input type="radio"/> OUT	<input checked="" type="radio"/>	<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"/>	
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"/> 0	<input type="radio"/>	
Conformance with Approved Procedures .2653, .2654, .2658													
27	<input type="radio"/> IN	<input type="radio"/> OUT	<input checked="" type="radio"/>	<input 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"/>	



Food Establishment Inspection Report, continued

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Establishment ID: 3034020466

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:

First Last
walter hardwick

Person in Charge (Print)

Walter Hardwick

Person in Charge (Signature)

First Last
Charles Long

Regulatory Authority (Print)

Charles Long

Regulatory Authority (Signature)

Contact Number: (336) 103 - 3136

Verification Required Date: ___ / ___ / ___

REHS ID: 1158 - Long, C. Kentt

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	<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"/>
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	Plant food properly cooked for hot holding	1	0.5	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" 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"/>
Food Identification .2653								
35	<input type="radio"/> IN <input checked="" 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 type="radio"/> IN <input checked="" 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 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 checked="" type="radio"/> IN <input 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 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 type="radio"/>	<input type="radio"/>
Total Deductions:			1					

Comment Addendum to Food Establishment Inspection Report

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Establishment ID: 3034020466

Date: 05/07/2013

Location Address: 177 LOWES FOOD DRIVE

City: LEWISVILLE State: NC

County: 34 Forsyth Zip: 27023

Wastewater System: Municipal/Community On-Site System

Water Supply: Municipal/Community On-Site System

Permittee: LOWES FOODS INC

Telephone: _____

Status Code: A

Category #: III

Email 1: _____

Email 2: _____

Email 3: _____

Temperature Observations

Item	Location	Temp	Item	Location	Temp	Item	Location	Temp
hot water	out of tap at utensil sink	135	imitation crab	seafood case	37			
wash water	utensil sink basin	121	lemon dill cod	seafood case	37			
pepper jack	seafood case	35	california	seafood case	37			
large cocktail	seafood case	37	salmon with	seafood case	35			
medium	seafood case	35	cod fillet	seafood case	35			
P+D large	seafood case	32	fresh tilapia	seafood case	33			
krab salad	seafood case	35						
seafood salad	seafood case	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.

12 Be sure to write date on shellstock tag when the last clam, oyster, etc. is sold and retain for 90 days thereafter.

14 Change QAC sanitizer spray bottle regularly, no reading. Some staining on cutting boards (cutting table).

35 Label all dry rubs, spices, etc. not in original containers (cajun rub, ground pepper, etc.)

36 Flies and fruit flies present (mainly in can wash area). Contact PCO for treatment options.



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- 37 May need barrier (divider) in seafood case, between RTE seafood salads (in bowls) and raw product (shrimp, etc.). Raw seafood (scallops, etc.) should be stored toward back of seafood case due to dripage, which could contaminate RTE salads, inside case.
- 45 Cutting boards (on table) getting a rough food contact surface.
- 46 Hand sprayer leaking on utensil sink.
- 53 Clean premises (around compactor, dock area, etc.). Remove unused items (ice paddle sitting on floor, beside ice machine, etc.). Clean dusty ceiling in men's bathroom. Some floor cleaning in areas. Hole in baseboard (behind trash receptacle) in seafood market.
- 54 Lighting poor in bathrooms. Need to have 20 foot candles of lighting available over hand sinks, commodes, etc.



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✓
Spell



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✓
Spell

