

Food Establishment Inspection Report

Score: 99

Establishment Name: FOOD LION 1523

Establishment ID: 3034020493

Date: 02 / 07 / 2013 Status Code: A

Time In: 12 : 45 am pm Time Out: 02 : 30 am pm

Total Time: 1 hr 45 minutes

Category #: III

Establishment Type: _____

Instructions:

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

Location Address: 1535 UNION CROSS RD

City: KERNERSVILLE

State: NC Zip: 27284

County: 34 Forsyth

Permittee: FOOD LION, LLC

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
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
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
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
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
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
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
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
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
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"/> 0
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
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"/> 0
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
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"/> 0
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
Potentially Hazardous Food Time/Temperature .2653						
16	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<input type="radio"/> N/O	Proper cooking time & temperatures	<input type="radio"/> 3 <input type="radio"/> 1.5 <input type="radio"/> 0
17	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<input type="radio"/> N/O	Proper reheating procedures for hot holding	<input type="radio"/> 3 <input type="radio"/> 1.5 <input type="radio"/> 0
18	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input 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"/> 0
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"/> 0
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
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
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"/> 0
Consumer Advisory .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"/> 0
Highly Susceptible Populations .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"/> 0
Chemical .2653, .2657						
25	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A		Food additives: approved & properly used	<input type="radio"/> 1 <input type="radio"/> 0.5 <input type="radio"/> 0
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
Conformance with Approved Procedures .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"/> 0



Food Establishment Inspection Report, continued

Establishment Name: FOOD LION 1523

Establishment ID: 3034020493

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:

Brian Swain
Person in Charge (Print)

Brian Swain
Person in Charge (Signature)

Mcraig Faircloth
Regulatory Authority (Print)

Mcraig Faircloth
Regulatory Authority (Signature)

Contact Number: (336) 703 - 3166

Verification Required Date: ___ / ___ / ___

REHS ID: 1938 - Faircloth, Craig

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		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 checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input 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"/>
Food Identification .2653								
35	<input checked="" type="radio"/> IN <input 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 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 checked="" type="radio"/> IN <input 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 checked="" type="radio"/> IN <input 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 checked="" type="radio"/> IN <input 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 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 type="radio"/> IN <input checked="" 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 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 checked="" type="radio"/> IN <input 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: 3034020493

Date: 02/07/2013

Location Address: 1535 UNION CROSS RD

City: KERNERSVILLE State: NC

County: 34 Forsyth Zip: 27284

Wastewater System: Municipal/Community On-Site System

Water Supply: Municipal/Community On-Site System

Permittee: FOOD LION, LLC

Telephone: _____

Status Code: A

Category #: III

Email 1:

Email 2:

Email 3:

Temperature Observations

Item	Location	Temp	Item	Location	Temp	Item	Location	Temp
cheese	disaply case	39	2 piece dinner	hot hold	139	hot water	3 comp sink	146
bologna	display case	38	fried chicken	display case	39			
salami	display case	39	wings	display case	40			
ham	display case	39	rotiserie	display case	39			
turkey	display case	39	chicken strips	display case	40			
chicken	display case	38	chicken salad	walk in cooler	38			
fried chicken	hot hold	139	raw chicken	walk in cooler	39			
wings	hot hold	144	fried chicken	walk in cooler	40			

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

47 Cleaning is needed on the shelving.

51 Reseal the toilets to the floor.



Comment Addendum to Food Establishment Inspection Report

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✓
Spell



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Spell

